COMMUNITY MOBILIZATION MANUAL

Volta Rural Water Supply and Sanitation Project
DANIDA – GWSC

CONTENTS

1. INTRODUCTION

Failure to adequately involve communities in the planning and management of water supply and sanitation facilities is one of the major reasons for the failure of water and sanitation projects to provide lasting solutions to the water and sanitation problems of rural communities in developing countries. Such failures mean early breakdown of facilities, waste of effort and investment and a feeling of frustration on the part of both implementors and recipients.

In order to address this problem, the Volta Region RWSS Project places great importance on involving the community in the planning and management of improvements in their own water supply and sanitation facilities. This involvement is aimed at creating a sense of ownership and responsibility on the part of the beneficiaries toward the improvement of their water supply and sanitation facilities, which will help to ensure that these facilities are operated and maintained properly and therefore last longer and provide greater benefits to the rural population.

This manual is intended to serve as a handy guide for extension staff, both supervisors and Environmental Health Assistants in planning, implementing and evaluating the community mobilization process. Other staff such as engineers, trainers and others will also find the contents of this manual useful in planning and implementing selected activities.

The manual is based on the Community Activity Sequence (See following page.) and contains a description of activities relevant to community mobilization. A description of other activities contained in the Activity Sequence, such as preparation of detailed designs, tendering, construction and commissioning will appear as separate manuals/guidelines relating to specific technologies.

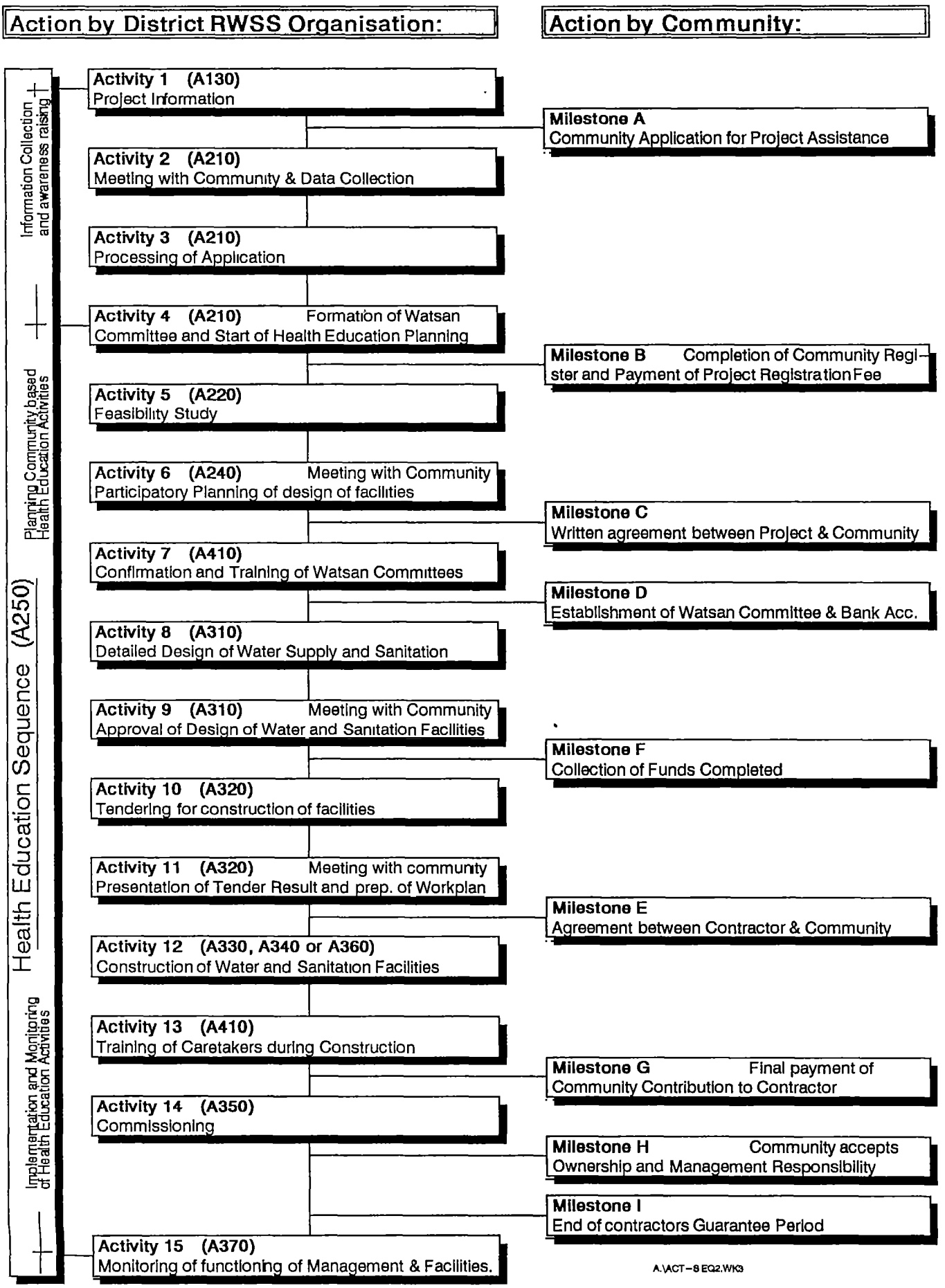
Finally, comments and suggestions from the readers and users of this manual are welcome. The manual will be revised periodically in the light of experience gained during the actual implementation of the activities described in this manual.

RPO - Ho
July 1994

2. COMMUNITY ACTIVITY SEQUENCE

Volta Region Rural Water Supply and Sanitation Project

Community Activity Sequence



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3. STEPS OF COMMUNITY MOBILIZATION

ACTIVITY I: PROJECT INFORMATION

1. PREREQUISITES

- District workshop held and project launched in the district.
- EHA's introduced to chiefs, Assemblymen and other opinion leaders and settled in their zones
- EHA's have read and thoroughly understand project information material (booklet)

2. OBJECTIVES

- To provide information about the Project and how to receive assistance from the Project to the community.
- To introduce the EHA and other Project staff to community and zone if not already done
- To determine if improvements in water supply and sanitation are a high priority for the community
- To distribute and explain application form for project assistance to community

3. RESPONSIBILITY

- Environmental Health Assistants (EHA's)

4. OTHER PARTICIPANTS

(a) Supervisors
(b) Assembly Members
(c) Chiefs/Queenmothers/elders
(d) Other opinion leaders
(e) Support from DWSS Office and/or relevant RPO staff as required

5. ACTIVITIES

(a) Arrange date, time and venue to meet chiefs, queenmothers, elders and opinion leaders for the first information campaign.
(b) At meeting, introduce self/ project and explain purpose and importance of the meeting.

(c) Distribute project information booklets and application form
(d) EHA explains how to fill the application form.
(e) Arrange for additional meetings/ follow–up visits.

6. INPUTS

(a) Project information booklet (See Appendix 1)
(b) Application form (See Appendix 2)

7. OUTPUT

(a) Community leaders informed about project
(b) Completed application for project assistance received

8. DOCUMENTATION

(a) Completed application form
(b) Diary entries

9. POSSIBLE PROBLEMS

(a) Those present at the meeting not representative of the community leaders

(c) Litigation/chieftaincy, clan or land disputes are present within or between communities

(d) Community leaders already occupied with other projects

(e) Conflicting information/approaches by other projects (e.g. GWSC, Biwater)

(f) Community not familiar with technologies, particularly sanitation options, being offered

(g) Negative experience with other water and sanitation projects, in particular with GWSC tariff system for maintenance of handpumps

(h) Meetings with community leaders may be difficult to arrange during peak periods of farming activity

(i) Improvements in water and sanitation not a high priority for the community

(j) Information given at the meeting is not the same as that in the project information material

10. SOLUTIONS

(a) Additional meetings should be held so that all community leaders can be reached

(b) Serious conflicts should be referred to the DMC for further action

(c) Community leaders should be allowed more time to consider participation in the Project and approached again at a later date.

(d) District RWSS staff should become familiar with other water and sanitation projects operating in the district and be able to explain the difference between these projects and the Volta RWSS Project.

(e) Additional meetings should be arranged with possible participation by the technical staff, in particular the Sanitation Officer, if technologies being offered are not understood

(f) Give deadline to community leaders to complete application form; e.g. two weeks

(g) Community Profile form should be periodically updated in light of experience from the field

(h) Arrange meetings early in the day or on taboo or communal labour days

(i) If improvements in water and sanitation are not a high priority for the community, health education sessions can be arranged to address specific health problems in the community

(j) The EHA should read and be thoroughly familiar with the contents of the Project information material (booklet). Any questions should be discussed with the Extension Supervisor or other project staff before the meeting with the community

(k) Advise community leaders on possible ways of collecting funds

(l) Stress importance of providing complete and accurate information on application and Community Profile, since all information received will be used as the basis for planning the number of facilities to be provided and will also influence the final cost to the community

(m) Supervisor should accompany EHA during the first several visits to communities and step in to correct any wrong information

(n) Supervisor should make regular follow-up visits to communities to check on the information given by EHA's.

11. RECOMMENDED FOLLOW UP ACTIONS

(a) Follow-up visits to assist the community in completing the application form .

(b) Health education sessions addressing specific health problems in the community can be arranged as required

12. ESTIMATED TIME REQUIRED

- 1 week (to arrange and hold meeting)
- 2–4 weeks to complete and submit application form
- 2–4 weeks to complete Community Profile form

ACTIVITY II: MEETING WITH COMMUNITY & DATA COLLECTION

1 PREREQUISITES

- Meeting with community leaders held.
- Community has completed and submitted application form.
- Application form has been received and approved by EHA and ES

OBJECTIVES

- To provide information about the Project and how to receive assistance from the Project to the community.
- To introduce EHA and other Project staff to community and zone if not already done.
- To distribute and explain the importance of Community Register Format
- To make contact with key people in the community and obtain relevant information about the community using community profile questionnaire

3. RESPONSIBILITY

- Environmental Health Assistants (EHA's)

4. OTHER PARTICIPANTS

(a) Extension Supervisors (ES's)
(b) Assembly Members
(c) Chiefs/ Queenmothers/ Elders
(d) Community members
(e) Support from DWSS Office and/ or relevant RPO staff as required

5 ACTIVITIES

(a) Arrange date, time and venue for meeting.
(b) At meeting introduce self/ project and explain purpose and importance of the meeting.
(c) Explain importance of and give out Community Register Format
(d) Begin collecting information for Community Profile
(e) Arrange for additional meetings/ follow–up visits.

6 INPUTS

(a) Project information booklet (See Appendix 1)
(b) Community Profile form (See Appendix 3)
(c) Community Register format (See Appendix 4)

7 OUTPUT

(a) Community informed about project
(b) Community Profile completed

8. DOCUMENTATION

(a) Completed Community Profile form
(b) Diary Entries (See Appendix 5)

9. POSSIBLE PROBLEMS

(a) Those present at the meeting not representative of the community

(b) Key groups such as community leaders and women not present

(c) Litigation/ chieftaincy, clan or land disputes are present within or between communities

(d) Community already occupied with other projects

(e) Community not familiar with technologies, particularly sanitation options, being offered

(f) Some information asked for on the Community Profile is not available or difficult to obtain. For example, people may be reluctant to provide information to outsiders on matters relating to their private life, such as beliefs, sanitation practices, etc.

(g) Negative experience with other water and sanitation projects, in particular with GWSC tariff system for maintenance of handpumps.

(h) Meetings with community may be difficult to arrange during peak periods of farming activity

(i) Community experiencing difficulty in collecting the registration fee

10. SOLUTIONS

(a) Additional meetings should be held so that all community members and leaders can be reached

(b) Serious conflicts should be referred to the DMC for further action

(c) Community should be allowed more time to consider participation in the Project and approached again at a later date

(d) District RWSS staff should become familiar with other water and sanitation projects operating in the district and be able to explain the difference between these projects and the Volta RWSS Project

(e) Additional meetings should be arranged with possible participation by the technical staff, in particular the Sanitation Officer, if technologies being offered are not understood

(f) Community profile form should be periodically updated in light of experience from the field

(g) Arrange meetings early in the day or on taboo or communal labour days

(h) If improvements in water and sanitation are not a high priority for the community, health education sessions can be arranged to address specific health problems in the community

(i) Stress importance of providing complete and accurate information on community profile, since all information received will be used as the basis for planning the number of facilities to be provided and will also influence the final cost to the community

(j) Extension Supervisors should accompany EHA during the first several visits to communities and step in to correct any wrong information

(k) Extension Supervisors should make regular follow-up visits to communities to check on the information given by EHA's

11. RECOMMENDED FOLLOW-UP ACTIONS

(a) Follow-up visits to assist the community in completing the Community Profile form

(b) Health education sessions addressing specific health problems in the community can be arranged as required.

12. ESTIMATED TIME REQUIRED

- 1 week (to arrange and hold meeting)
- 2–4 weeks to complete Community Profile form

ACTIVITY III: PROCESSING OF APPLICATIONS

1. PREREQUISITES

- Previous activity has been completed
- Community has completed and submitted application form.
- Application form has been received and approved by EHA and Supervisor

2. OBJECTIVE

- To process and prioritise applications from communities.

3. RESPONSIBILITY

- District RWSS Office and District Management Committee (DMC)

4. OTHER PARTICIPANTS

(a) Supervisors
(b) Environmental Health Assistants (EHA's)

5. ACTIVITIES

(a) Sort applications by zone and date received

(b) Prioritise applications within zones on basis of agreed criteria, logistics and implementation capacity

(c) Convene meeting of District Management Committee (DMC) as required to discuss and approve implementation priorities/work plan

(d) Inform communities about status of their applications.

(e) Communities where feasibility studies are to start first should be informed to deposit the registration fee in the District RWSS account.

6. INPUTS

(a) Completed application form
(b) Completed Community Profile Form
(c) Maps, census data and other information

7. OUTPUT

(a) Approved priority list of zones and communities

8. DOCUMENTATION

(a) (See item 7 above.)

9. POSSIBLE PROBLEMS

(a) Inaccurate/insufficient information available to prioritize applications

(b) Conflicts between District RWSS Office and DMC

(c) Under/non-payment of registration fee

(d) Political interference

(e) Inability of communities to collect registration fee

10. SOLUTIONS

(a) Refer to DMC in cases of difficulties in prioritising applications

(b) Serious conflicts between District RWSS Office and DMC regarding prioritising applications and political interference can if necessary be referred to the regional level for action

(c) Advise community on importance of paying registration fee and on ways of raising funds if necessary

(c) Follow-up visits to/meetings with communities can be arranged in cases of late payment of registration fee.

(d) Cross-check population with Community Register and registration fee.

11. RECOMMENDED FOLLOW-UP ACTIONS

(a) Inform communities of the status of their applications and encourage communities which have been given high priority to collect and deposit registration fee in District RWSS account.

12. ESTIMATED TIME REQUIRED

- Variable and continuous depending on number of applications to be processed and frequency of DMC meetings

ACTIVITY IV: FORMATION OF WATSAN COMMITTEE AND START OF HEALTH EDUCATION PLANNING

1. PREREQUISITES

- Health and Hygiene Education needs assessment completed
- Community Profile completed

2. OBJECTIVES

- To promote positive beliefs and practices (behaviours) related to water and sanitation
- To enable individuals and groups in the community to identify and avoid health hazards
- To increase awareness in individuals and groups within the community of the values of safe water and sanitation
- To increase awareness in individuals and groups within the community of the causes and methods of prevention of water and sanitation related diseases
- To work collaboratively with other institutions involved in health education in the community to enhance the scope of health education available to the community
- To build community capacity to conduct and continue with health education after the project
- To monitor and evaluate activities in relation to water and sanitation in communities
- To form water and sanitation committees in communities that have applied for project assistance

3. RESPONSIBILITY

(a) EHA's
(b) Community members responsible for health education activities

4. OTHER PARTICIPANTS

(a) Supervisors
(b) WATSAN Committee
(c) School teachers
(d) Health workers
(e) Community leaders
(f) Literacy Groups
(g) Other extension workers from line departments and NGO's

5. ACTIVITIES

(a) Identify existing health and hygiene–related problems in the communities
(b) Identify target groups
(c) Develop community health education plan with community members
(d) Determine approach and media
(e) Identify relevant messages
(f) Decide on date, time and venue for session
(g) Conduct and evaluate health education sessions
(h) Evaluate effectiveness of health education on behaviour of community members

6. INPUTS

(a) Completed community profile form
(b) Session plans
(c) Health education materials appropriate to target groups
(d) Resource persons for role play, songs, drama, etc.
(e) Record books for recording topics, participants and evaluation of effectiveness of health education

7. OUTPUT

(a) Health education plan developed and implemented by community
(b) Activities completed and reports submitted
(c) Change in behaviours – toilets built and used; water boiled or strained; environment clean; persons stay out of rivers and streams of contamination. Improved personal hygiene practices, domestic animals penned
(d) Community capacity to conduct health education activities increased
(e) Reduction in morbidity and mortality rates in water and sanitation related diseases

8. DOCUMENTATION

(a) Completed Health Plan for Community
(b) Monitoring reports
(c) Diary entries

9. POSSIBLE PROBLEMS

(a) Insufficient time to carry out community level planning
(b) Use of inappropriate approaches, materials, non-targeting and unclear messages
(c) Lack of involvement/poor attendance by community members
(d) Attitude of extension staff not acceptable to the community

10. SOLUTIONS

(a) Develop more appropriate materials
(b) Improve community information/communication
(c) Use clear, concise messages appropriate to the level of the target audience
(d) Positive, facilitating attitude

11. RECOMMENDED FOLLOW-UP ACTIONS

(a) Provide health education on a regular basis
(b) Repeat planning if needed
(c) Regular monitoring to assess changes in knowledge, attitudes, behaviours and beliefs related to water and sanitation

12. ESTIMATED TIME REQUIRED

- Community information and awareness raising – Continuous
- Community Profile – 2–4 weeks
- Preparation of community health education plan – 2 weeks
- Implementation of plan – Continuous
- Follow-up monitoring and evaluation – Continuous

ACTIVITY V: FEASIBILITY STUDY

1. PREREQUISITES

- Community has applied for project assistance and application has been processed and approved.
- All previous activities have been completed
- Registration fee has been collected and deposited in District RWSS Account
- Community Register completed
- Community Profile form completed
- EHA fully understands the content of the feasibility study questionnaire
- Community aware of and accept the purpose of the Feasibility Study
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2. OBJECTIVES

- To inform the community about the purpose of the feasibility study and to begin data collection for the study
- To determine the feasibility of various water and sanitation options in the community
- To identify human and physical resources available which can be used in implementing water and sanitation activities in the community
- To provide any other information necessary for planning and implementation of water, sanitation and health activities in the community

3. RESPONSIBILITY

- Extension Supervisor (ES's)

4. OTHER PARTICIPANTS

(a) District RWSS Engineer
(b) Technician Engineers (TE's)
(c) EHA's
(d) Community leaders and members
(e) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Arrange meeting with community

(b) Conduct meeting with community

(c) Ask chief to nominate 8–12 community opinion leaders, including women's representatives and start data collection using focus group interviews

(d) After interview make a walking tour of the community for observing existing water supply and sanitation facilities in the community. (This step can be carried out with the technical staff.)

(e) Make arrangements for follow–up visits as required

(See Appendix 6, Feasibility Study Guidelines, for detailed description of activities.)

6. INPUTS

(a) Completed Community Profile form
(b) Feasibility Study Guidelines and questionnaire
(c) Completed application form
(d) Population census data
(e) Community maps/plans (if available)
(f) Other available information about the community

7. OUTPUT

(a) Data collection completed

8. DOCUMENTATION

(a) Completed feasibility study questionnaire

(b) Completed and approved draft feasibility report

(c) Relevant data entered into Community Datafile at District RWSS Office

(d) Diary entries

9. POSSIBLE PROBLEMS

(a) Information about activity does not reach community members on time

(b) Key persons, particularly representatives from all clans and women's groups not present at meeting

(c) Those present at meeting not representative of community, in particular representatives from all clans and women's groups

(d) Women present do not actively participate in focus group interview

(e) Required information not readily available or conflicting information received.

(f) Language problems

10. SOLUTIONS

(a) Information about the meeting should reach the community at least a week before the date of the activity

(b) The date and time for the activity should be confirmed 1–2 days before the planned day for the activity

(c) If attendance/cooperation is poor, another meeting should be arranged

(d) Important and/or conflicting information should be cross–checked with other sources of information

(e) Stress importance of providing complete and accurate information on application and Community Profile, since all information received will be used as the basis for planning the number of facilities to be provided and will also influence the final cost to the community

(f) Actively encourage women to participate in the interview by directing some questions specifically at the women present

(g) Select appropriate interpreter, preferably from among community members

11. ESTIMATED TIME REQUIRED

- 1 week (to arrange and hold meeting)
- Time taken to complete feasibility study is variable depending on physical characteristics of the area and the number and type of facilities to be proposed
- 2 weeks (to write, edit and circulate draft report)

ACTIVITY VI: MEETING WITH COMMUNITY FOR NEGOTIATION ON FACILITIES

1. PREREQUISITES

- Draft feasibility study report completed and approved by District Engineer
- Project staff are thoroughly aware of contents of report

2. OBJECTIVES

- To inform the communities about the different options for water and sanitation improvements
- To inform communities about the construction and maintenance costs of the proposed facilities
- To obtain written agreement with community concerning preferences and commitment
- To check accuracy of feasibility report

3. RESPONSIBILITY

- Extension Supervisor

4. OTHER PARTICIPANTS

(a) District RWSS Engineer
(b) EHA's
(c) Community members
(d) Technician Engineer participating in study
(e) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Give 2–3 copies of draft feasibility report to community and allow 1–2 weeks for community to study report before meeting with project representatives

(b) Arrange date, time, and venue for meeting through EHA

(c) Present and discuss findings of the feasibility study, numbers and types of facilities proposed, their maintenance requirements and costs, led by the Supervisor

(d) Obtain signed written agreement from community

6. INPUTS

(a) Draft feasibility study report on proposed water and sanitation facilities and their costs

(b) Application form

(c) Completed Community Profile form

(d) Supporting information, e.g. maps, drawings, calculations, etc.

7. OUTPUT

(a) Written agreement between the community and the District RWSS Office on the community's preferences and commitments

8. DOCUMENTATION

(a) Signed written agreement between District RWSS Office and community

(b) Diary entries

9. POSSIBLE PROBLEMS

(a) Lack of agreement on options presented or request for option not presented

(b) Community expects difficulty in raising funds to cover construction contribution

(c) Community questions accuracy of data in report

10. SOLUTIONS

(a) Allow communities more time to consider options and arrange additional meeting at a later date

(b) Advise communities on possible ways to mobilize funds, including credit facilities

(c) Propose that communities accept a less expensive option, with the possibility of upgrading the facility at a later date if desired

(d) Project can make modifications to proposals presented if they are technically and economically viable

(e) Information in question checked as soon as possible and report revised

11. ESTIMATED TIME REQUIRED

- 2–4 weeks

ACTIVITY VII: CONFIRMATION AND TRAINING OF WATSAN COMMITTEE

1. PREREQUISITES

- Written agreement between Project and community on number and type of facilities and costs
- Training needs assessment completed
- Training materials developed
- WATSAN trainers have completed training–of–trainers course

2. OBJECTIVE

- To confirm and train a WATSAN committee in each community to ensure proper management and operation and maintenance of water supply and sanitation facilities.

3. RESPONSIBILITY

- Training Unit (RPO)

4. OTHER PARTICIPANTS

(a) EHA's
(b) Supervisors and DCD staff from District RWSS Office
(c) WATSAN Committee members
(d) Support from relevant resource persons as required

5. ACTIVITIES

(a) Community meeting held to confirm WATSAN Committee members

(b) District RWSS Office informed of nomination by EHA

(c) Training planned and community informed of time and place for training

(d) Training conducted

(e) Training evaluated

(f) Training report prepared

(See Community Management Handbook for complete description of roles and functions of WATSAN Committees.)

6. INPUTS

(a) Community Management Handbook

(b) Session plans and supporting materials

7. OUTPUT

(a) WATSAN Committee formed, trained and able to carry out duties

8. DOCUMENTATION

(a) List of WATSAN Committee members and office holders
(b) Training report including evaluation by participants
(c) Course completion certificates distributed
(d) Diary entries

9. POSSIBLE PROBLEMS

(a) Decision of whether to use existing committees or to select a new committee can be difficult

(b) Disagreements concerning the selection of committee members

(c) Committee members are not beneficiaries of the facilities to be provided

(c) Poor attendance during training

(d) Women not represented in Committee

(e) Training materials may not be appropriate for illiterate participants

(f) Local politics or personal interests, especially on the part of leaders, can undermine the functioning of the committee

10. SOLUTIONS

(a) To be resolved by consensus of community leaders

(b) Reasons for poor attendance investigated and training rescheduled

(c) Make sure that guidelines for WATSAN Committee are presented, discussed and understood before Committee is selected

(d) Training materials and presentation should be specifically developed for illiterate Committee members

(e) Care should be taken in selecting training venue and outsiders should not be allowed to be present at training venue

(f) If local politics or personal interests are disturbing selection or training of WATSAN Committee, arrange a meeting with community leaders to discuss the matter and agree on a solution

11. RECOMMENDED FOLLOW UP ACTIONS

(a) Periodic follow-up visits to monitor the functioning of the committee

(b) Refresher training on relevant subjects and for new members as and when required

12. ESTIMATED TIME REQUIRED

- 2 weeks (for community to nominate group)
- 1 week (to inform community of training arrangements)
- 1 week (for actual training)
- Follow-up (Continuous)

ACTIVITY VIII: DETAILED DESIGN OF WATER SUPPLY AND SANITATION FACILITIES

DUE TO THE LIMITED INVOLVEMENT OF THE EHA'S AND COMMUNITY IN THIS STEP, IT IS NOT DESCRIBED IN THIS MANUAL

ACTIVITY IX: MEETING WITH COMMUNITY FOR APPROVAL OF DESIGNS

1. PREREQUISITES

- All previous activities completed
- Detailed designs of water supply and sanitation facilities completed
- Estimates of construction and maintenance costs available
- Attending project staff briefed on and aware of proposed designs and costs

2. OBJECTIVES

- To allow the community to reach agreement on the design of the water supply and sanitation facilities
- For a contract to be signed between the community and the District RWSS Office for construction of the facilities

3. RESPONSIBILITY

- District Engineer

4. OTHER PARTICIPANTS

(a) Supervisors
(b) TE's
(c) EHA's
(d) WATSAN Committee
(e) Other community leaders and members
(f) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Decide on date, time and venue for meeting

(b) Inform chiefs, elders and WATSAN committee

(c) Supervisors present and explain the design(s), their costs, community commitments and draft contract document to the community

(d) Present and discuss short list of contractors with community

(e) Arrange for follow-up meeting(s) if necessary
(f) Obtain signed written contract from community

6. INPUTS

(a) Draft feasibility study report
(b) Technical designs and cost estimates
(c) Maps and plans
(d) Blank contract document
(e) Short list of contractors

7. OUTPUT

(a) Agreement reached with community on final design of facilities

(b) Collection of community contribution completed and deposited in bank account

(c) Written contract between the community and the Project for construction signed

8. DOCUMENTATION

(a) Signed contract
(b) Bank pay-in slip
(c) Diary entries

9. POSSIBLE PROBLEMS

(a) Attendance at meeting not representative of community, for example representatives of all clans and women's groups not present

(b) Technology options, particularly those of sanitation, not fully understood

(c) Community members can not agree on mix of communal and private facilities

(d) Costs not fully understood

(e) Agreement not reached on options/costs

(f) Community experiences difficulty in collecting construction contribution

(g) Community objects to certain contractor(s)

10. SOLUTIONS

(a) Another meeting to be held in case of any of the above problems
(b) Technology options/costs should be explained in clearer terms, with support from relevant RPO staff as required

(c) The possibility of having both communal and private facilities in same community can be explained. It is desirable, however, that even those receiving private water or sanitation facilities should contribute to the cost of the communal facilities, since all families in the community can use and benefit from communal facilities, e.g. communal facilities at schools will benefit children from all families in the community

(d) Community can be advised to choose a lower cost option which can be further upgraded at a later date if desired

(e) Various options for raising funds, including possible sources of credit should be explained to the community

(f) Reasons for objecting to contractor(s) should be taken into account

11. RECOMMENDED FOLLOW UP ACTIONS

(a) Community should be given more time to consider the options and follow-up meetings should be held

12. ESTIMATED TIME REQUIRED

- 1 week (for arranging and holding one meeting)
- 2 weeks (for studying and signing agreement)

ACTIVITY X: TENDERING FOR CONSTRUCTION OF FACILITIES

DUE TO THE LIMITED INVOLVEMENT OF EHA'S AND THE COMMUNITY IN THIS STEP, IT IS NOT DESCRIBED IN THIS MANUAL.

ACTIVITY XI: MEETING WITH COMMUNITY FOR PRESENTATION OF TENDER RESULTS AND PREPARATION OF WORK PLAN

1. PREREQUISITES

- Community has signed contract with the Project for construction of facilities
- Community has no objection to contractor(s) chosen
- Community representative(s) have been present at tender opening
- Tendering completed and contract awarded
- Construction contribution collected and deposited in community's bank account
- Attending project staff briefed on and aware of tender results and objectives of meeting

2. OBJECTIVES

- To introduce the contractor to the community
- To present the results of the tender (choice of contractor), work requirements, and additional community contributions (if any)
- To present and discuss an agreement between the community and the contractor
- To make a joint work plan between contractor and community

3. RESPONSIBILITY

- District RWSS Engineer

4. OTHER PARTICIPANTS

(a) Contractor(s)
(b) WATSAN Committee/community members
(c) Supervisors/EHA's/DCD staff
(d) TE's
(e) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Date, time and venue for the meeting agreed with community

(b) Presentation and discussion of tender results with community

(c) Introduction of contractor to the community

(d) Presentation and discussion of agreement form between community and contractor

(e) Preparation of work plan between community and contractor

6. INPUTS

(a) Contract for construction of facilities (between Project and contractor)

(b) Contract for construction of facilities (between Community and Project)

(c) Tender Documents with detailed designs and cost estimates

(d) Feasibility study report

(e) Agreement form between community and contractor(s)

(f) Work plan form

7. OUTPUT

(a) Contractor introduced to and accepted by the community

(b) Agreement made between community and contractor

(c) Work plan agreed between community and contractor

8. DOCUMENTATION

(a) Completed work plan form

(b) Signed agreement between community and contractor(s)

(c) Diary entries

9. POSSIBLE PROBLEMS

(a) Conflicts between community and contractor

(b) Work plan not realistic

(c) Contractor prefers using outside labour instead of community members

10. SOLUTIONS

(a) The District RWSS Office, contractor and the community will have to meet and discuss the problems at a follow-up meeting

(b) A meeting will have to be held between relevant parties to draw up new work plan

(c) Assistance from DMC and/or RPO may be required to settle possible conflicts

(d) Preference should be given to contractors who are willing to use community labour, provided that the rates demanded/paid are reasonable

11. RECOMMENDED FOLLOW-UP ACTIONS

(a) Additional meetings between relevant parties as required

(b) Technical staff, EHA and supervisor should check the work plan regularly to make sure it is being followed

12. ESTIMATED TIME REQUIRED

- 1 week (to arrange and hold meeting)
- 2 weeks (to review and sign contract, after which construction can begin)

ACTIVITY XII: CONSTRUCTION OF WATER SUPPLY AND SANITATION FACILITIES

1. PREREQUISITES

- All previous activities completed
- Contract between contractor and community signed
- Work plan between contractor and community agreed
- All relevant project staff are familiar with construction plans

2. OBJECTIVE

- To construct water and sanitation facilities as desired by the community and specified in the contract

3. RESPONSIBILITY

- Contractor

4. OTHER PARTICIPANTS

(a) District Engineer
(b) TE's
(c) Supervisors
(d) EHA's
(e) WATSAN Committee
(f) Other community leaders/members
(g) Support from relevant RPO staff as required

5. ACTIVITIES

(See technical manuals covering relevant type of facility and approved work plans for a detailed description of construction activities.)

6. INPUTS

(a) Agreed designs, specifications, BOQ's and work plans

(b) Signed contracts

(c) Feasibility study report

(d) Technical manual(s)

7. OUTPUT

(a) Completed and functioning facilities in place

8. DOCUMENTATION

(a) Agreed minutes of site meetings

(b) As-built drawings

(c) Completion certificate

(d) Contractor's site log (in larger jobs)

9. POSSIBLE PROBLEMS

(a) Conflicts between contractor and community

(b) Contractor or community fails to meet obligations

(c) Quality of construction work is sub-standard

10. SOLUTIONS

(a) Meetings to be held with WATSAN Committee and/or community to discuss problems with participation of District RWSS Office and RPO if necessary

(b) Assistance of DMC may be requested to solve some conflicts

11. RECOMMENDED FOLLOW UP ACTIONS

(a) On-the-job training of contractors

(b) Meetings of WATSAN Committee to discuss and evaluate progress of construction with participation of relevant district RWSS staff

12. ESTIMATED TIME REQUIRED

- Variable depending on number and type of facilities to be constructed

ACTIVITY XIII: TRAINING OF CARETAKERS DURING CONSTRUCTION

1. PREREQUISITES

- Construction of water supply and sanitation facilities started
- Suitable number and type of caretakers nominated and confirmed by community
- Training needs assessment for caretakers completed
- Appropriate training approaches and materials developed
- Contractors and other trainers have received training–of–trainers instruction

2. OBJECTIVES

- To improve skills in operating and maintaining water supply and sanitation facilities
- To ensure proper maintenance and sustainability of completed facilities

3. RESPONSIBILITY

- Contractor, in collaboration with relevant technical staff from Project

4. OTHER PARTICIPANTS

(a) Caretakers
(b) WATSAN Committee
(c) Supervisors/EHA's
(d) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Suitable caretakers selected and confirmed by community

(b) Training program planned and trainees notified of date and venue for training

(c) Training conducted

(d) Training evaluated

(e) Training report prepared

6. INPUTS

(a) Guidelines for selection and duties of caretakers

(b) Training plans and materials

(c) Evaluation forms

7. OUTPUT

(a) Caretakers for water and sanitation facilities trained and in place

8. DOCUMENTATION

(a) Report on training

(b) Completion certificates

9. POSSIBLE PROBLEMS

(a) Poor attendance
(b) Training not effective
(c) Unsuitable caretakers selected
(d) Training materials not suitable for participants

10. SOLUTIONS

(a) Participants must be given enough advance notice regarding training program

(b) Training should be planned so as not to conflict with other demands on trainee's time

(c) Participants must be motivated to participate through the WATSAN Committee and community leaders

(d) Sessions should be brief, interesting and include hands-on experiences

(e) WATSAN Committee should be reminded of the guidelines for selection of caretakers and asked to nominate another person

(f) Training materials and approaches should be appropriate for participants

11. RECOMMENDED FOLLOW UP ACTIONS

(a) Regular follow-up visits by EHA and support to ensure that caretakers are functioning effectively

12. ESTIMATED TIME REQUIRED

- Variable depending on number and type of facilities constructed

ACTIVITY XIV: COMMISSIONING

TO BE DESCRIBED

ACTIVITY XV: MONITORING OF FUNCTIONING, MAINTENANCE AND USAGE OF FACILITIES AND FUNCTIONING OF COMMUNITY BASED ORGANISATIONS

1. PREREQUISITES

- Construction of facilities completed.
- EHA's and Supervisors fully understand purpose of monitoring, relevant procedures and forms

2. OBJECTIVES

- Provide accurate, timely and complete information on the functioning, maintenance and usage of facilities and the functioning of WATSAN Committees.
- Contribute to ensuring proper maintenance and long-term sustainability of completed facilities
- Provide input to project's MIS.

3. RESPONSIBILITY

- EHA

4. OTHER PARTICIPANTS

(a) Supervisors
(b) WATSAN Committee
(c) Community members
(d) Support from relevant RPO staff as required

5. ACTIVITIES

(a) Introduce monitoring system to relevant staff members (Monitoring Officer - RPO)
(b) Plan Monitoring Activity (EHA with Supervisor/DCD staff)
(c) Collect data (EHA)
(c) Enter data and generate reports (Supervisor at District Office)
(d) Review and circulate reports to relevant parties, including feedback to EHA's, WATSAN Committees and communities (District Engineer)

6. INPUTS

(a) Monitoring forms and Enumerator's Guides
(b) Lists of committees/completed facilities
(c) Supervisor's checklists/diaries
(d) Results of previous monitoring (if available)

7. OUTPUT

(a) Monitoring report
(b) Data stored in community database

8. DOCUMENTATION

(a) Print-outs of reports
(b) Updated data file
(c) Diary entries

9. POSSIBLE PROBLEMS

(a) Lack of cooperation from community/committee members
(b) Inaccurate or incomplete information/data
(c) Questions confusing or difficult to answer
(d) Analysis incomplete or inadequate
(e) Enumerators inadequately trained
(f) Monitoring results not relevant to or used by intended users

10. SOLUTIONS

(a) Purpose of activity should be thoroughly explained to EHA's and communities before activity starts

(b) Forms should be field-tested before starting monitoring

(c) Data should be checked and verified in the field before submitting

(d) Analysis of data should be planned in advance of data collection activities

(e) Enumerators should be adequately trained before starting data collection

(f) Desired output (reports) should be discussed with intended users before monitoring system is established

(g) Revise questions which are difficult to answer or give inaccurate information

11. RECOMMENDED FOLLOW UP ACTIONS

(a) Communicate reports to relevant parties, including district, zonal and community levels

(b) Identify follow–up actions needed to correct problems identified

(c) Repeat monitoring to establish effectiveness of follow–up actions where problems are identified

12. ESTIMATED TIME REQUIRED

– Continuous (At least annually in each community.)

APPENDIX 1 PROJECT INFORMATION BOOKLET

PROJECT INFORMATION

INTRODUCTION

The "Volta Rural Water Supply and Sanitation Project" (Volta RWSS) is a 10 year project with the purpose to improve the general health and living conditions for the rural population in the Volta Region by assisting rural communities in improving their water supply and sanitation facilities.

The project is part of the development co-operation between the Government of Denmark (DANIDA) and the Government of Ghana.

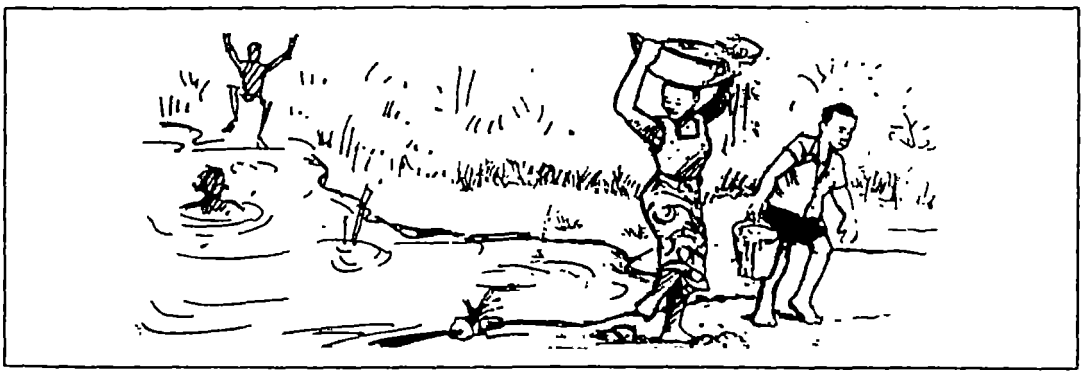
The project is implemented by Ghana Water and Sewerage Corporation (GWSC) and Kruger Consult, a Danish consulting engineering firm.

This booklet attempts to give answers to common questions concerning the project. It describes how the project is organised and the procedures which shall be followed to obtain project assistance.

LIST OF CONTENT

1. QUICK REFERENCE GUIDE TO THE VOLTA RWSS PROJECT

1. Who can get assistance from the project?



The project can assist communities to improve their communal water supply and sanitation facilities.

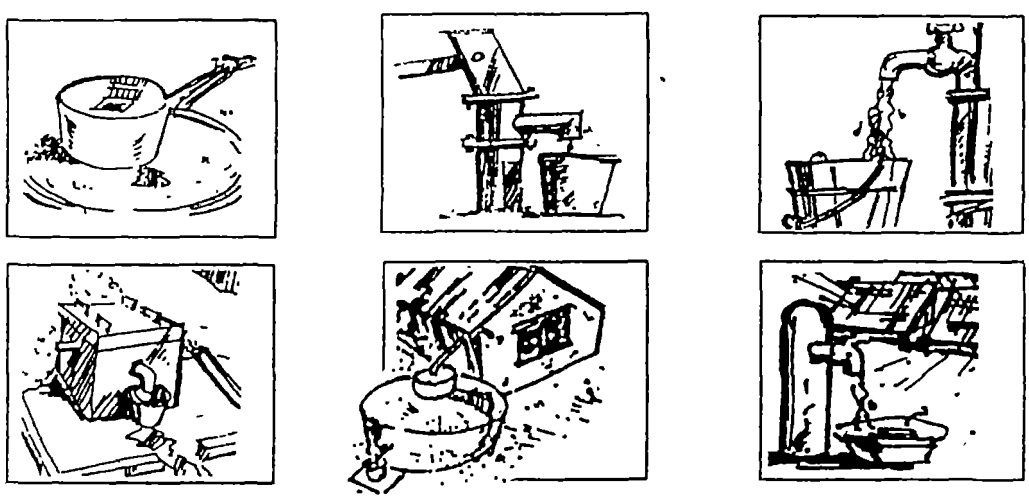
The project can also assist individual households to improve their sanitation facilities, e.g. by building a latrine.

The primary target group for the project is communities between 300 and 4000 people. Smaller and larger communities can also apply for project assistance, but the primary target group will be given priority.

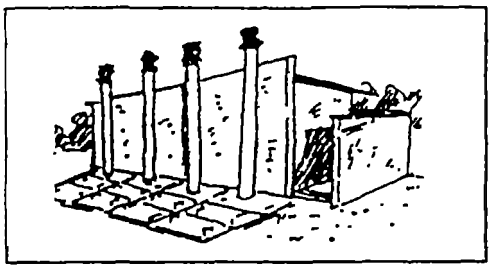
2. What type of water supply and sanitation systems can the project support?

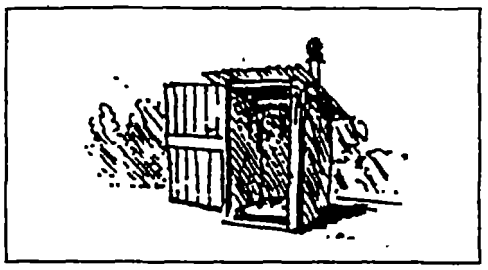
The project assists construction of low cost technologies for water and sanitation installations.

The water supply installations could be hand-dug well with or without handpumps, boreholes with handpumps, piped water supplies from spring or river sources above the village, electrical pumping systems or rainwater harvesting systems. The choice of technology will be made by the community after technical advice from the project.



The water supplies shall be designed to give the community a 'basic service level' which is defined as a water point (tap, well or handpump) for each 300 people. If the community wants a higher service level, then higher contributions must be made as described in chapter 3





The sanitation facilities could be household or communal latrines or latrines for institutions.

3. Who is the community's contact person in the Volta RWSS Project organisation.

All contacts from the community to the project shall be through the Environmental Health Assistants (EHA's), who are stationed at zonal level. The Environmental Health Assistant who is working in the zone will be made known to the community during the first information campaign and meeting in the village.

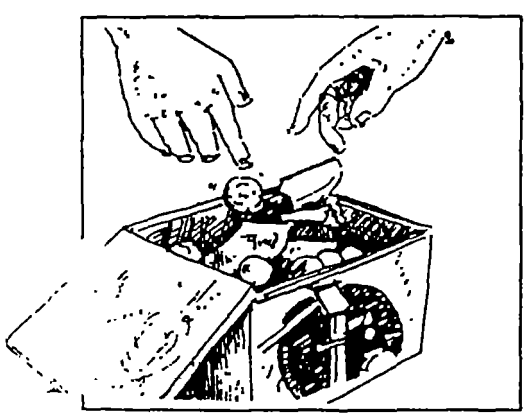
The EHA will follow-up on request from the community.

4. What must a community do to get assistance?

If there is a general interest and a willingness to pay for improvements in water supply and sanitation, then the community shall fill out the application form at the back of this booklet and send it to the District RWSS Office. Details of the procedures which shall be followed are described in chapter 3.

5. What is the required contribution from the community?

The community must first pay a registration fee calculated as the number of people in the community multiplied by ¢100.00 per person. All people living in the community including children and old people shall be counted.



The registration fee shall be paid to the RWSS Bank account when the EHA informs the community that the Project is ready to undertake a feasibility study.

Secondly, the community must pay a contribution of 10°/$_{o}$ of the construction cost of the installation needed to bring the water to the desired place in the community. The water source will be provided by the project.

As an example can be mentioned that for a handdug well with a handpump, the construction of the well will be paid for by the project, but the community will be required to pay 10% of the cost of the handpump.

The 10% contribution shall be paid directly to the contractor.

6. Who will build the installations?

An installation will be constructed by a contractor from the district or from Volta Region.

In the case of household facilities, the household will arrange for the construction and transport of materials. The project will pay for half of the cost of the materials as described in chapter 4.

7. Shall the community participate in the construction of the water supply and sanitation facilities?

The construction work will be tendered out to contractors, who will be fully responsible for the construction. The community can make arrangements with the contractor for payment of part of the 10% contribution as labour or materials.

8. What happens if the community delays the collection of funds for the construction of the project?

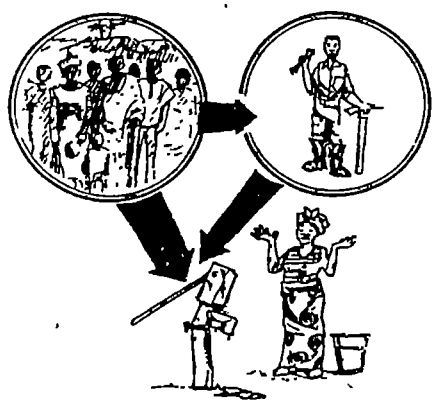
If the community without good reason delays to fulfil the requirements as described in chapter 3, then the project will move on and assist the next community which has made application and is ready to cooperate with the project.

9. Who will own the installations after completion?

The completed installation will be owned and managed by the community.

10. Who will operate and maintain the installations?

The community must organise the management, e.g. by forming a Watsan Committee (Water and Sanitation Committee) for the water supply and communal sanitation installations. The project will assist with establishment and training of the committee.



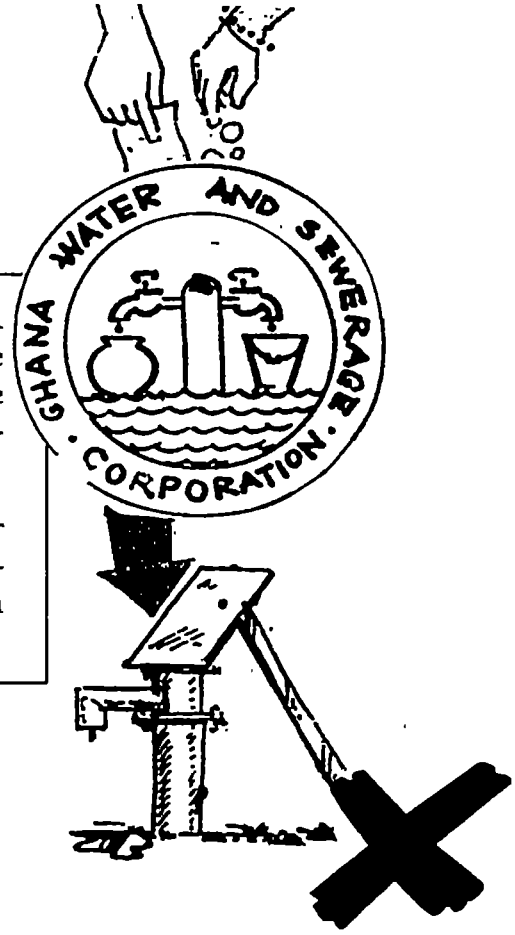
The committee is responsible for collecting money for operation and maintenance.

If a repair work is required e.g. of a hand pump which can not be done by the caretaker in the village, then the Watsan Committee must hire a private mechanic, GWSC maintenance team, or any other person who is capable of doing the job, and pay for this service.

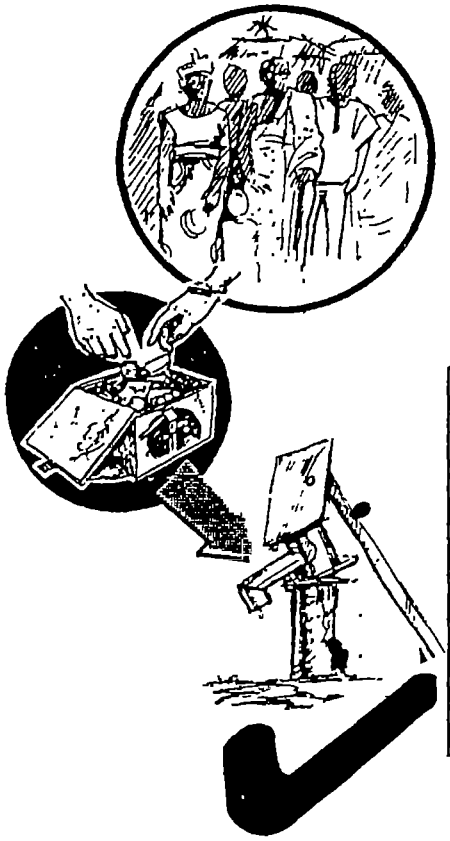
11. Shall the community pay tariffs to GWSC?

No, the facilities are owned and managed by the community. The Watsan Committee must raise funds for operation and maintenance.

The committee is responsible for organising all repairs by a caretaker in the community and/or a private mechanic.



12. Who pays for major repairs or replacement of pumps etc.?



The community has the full ownership and responsibility for repair and replacement of broken down equipment after the contractor's guarantee period. In case of replacement of parts which require more funds than can be easily raised in the village, credit facilities may be available.

13. What happens if the groundwater under the village is not of good quality and no other good source is available?

The project will carry out a feasibility study to find the most appropriate way of supplying the village with water. If groundwater quality is not good e.g. salty water, then other possibilities of funding a water source will have to be looked into.

The project will provide the technical assistance to ensure that the best solution is found.

In the rare case that it is possible to find solution to the water supply problems, then the project can assist households in construction of rainwater collection installations.

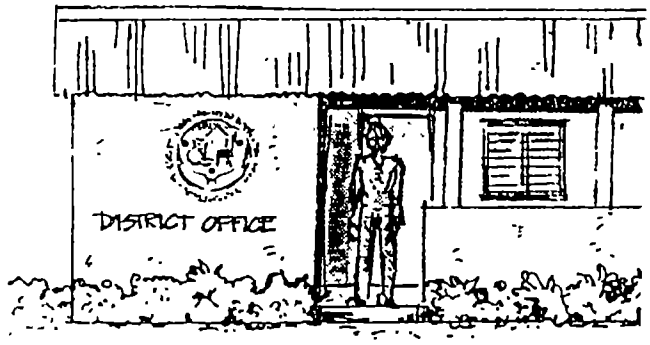
14. What happens if other projects or the community on its own has started building facilities which were never completed?

This will be looked at on an individual basis.

The feasibility study and the suggestions for improvements must take into account all existing facilities including completion of unfinished structures and rehabilitation of existing facilities.

15. When can a community get assistance from the project?

A community can get assistance from the project when the District RWSS Office is established.



The project started in 1993 in Ho and Hohoe Districts. Each year the project expands to two new districts so that all the 12 districts in the region will be covered after 6 years.

The community will be included in the project planning and work plans when the community has made an application. However it can not be expected that the project can react to the application immediately, in some cases several months can pass before the project has capacity to start the feasibility study and the work.

16. Will all communities in the Volta Region benefit from the project?

The aim of the project is to assist 50 % of the rural population in the region.

17. What happens when the project has ended?

The communities will continue to manage and operate the water supply and sanitation facilities which have been implemented, using the private sector for maintenance and repair work.

The project will establish a permanent rural water supply and sanitation organisation at regional and district levels as described in chapter 2. This organisation will continue to monitor the functioning of the water and sanitation installations and assist the communities if required. This organisation will continue to carry out the work started by the project.

18. Can the project support households which wish to build a latrine?

The project will pay for half of the cost of materials for the construction of latrines to households.

19. Can the project support households which wish to build a rainwater catchment system or a well?

The project can pay for half of the cost of materials for rainwater harvesting or family wells, but only in communities where it is not possible to establish a constant source of safe drinking water.

20. How does a household receive the support for water or sanitation improvements?

Contact the Environmental Health Assistant who works in your zone and explain which improvements you wish to make. Chapter 4 contains a description of the procedure which shall be followed.

2. PROJECT ORGANISATION

The project will open a District Rural Water Supply and Sanitation Office (District RWSS Office) in each district within or close to the District Administration Office.

The District RWSS Office is responsible for all the activities of the project in the district under the supervision of the 'District Management Committee' (DMC).

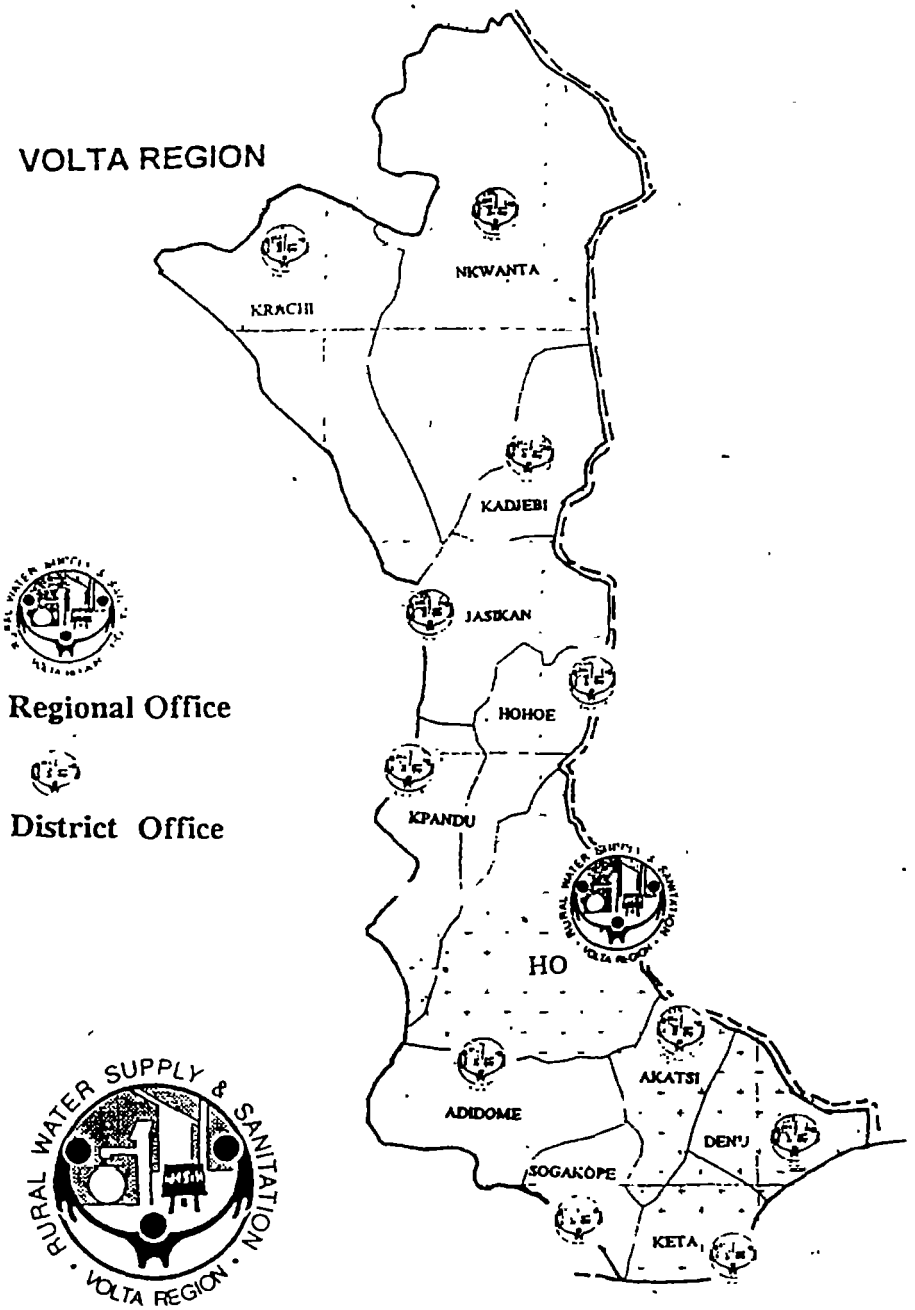
The DMC consists of representatives from the District Assembly, the district officials from Ministry of Health and Department of Community Development, Traditional Leaders, Queenmothers, Women's Groups and other organisations involved in the water supply and heath sector in the district.

The District RWSS Office will have staff with expertise in water and sanitation technology, health education and community mobilisation, in order to advise the communities how to improve their water and sanitation facilities and avoid water related diseases.

The contact to the communities will be established through Environmental Health Assistants from Ministry of Health who are living and working in zones in the district.

The Environmental Health Assistants shall be used by the communities for all contacts to the project, and they will be able to assist the communities in all matters related to water supply and sanitation improvements.

At regional level the project will be managed by the Regional RWSS Office under the supervision of a Regional Management Committee similar to the DMC at district level.



PROJECT ORGANISATION

3. Procedure for obtaining assistance for community water supply and water supply and sanitation.

The procedure for communities to receive project assistance is as follows:

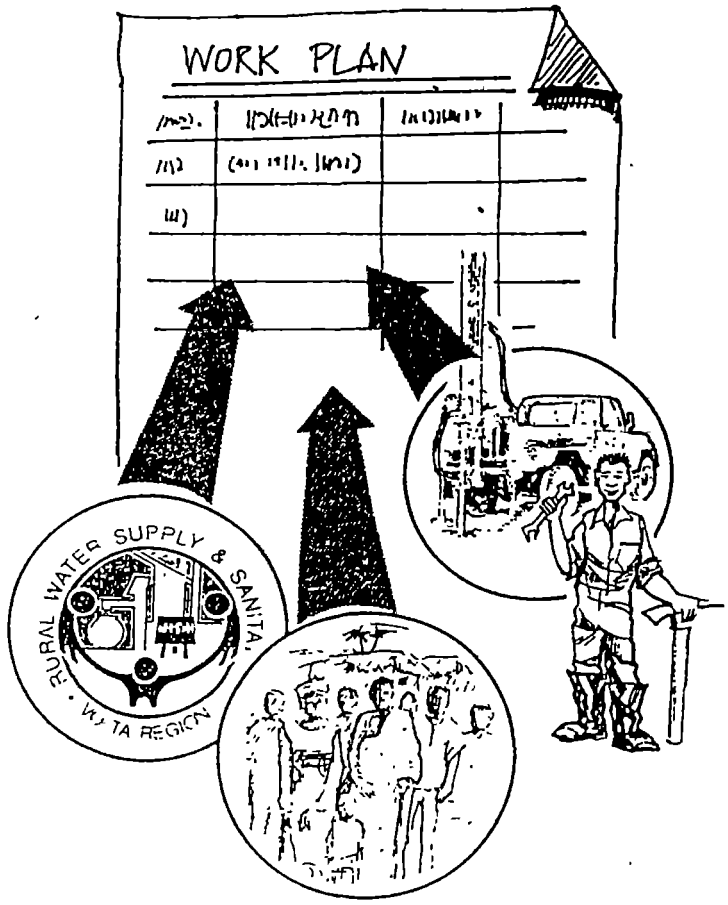
A. Application.

- The community fills out the **application form** at the back of this booklet and sends it to the 'District RWSS Office' directly or through the District assembly. The form mustbe community leaders, e.g. the chief, the district assembly man and CDR chairman.

- The 'District RWSS Office' and the 'DMC' prepares a workplan for the projects activities in the district.

The applications will be processed according to 'first come -first serve', but at the same time the workplan has to incorporate logistic problems related to the implementation, problems with water related diseases in the community etc.

Many communities are in need of improved facilities, so it should be expected that some months may pass from the time the application is made before the project will be able to start the work.

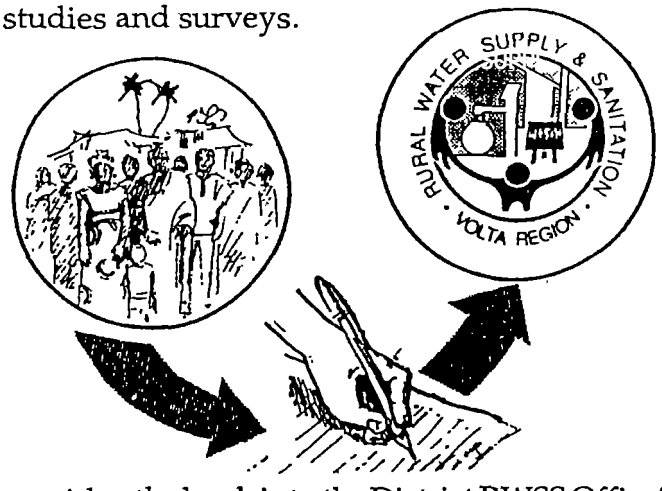


- When a community is selected for the project to start work, then the Environmental Health Assistant (EHA) will arrange an initial meeting with Community to discuss the possibilities and requirements for project assistance.

The field assistant will collect information about the water and sanitation facilities and general situation in the community. Then the District RWSS Office can plan the surveys and studies which are necessary to find the best solutions to the water and sanitation problems in the village.

B. Registration Fee.

- The village will be required to pay a fee to the project. The fee is called a **registration fee,** but should be looked at as a payment for getting the project to carry out the studies and surveys.

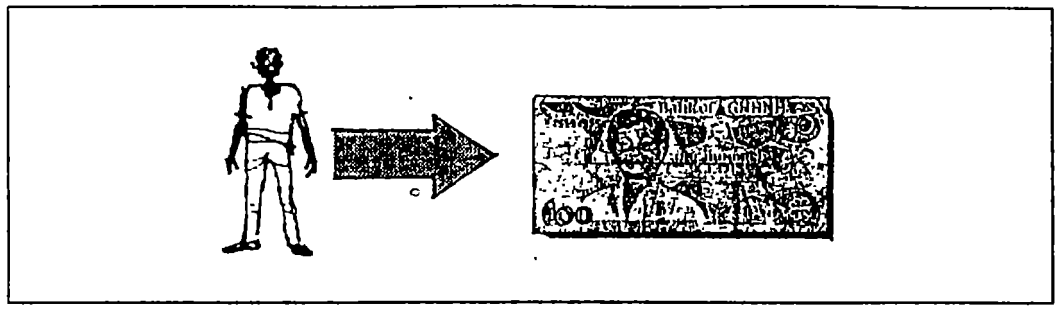


The fee shall be paid to the bank into the District RWSS Office's bank account. The receipt from the bank shall be brought to the District RESS Office for registration of the payment in the community's file.

The receipt for the payment must be registered in the District RWSS Office at the latest 2 months after the meeting has been held in the village. In case this is not fulfilled the project will move on to the next village on the waiting list.

The money paid the District RWSS Office's bank account will be used to pay for the household sanitation improvements as described in chapter 4. The account is audited annually and the results will be made public.

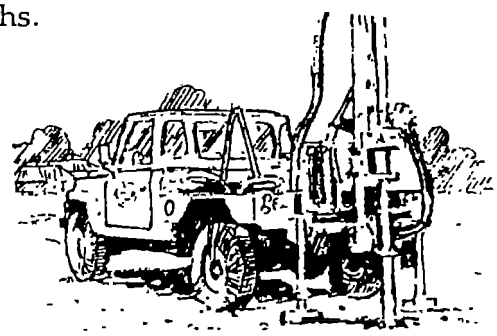
The amount to be paid as registration fee per community will be calculated as ¢100 multiplied by the number of persons living in the community including children and elders, as everybody will be using the water and sanitation facilities. People belonging to the community but living elsewhere shall not be included in the calculation of the registration fee



C. Feasibility Study.

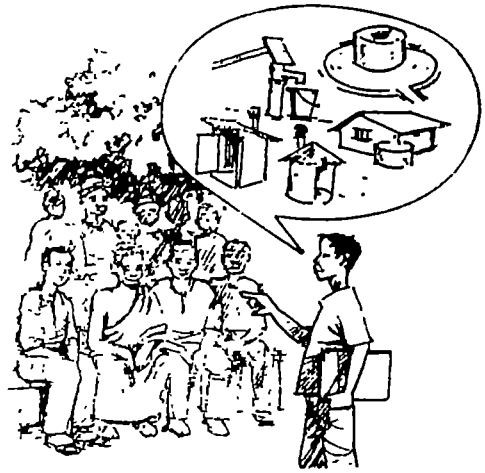
- When the fee is paid, the project will undertake a **feasibility study.** This is a study of water resources and other issues needed for design of the appropriate water supply and/or sanitation installations.

  To make sure that the result of the water resource studies correct, these might include test drilling of boreholes and measurements of the yield of springs over several months.



- When the studies are completed, the Field Assistant will arrange a **second meeting with the community.** The results of the studies and the different options for water and sanitation improvements will be discussed.

  The different types of water supply will have different prices for installation and for maintenance. This will also have to be taken into account when the community decides on the type of facilities it will like to implement.



A written agreement between the community and the project will be signed. The agreement will described the water supply and sanitation project which has been agreed upon and will indicate the decisions and responsibilities of the community and of the project.

D. Establishment of Watsan Committee and Contribution to Capital Cost.

- The Field Assistants will assist the community in organising and training **Watsan Committees** in the management and operation and maintenance of the water and sanitation facilities. The Watsan Committee will be required to open a bank account and collect funds for the 10% contribution for construction costs. The same account can be used later for the collection of money for operation and maintenance.

- At this stage it is also possible to calculate the amount of money which the community will have to contribute towards the construction cost. The contribution will be calculated as 10% of the actual cost of the installation requred to bring the water to the consumer. The project will provide the water source.

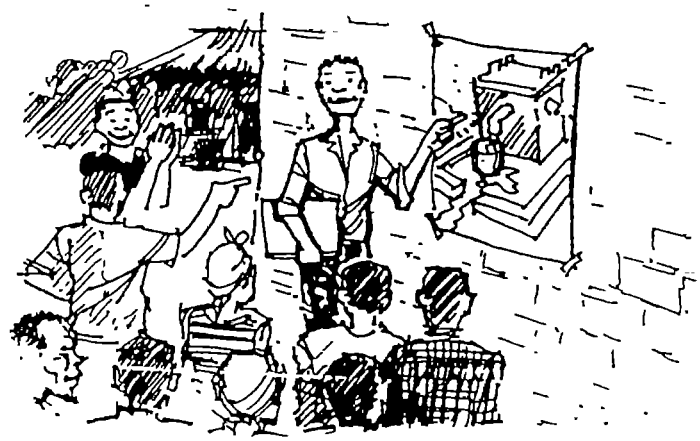
PROJECT PAYS FOR WATER SOURCE

COMMUNITY PAYS 10% OF DISTRIBUTION SYSTEM

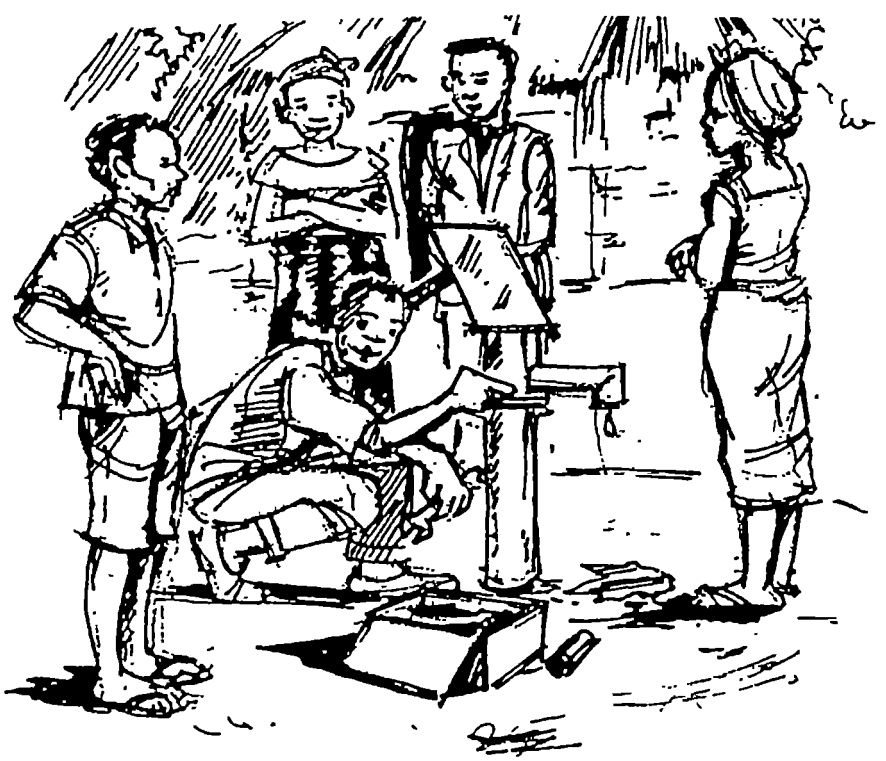
This means that the community will be required to pay 10% of a hand pump, while the water source which can be a hand-dug well or a bore hole will be paid for by the project. In cases where a piped water supply is chosen as the best solution, then the project will pay for bringing the water to a tank above the village, and the community will pay 10% of the cost of the tank, the distribution system and stand pipes.

E. Design and Construction

- The District RWSS will prepare the detailed design of water supply and sanitation facilities and prepare estimates for the cost for installation and operation.



- The final design will be presented to the community at a meeting. **The Community will take the final decision on the design of the system.** At this stage the committee is required to have completed the collection of the 10% contribution of the installation cost.
- The basic service level for water supply is defined as one tap or hand pump for 300 people. If the community wish to build a water supply with a higher service level than the basic level then 50% of the additional cost must be paid by the community.
- The project will arrange a **tendering proceedure** between contractors with experience in construction of water and sanitation facilities. Preference will be given to contructors from the area where the construction shall take place.
- After the tendering, a planning meeting between the community, the project staff and the contractor will be arranged to present the tender results and together with the Watsan committee a work plan will be prepared which will describe the activities to be carried out by the contractor, the project and the community. A written agreement will describe when and how the payment of the community contribution has to be made.
- **The water supply and sanitation facilities** will be built by the contractors under the supervision of the technical staff from the district RWSS office. In cases where the manual labour is needed the contractors must hire manpower from the community.
- The training will be arranged for Pump Care Takers and other maintenance personnel during the construction.



F. Handling over to Community Ownership, Management, Operation and Maintenance

- When the construction is completed, the project will undertake a commissioning procedure to ensure that the installations are built according to the design standards.

  The installations will now be handed over the owners, the community, and the 10% contribution shall now have been paid to the contractor according to the written agreement.

  The contractor will be required to give a guarantee for the quality of the installations. In most cases the guarantee will last 1 year. After the expiry of this guarantee period, the full responsibility for maintenance falls on the community.

- The Watsan Committee will be responsible for organising and paying for all operation and maintenance. This means that the Watsan Committee is responsible for contracting mechanics for maintenance work which can not be carried out by the caretakers in the community.

- The Environmental Health Assistant will continue to work in the area and will assist the community on problems arising with the management, operation and maintenance of the systems.

  The EHA will also collect data for monitoring of how the facilities are functioning and being maintained. The EHA will continue to work with the Watsan Committee on the health education and promotion of sanitation

4. PROCEDURE FOR HOUSEHOLD SUBSIDY FOR SANITATION AND WATER SUPPLY IMPROVEMENTS.

Hardware Outlet

- The project arrange with producers and hardware outlets in the District Centre that the relevant materials for water or sanitation installations are available, e.g. sanplats and slabs for KVIP latrines, vent pipes, well rings, curved blocks for wells or tanks, appropriate gutters and pipes for rainwater collection and spare parts for handpumps and piped water supplies.

- The household which is interested in getting assistance for improvement of their facilities shall contact the Environmental Health Assistant in the area. The EHA will assist in filling out a form with all the details of the location and number of people to be served etc.

In case of a latrine it will be a requirement that the pit for the latrine has been dug before the project can support the purchase of materials.

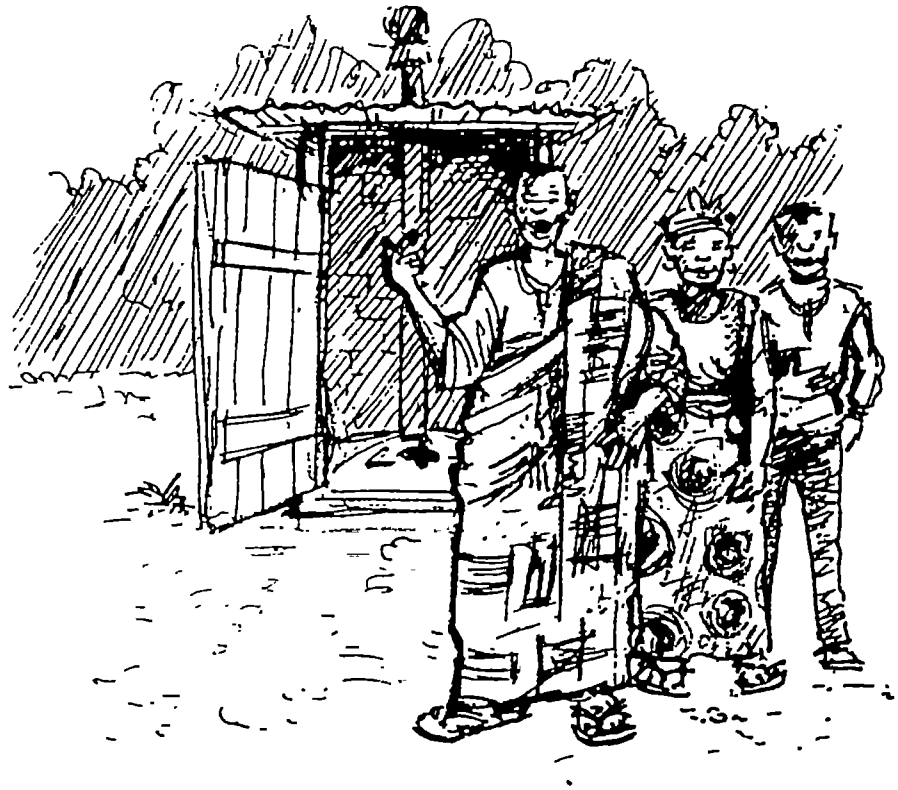
After the local chief or Area Council Official has signed the form to confirm that the information is correct the District RWSS office issues a voucher to pay for half of the cost of the required materials. The voucher can be used in a hardware store in the district town to pay for some of the cost of the materials. The voucher has to be used within 2 weeks

- The household purchases the materials with the voucher plus its own funds and arrange for the construction with an artisan trained by the project.

- The household is required to complete the construction within 4 months from the date the voucher is issued.

The field Assistant will make a final inspection of the facility and write a report to the project. If the household has not used the materials for the purpose for which the subsidy was given, then the project through the legal system will demand the head of the household to pay back the full cost of the materials at the prevailing marked price.

- This project assistance for part payment of materials will only be available for a 3 year period in each district. After the 3 year period the level of subsidy will gradually be reduced.



YOU CAN ALSO

OWN

A LATRINE

NOW !

APPENDIX 2. APPLICATION FOR PROJECT ASSISTANCE

Volta Region Rural Water Supply and Sanitation Project

APPLICATION FOR PROJECT ASSISTANCE

HOUSEHOLDS wishing to get assistance from the Volta RWSS Project for construction of a latrine must fill out this form and take it to the District RWSS Office at the District Administration, for issue of a supply order.

Name of Applicant: _____

Occupation _____

House Address: _____

Zone: _____

District: _____

Number of persons in Household: _____

I hereby wish to apply for assistance from the Volta RWSS Project for subsidy for the materials for the latrine as described below.

I understand that this application must be presented to the District Office of the Volta RWSS Project before 2 weeks from the date of signature. The office will then issue a 'Supply Order' which is valid for 2 weeks only.

I also understand that if I fail to construct my latrine within four months, or if I use the materials for other purposes, I will be responsible for refunding the full cost of the materials to the project at the prevailing market price.

Applicant: Name: _____

Date: _____ Signature: _____

Environmental Health Assistant: Name: _____

Date: _____ Signature: _____

WATSAN Committee Chairman: Name: _____

Date: _____ Signature: _____

Chief/ Area Council Official: Position: _____

Name: _____

Date: _____ Signature: _____

Type of Latrine for which application is made:

Sanplat – Type	
Mozambique Slab – Type VIP (Unlined)	
Mozambique Slab – Type VIP (Lined)	
Rectangular Single Pit VIP	
One– Seater KVIP	
Conversion of Household Bucket Latrine	

List of Materials included in this application:

* Note: Shaded area to be filled by District RWSS Office

Item	Unit	Quantity	Price	Cost	Quantity	Price	Cost
Sanplat	number						
Cement bags	bags						
Roofing Sheets 3' x 8'	number						
Roofing Nails	lbs						
Assorted Nails 2", 3", 4"	lbs						
PVC 4" ventilation pipe, 10'	number						
Aluminium Mosquito Net	yard						
Reinforcement Rod 3/8", 30'	number						
Binding Wire	bundles						

Total Cost of Materials	Cedis			Cedis	
Level of Cost–sharing	Owner	%		Project	%
Total to be paid	Cash			S. Order	

Registration in District RWSS Office:

Received by DE/AO: _____ Date: _____

Location Code: _____

Supply Order No.: _____ Date: _____

Entered into Monitoring system by: _____ Date: _____

Volta Rural Water Supply and Sanitation Project

List of Materials for Latrine Construction

Please accept the attached 'Supply Order' as part payment for the supply of materials as listed below.

The payment of the balance of the cost of the materials is the responsibility of the person to whom the 'Supply Order' is issued. The Volta RWSS Project takes no responsibility for any credit which your company might allow for this payment.

List of Materials to be supplied:

Item	Unit	Quantity	Price	Cost
Sanplat	number			
Cement bags	bags			
Roofing Sheets 3' x 8'	number			
Roofing Nails	lbs			
Assorted Nails 2", 3", 4"	lbs			
PVC 4" ventilation pipe, 10'	number			
Aluminium Mosquito Net	yard			
Reinforcement Rod 3/8", 30'	number			
Binding Wire	bundles			

Total Cost of Materials			Cedis	
Level of Cost–sharing	Owner	%	Project	%
Total to be paid	Cash		S. Order	

Registration in District RWSS Office:

Issued by DE/AO: _____ Date: _____

Location Code: _____

Supply Order No.: _____ Date: _____

Payment to Dealer effected by: _____ Date: _____

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Volta Region Rural Water Supply and Sanitation Project

Application for Project Assistance

Communities wishing to get assistance from the Volta Region RWSS Project must fill out this form and send it to the District RWSS Office in the District Administration.

Name of Community:	
Electoral Area:	
District	
Number of Household for which this application is made:	
Describe the type of Community, Village or Group for which this application is made:	
Institutions, Schools, Clinics for which this application is made:	
Describe the present Water supply situation in the community, number of sources, distance etc.	
Describe the major health problems in the community.	

Describe the present Sanitation situation in the community, approximate. number and types of latrines etc.:

Describe how the community wishes to improve the sanitation situation facilities.

We as representatives of the community described above, hereby wish to apply for assistance from the 'Volta Region Rural Water Supply and Sanitation Project' for improvements in the water supply and sanitation facilities in our community.

We understand that a registration fee of ¢100 per person in our community will be required in order for the project to carry out feasibility studies to advise us on the possibilities for improving our facilities.

We also understand that a further contribution of 10% of the cost of constructing the water distribution will be required.

We also understand that the community will have the full responsibility for the ownership, management and operation and maintenance of the water supply and sanitation facilities.

Date: _____ Signature: _____

Name: _____

Position: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Position: _____ Position: _____

To be filled out by the District RWSS Office:

Received by: _____ Date: _____

Action: _____

APPENDIX 3 COMMUNITY PROFILE FORM

COMMUNITY PROFILE QUESTIONNAIRE

The EHA is responsible for keeping this information up–to–date!

Name & Initials of EHA _____ Date _____

1. GENERAL INFORMATION

1.1 LOCATION

1.1.1 Location code ____ – __ – ____

1.1.2 District _____

1.1.3 Zone _____

1.1.4 Community _____

1.2 CHIEF

1.2.1 Chief's name _____

1.2.2 Lives in the community full–time? Yes ☐ No ☐

1.2.3 If no, place of residence _____

1.2.4 Name of linguist _____

1.3 QUEEN MOTHER

1.3.1 Queen Mother's name _____

1.3.2 Lives in the community full–time? Yes ☐ No ☐

1.4 CLANS

List the clans and the heads of the clans in the community

CLAN	Name of Clan Head

2. DEMOGRAPHIC DATA

2.1 POPULATION INFORMATION

2.1.1 Date of Population Survey _____

2.1.2 Total Population _____

2.1.3 Age/Sex Distribution

SEX / AGE	Under 6	6 – 14	15 – 45	Over 45	Total
Male					
Female					
Total					

2.2 HOUSEHOLD INFORMATION

2.2.1 Number of households _____

2.2.2 Number of female–headed households _____

3. COMMUNITY CHARACTERISTICS

3.1 MAIN OCCUPATION

Rank activities in order of importance. Use "1" for the most important, "2" for the next most important, etc.

Farming	
Fishing	
Small–scale industry. E.g., gari, palm oil processing	
Trade and Business	
Other (specify):	
Other (specify):	

3.2 MAIN SETTLEMENT PATTERN

Check the box for the main settlement pattern in the community

Scattered	
Concentrated	
Linear (along a road)	

3.3 Number of households in zongo _____ (if present)

3.4 MAIN LANGUAGES SPOKEN

Check the box(es) for the main language(s) spoken in the community

Ewe	
Akan	
Hausa	
Other (specify):	
Other (specify):	

3.5 CONFLICTS

3.5.1 Are there recent or existing conflicts within the community or between the community and other communities? Yes ☐ No ☐

3.5.2 If yes, who is the conflict between?

_____

3.5.3 What is the conflict about?

_____

3.5.4 How are conflicts usually solved in this community?

_____

_____

3.6 COMMUNAL WORK DAYS

3.6.1 Are there communal work day(s) in this community? Yes ☐ No ☐

3.6.2 If yes, which day(s)? _____

3.7 TABOOS DAYS

3.7.1 Are there taboo days in this community? Yes ☐ No ☐

3.7.2 If yes, which day(s)? _____

3.7.3 List what the community **cannot** do on taboo days

i. _____

ii. _____

iii. _____

3.8 MARKET DAYS

3.8.1 Which day is market day in this community? _____

3.8.2 – OR – how often is market day? _____

3.9 HEALTH

3.9.1 Most Common Diseases in Community

Rank the 5 most common diseases using "1" for the most common disease, "2" for the next most common, etc. In the first column, rank the diseases in accordance with the health establishment records (if present). In the second column, rank the diseases according to the opinion of the community.

Five Most Common Diseases in the Community	Recorded by Health Establishment	Community Opinion
Guinea Worm		
Bilharzia (schistosomiasis)		
Other worms: hookworm, etc.		
Diarrhoea		
Malaria		
Typhoid		
Cholera		
Skin conditions		
Yaws, jigger		
Convulsions		
Onchocerciasis (river blindness)		
Other (specify):		
Other (specify):		

3.9.2 Most Common Diseases in Children under 5 years

Rank the 5 most common diseases in children under 5 years of age using "1" for the most common disease, "2" for the next most common, etc. In the first column, rank the diseases in accordance with the health establishment records (if present). In the second column, rank the diseases according to the opinion of the community.

Five Most Common Diseases **in Children under 5 years old**	Recorded by Health Establishment	Community Opinion
Guinea Worm		
Bilharzia (schistosomiasis)		
Other worms: hookworm, etc.		
Diarrhoea		
Malaria		
Typhoid		
Cholera		
Skin conditions		
Yaws, jigger		
Convulsions		
Onchocerciasis (river blindness)		
Other (specify):		
Other (specify):		

3.9.3 Main Health Hazards

Put an **X** in the boxes of the 5 main health hazards in your opinion and in the opinion of the community.

Five Main Health Hazards	Your Opinion	Community Opinion
Stagnant water bodies		
Indiscriminate garbage dumping		
Indiscriminate defecation		
Grass or bush (mosquito breeding places)		
Stray animals		
Poorly maintained latrines		
Absence of latrines		
Bad drinking water		
Insect bites		
Snake bites		
Simulium Danosium (black fly)		
Other (specify):		
Other (specify):		

3.9.4 Beliefs

List any beliefs related to health, water and sanitation:

i. _____

ii. _____

iii. _____

3.9.5 Health facility

3.9.5.1 Name of nearest health facility _____

3.9.5.2 Distance from community _____ kilometers

3.10 WATER SUPPLY

Enter the number of the main sources of drinking water at present for the community.

TYPE	Number
Dugout	
River/Stream	
Dam	
Spring: – Unprotected	
– Protected	
Handdug well	
Borehole	
Piped system: – Gravity	
– GWSC connection	
– Pumped by electricity	
– Pumped by diesel	
Rainwater catchment	
Other (specify):	
Other (specify):	

Comments regarding the water supply:

3.11 SANITARY FACILITIES

3.11.1 Communal Latrines

Enter the number of latrines in use in the following places.

LOCATION	VIP/ KVIP	Trench	Pit Latrine
Health Facility			
Market			
Communal Toilet			
Chop Bar			
Kindergarten			
Primary School			
JSS/Secondary			
Churches			
Other (specify):			
Other (specify):			

Comments regarding communal latrines:

3.11.2 Private households

Enter the number of PRIVATE latrines in use.

TYPE	Number
Pit Latrine	
VIP	
Mozambique type VIP	
KVIP	
Other (specify):	
Other (specify):	

Comments regarding private latrines:

_____

_____

_____

3.11.3 Are there any taboos regarding the use of latrines in the community? Yes ☐ No ☐

If yes, what are these?

i. _____

ii. _____

iii. _____

3.11.4 Can males and females use the same communal latrines? Yes ☐ No ☐

3.11.5 Can all members of the household use the same toilet? Yes ☐ No ☐

If no, which members of the household canNOT use the same toilet?

Wife and husband ☐

Children and adults ☐

Males and females ☐

Other (specify) _____

4. GROUPS AND COMMITTEES

4.1 COMMUNITY GROUPS AND COMMITTEES

GROUP	Contact Person	Year established	Meet how often?	Number Attending	Date of last meeting
Unit Committee					
TDC					
31st December WM					
Literacy Group					
Church Groups					
Health Comittee					
School Committee					
Youth Groups					
Other (specify):					
Other (specify):					

4.2 OTHER GROUPS

List any other groups which can work with you.

GROUP NAME	Activities / Comments

5. COMMUNITY WORKERS

TYPE	Employed by	Live in Community?
Head Teachers		
Nurses		
TBA		
F.L. Facilitator		
Other (specify):		
Other (specify):		
Other (specify):		

6. COMMUNITY RESOURCES

FACILITY	Contact Person	Use for Project Activities
Hospital		
Health Post		
Primary School		
JSS/Secondary		
Churches		
Other (specify):		
Other (specify):		

7. SERVICES AVAILABLE

Check the box(es) of the service(s) which are available

SERVICE	Available?
Telephone	
Electricity	
Post Office	
Access by road	
Police station	

Comments regarding available services:

_____

_____

_____

8. SOURCES OF HEALTH INFORMATION

FACILITY	Can be used for health education?	Contact Person
Health Post		
School		
Church		
Other (specify):		
Other (specify):		

9. OPINION LEADERS

List the names and occupations of 10 persons identified as opinion leaders by the community.

NAME	TITLE / OCCUPATION

10. EHA's OBSERVATIONS OF COMMUNITY CONDITIONS

Check the box which – from YOUR own observations – best describes the present situation in the community.

10.1 PRIVATE HOUSEHOLD LATRINES

1	**Very Poor** Few or no toilets available. A major health hazard.
2	**Poor** Less than 1 out of 5 houses have toilets. Problems with maintenance. A health hazard
3	**Minimum Acceptable** Less than half of houses have toilets. Only few problems with use. Generally in good condition.
4	**Very Good** Between one–half and three–fourths of households have toilets. Toilets are in good condition and used by all members of household.
5	**Excellent** More than three–fourths of households have toilets. Toilets in good condition and used by all members of household.

10.2 COMMUNAL LATRINES

1	**Very Poor** Few or no toilets available. A major health hazard.
2	**Poor** Some toilets available. Problems with maintenance. A health hazard.
3	**Minimum Acceptable** Up to half the number of toilets needed are available and used by at least some members of the community. Still some problems with maintenance.
4	**Very Good** Up to three–fourths of toilets needed are available. Toilets in good condition and used by at least half of the community.
5	**Excellent** Number of toilets needed are available. All toilets are in good condition and used by all members of the community.

10.3 ENVIRONMENTAL CLEANLINESS

1	**Very Poor** Area around almost all houses littered with garbage. A major health hazard. Requires immediate action.
2	**Poor** Area around more than half of houses littered with garbage. A health hazard. Requires action.
3	**Minimum Acceptable** Area around more than one–fourth of homes is littered with garbage, or there are some stagnant water bodies. Requires action.
4	**Very Good** Community appears generally clean and tidy. There are no threats to health.
5	**Excellent** Community appears generally clean and tidy. No threats to health. The community has initiated environmental protection measures.

10.4 REFUSE DISPOSAL

1	**Very Poor** No organized system of refuse disposal. Garbage dumped indiscriminately. A major health hazard. Requires urgent action.
2	**Poor** No organized system of refuse disposal. Very few if any households and/or institutions have individual pits or do composting. A health hazard.
3	**Minimum Acceptable** No organized system of garbage collection. Some households have individual pits and/or do own composting. Refuse is still a health hazard.
4	**Very Good** Organized refuse disposal in place and used. More than half of households and institutions have refuse pits or do composting. Low or no health hazard.
5	**Excellent** Refuse disposal well functioning. More than three–fourths of households or institutions have pits or do composting. No health hazard.

10.5 PENNING OF ANIMALS

1	**Very Poor** No pens available. Animals roam indiscriminately. A major health hazard. Requires urgent action
2	**Poor** Some pens available but the majority of animals roam indiscriminately. A health hazard.
3	**Minimum Acceptable** About half of animals penned. A health hazard.
4	**Very Good** Most animals are penned. Low or no health hazard.
5	**Excellent** All animals are penned. No health hazard.

10.6 PERSONAL HYGIENE (Primary or JSS Children)

Choose a group of 15–20 students for inspection.

1	**Very Poor** Most children have skin conditions or head lice, and have unclean nails, hair, hands and clothing. A major health hazard. Requires urgent action.
2	**Poor** Half or more of children have scabies, other skin conditions, yaws, jiggers or head lice, and unclean nails, hair, hands and clothing. A health hazard.
3	**Minimum Acceptable** Some children have scabies or other skin conditions and dirty clothes, hands, hair and nails. A minimal health hazard.
4	**Very Good** Most children have good personal hygiene. Clothes, hands, hair, nails clean. No skin diseases or diseases related to poor personal hygiene.
5	**Excellent** All children have good personal hygiene. No evidence of any illnesses related to poor personal hygiene. School has a health committee and children are actively involved.

10.7 HYGIENIC USE OF DRINKING WATER

1	**Very Poor** Most households carry and store water in dirty, uncovered containers and/or use dirty utensils for dipping. A major health hazard. Requires urgent action.
2	**Poor** Half or more of households carry and store water in dirty containers. Most containers uncovered and/or dirty utensils used to dip water. A health hazard.
3	**Minimum Acceptable** Some households carry and store water in dirty containers, and do not cover water and/or use dirty utensils. A minimal health hazard.
4	**Very Good** Most households cary and store water hygienically, cover containers and use clean dipper. No or low health hazard.
5	**Excellent** All households carry and store water hygienically. No health hazard.

10.8 LAUNDRY (for Bilharzia infested areas only)

1	**Very Poor** The entire community either does its washing in or fetches its water for washing from infested source. A major health hazard. Requires urgent action.
2	**Poor** Most of the community either does its washing in or fetches its water for washing from an infested source. A health hazard.
3	**Minimum Acceptable** Between one–fourth and one–half of the community either does its washing in or fetches its water for washing from infested sources. A health hazard.
4	**Very Good** Only a few families do their washing in or fetch water for washing from infested sources. A minimal health hazard.
5	**Excellent** The entire community uses safe water, or fetches water for washing from a safe source.

10.9 BATHING (for Bilharzia infested areas only)

1	**Very Poor** The entire community either bathes in, or fetches water for bathing from infested/polluted source. A major health hazard. Requires urgent action.
2	**Poor** Most of community either bathes in or fetches its water for bathing from infested sources. A health hazard.
3	**Minimum Acceptable** Less than half the community either bathes in or fetches its water for bathing from infested sources. A health hazard.
4	**Very Good** Only a few households bathe in or fetch water for bathing from infested sources. A minimal health hazard.
5	**Excellent** The entire community uses safe water for bathing.

10.10 Is the location of existing toilets safe in relation to the water supply? Yes ☐ No ☐

11. EHA's OVERALL IMPRESSION

Write YOUR overall impression of the community.

APPENDIX 4 COMMUNITY REGISTER FORM

COMMUNITY REGISTER

District: _____

Zone: _____

Community Name: _____

Names of Head of Household and all Persons in Household (underline name of head)	Sex	Age	Registration Fee Paid for (Amount)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

Continue on other pages until all persons in community are listed.

APPENDIX 5 REFERENCE MATERIALS ON:

Health Education Messages

Guidelines for the development of Community–based Health and Sanitation Plan

Water and Sanitation–Related Diseases

Hygiene, Sanitation and Health Messages

(a) Causal linkages between contaminated water, personal hygiene, Sanitation habits and diarrhoea

(b) Faeco oral transmission routes of diseases

(c) Some water–borne and excreta related diseases

KEY MESSAGES

1. Keeping water safe:

- from outside to the home
- in the home
- well sites, borehole sites, pipe sites.
- Proper maintenance of water sites

2. Use of safe water

- the different options including springs, rivers, dams and how to keep them safe.

3. Hand washing with soap.

- before food preparation
- before eating
- after using toilet
- before feeding children
- after play by children
- promotion of hand washing facilities in homes and schools

4. Use of plenty of water in:

- Washing of foods (fruits, vegetables)
- Washing of utensils
- Washing of clothes with soap – Dry of ground
- Daily bathing with soap and plenty of water

5. Disposal of refuse – Burn, getting a good site, maintaining the site, burying.
Disposal of faeces – use of latrines; bury faeces
Disposal of children's faeces – children's faeces are more dangerous than adults.
- Keeping latrines clean
- Use of proper cleansing materials
- Proper use of latrines

6. Some diseases caused by drinking unsafe water

(i) Guinea Worm

Prevention

- Strain water
- Boil water
- Use clean and safe water
- Avoid entering water sources

(ii) Diarrhoea

Prevention

-Breastfeeding
-Build a toilet and use it. Keep it clean.
-Wash your hands before you eat or after using the toilet.
-Cover your food to protect it from flies
-Cover your drinking water to protect from dirt
-Drink clean and safe water
-Wash all utensils with water and soap and keep them covered.

Home Management

- Use of ORS or SSS
- Use of home fluids

7. Bilharzia

- Avoid polluted water
- Do not urinate or defecate in or near water
- To prevent bilharzia, avoid bathing or washing in polluted water
- Bilharzia can be treated – visit your clinic.

7/12/94

GUIDELINES FOR THE DEVELOPMENT OF COMMUNITY BASED HEALTH AND SANITATION PLAN

Introduction:

Successful health education results in a change in behaviour. Health education is, therefore, not simply the passive giving of information, but the providing of opportunities for the recipient to be actively involved in the learning process. Learning by doing is therefore the hallmark of the approach to Health Education taken on this project. Health Education session must use a participatory approach and result in the actual commitment by those present to do something in relation to the topic being covered. For them to do this, the education must address a felt need and they must see the action as beneficial to them.

Planning provides a systematic way of doing things. It is a process not a one time activity you may need to stop at times and provide education or information or clarification before moving on. It facilitates supervision, co-ordination and cooperation. All planning is to be done by the committee selected by the WATSAN committee for this purpose. Project staff act as facilitators until the community can do it on its own. Avoid forming another committee if at all possible.

The committee should also have representation from all the major groups in the community eg. 31st Dec; Youth; Church; NFED etc. This is because working with groups is more effective than working with individuals. It is expected that each group member on the committee will be responsible for giving feedback to his/her group and for organising his group to help with planned activities e.g.s environmental clean up; teaching of home treatment of diarrhoea etc.

If no WATSAN committee has yet been formed, you may start with an interim group with the understanding that the majority if not all of them will belong to the WATSAN when it is formed.

In preparing for the planning session please obtain and review the community profile and the feasibility study, if completed. However remember that throughout the planning it is what the community sees as a problem that is important not what you see. If you seriously disagree with them you may need to stop and do some health education before continuing.

TIME REQUIRED:- Approximately 6 hours. It is best to break this into 3 x 2 hourly sessions as follows:

Session # 1 - Steps 1 - 10 or 13
Session # 2 - Steps 10- 12 or 13 - 16
Session # 3 - Steps 17 and 18

These are just suggested breaks and will depend on the progress of the community. However sessions should not exceed 2½ hours, unless the community specifically requests this.

PROCEDURE

COMMUNITY BASED HEALTH AND SANITATION PLAN FOR –

OBJECTIVE FOR THE PLANNING SESSION –By the end of this exercise, the (members of the WATSAN and/or HEALTH committee will have developed:

i. a plan for implementation to reduce, eliminate or limit the major health problems in the community.

ii. beginning skills to plan for reduction, elimination or limiting of similar problems facing the community.

BEFORE MEETING THE COMMUNITY

1. Review the community profile; feasibility study report and contract if completed.

Extract the following:

i. Age, sex distribution of the population
ii. Major health problems
iii. Major health hazards
iv. Community resources
v. Agreement terms re–water and toilet facilities.
vi. Study the handout on "Water and Sanitation Diseases common to the Volta Region" specifically related to the major health problems in the community. You will have to be knowledgeable in these to answer questions asked by the community.

STEPS ON MEETING THE COMMUNITY

INTRODUCTION

1. Traditional greeting

2. Thank participants for their time and for helping the MOH, Project and community to improve the health status of the people.

3. Introduce (a) Project Staff
(b) Opinion leaders or committee members

4. Explain purpose of visit: Community on planning and management of their facilities and health situation involvement and how this will benefit them. How long it will take and what will be involved in the steps.

Be sure that the community understands that this is their plan and that they will be responsible for its implementation. The project is here to facilitate their planning and to help them to implement. They must therefore think of the plans as their own It must therefore be acceptable to them and at a cost they can afford to implement and maintain. They should therefore also be keeping a record of what is decided.

5. From completed list of those present check constitution of committee to ensure representation of key community groups (1st meeting only).

START PLANNING

6. Major Health Problems: Q. What are the diseases which affect members of this community? (a) adults
(b) children

7. Check list given by community against the list you had taken from the community profile. If some have been omitted ask the community if these are still problems. If yes add them to the list.

8(a). Prioritization: Q. Which of these problems do you think is the most important and should be tackled first? (a) for adults
(b) for children

Probe for their criteria.

Let the Committee Chairman or Secretary lead this session and tell you what the community has decided. If community cannot arrive at a consensus you may help them by giving them the following criteria as a guideline. The most important is the one which will cause quick death if not treated; next is that which will prevent them from working; next is that which will cause deformity; then sick but able to work and the least important is that which only causes mild discomfort.

If they are still having difficulty you may also add any of the following criteria one at a time.

1. Number of people affected

The most important would be the one which affects the most people.

2. Target group affected. It may also be considered more important if it affects children or the whole community, rather than if it affects only a group of persons only eg. skin diseases in teenagers.

3. Frequency of occurrence. The most important will be the one which occurs most frequently.

SELECT THE # 1 Priority problem for the rest of the exercise. (Deal with the # 1 priority first. Do not deal with more than one at a time or this may confuse the community members). Tell the community that one problem will be dealt with at a time. After the first problem is solved we will come back to work on the 2nd problem till we have got it all done. Explain which diseases can be prevented by immunization and which are caused by water–sanitation. Check that the community is able to recognize the disease being discussed from its signs and symptoms.

8(b). Contributing Factors: Q. What do you think is causing the problem in this community? BRAIN STORM. The community should be allowed to express (exhaust) their own views first. Do not rush this process. When the community has given its views, refer to the health hazards from the community profile and draw the community's attention to any of the hazards you observed which could be causing the problem. Explain the relationship of the hazard; and do health education to the group if any of their beliefs were really wrong or dangerous or if they do not seem to know. Also reinforce their answers which were correct and complement them on this. Tell them that now that we all agree on the causes we can work together to solve the problem. It is NECESSARY that this planning group agrees on what can be causing the problem, otherwise they cannot plan effectively and will not work towards solution. Be sure the community understands that we are here to help – not to judge them.

9. OBJECTIVES AND METHOD OF MEASUREMENT.

9 (a) Objective:

Help the community to set objectives which are SMART. Ask the following questions:
1. By this time next year, or in the next 2 to 5 years what will you like to see done about the problem? ie. would you like to see it reduced? eliminated? 2. By What percentage? 3. and by what time? 4. In what group in the population eg. children under 5, school children, market women etc. – Be specific. Be sure that the percentage given is realistic e.g. Do not accept 100% or to eliminate things like Malaria. You may leave the percentage to be filled in after the planning has been completed and the community finally understands how much work will be involved. Try to set a short time frame 6 – 12 months in the first instance so the community gets a sense of success. A final objective could be: To reduce the incidence of diarrhoea requiring medical intervention in children under 5 by 25% in 12 months. Or, To reduce the incidence of malaria in persons requiring medical treatment in the community by 50% by June 1995 etc.; or reduce the incidence of death due to diarrhoea by 75% in one year. It is necessary that the time frame be long enough for them to be sure that a change has really taken place and that this change is permanent e.g. with things like diarrhoea it must cover at least two rainy seasons and mango season. Also with diseases like guinea worm and bilharzia make the time span long enough to cover the incubation period so that only new infestations which would have started after your intervention will be measured.

9. (b) Method of Measurement

Q. How would you know if the objective has been met? i.e. what will we measure and how? Help the community to come up with a measure which they themselves will be able to implement, or assist with, so that they can be part of arriving at the results.
E.g. the EHA and the Community Health Educator will check the number of children treated for diarrhoea at the local clinic or the CHN, TBA and EHA will check the number of deaths due to diarrhoea or malaria at the local registry. Or the community will keep a registry of the food handlers etc., depending on the objective. Remember that the measurement must be easy and obvious, not technical and the community must be able to continue monitoring on its own.

10. OBTAIN POSSIBLE ALTERNATIVE SOLUTIONS TO THE PROBLEM/ ALTERNATIVE WAYS OF MEETING THE OBJECTIVE.

How can this problem be solved in the community?
(a) What can the community do? (Brainstorm and get their ideas). Then ask them what can individuals do? Try to get as many ideas as possible. Then go through the suggestions combine similar ideas etc to get the list of strategies.

YOU MAY BREAK HERE
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Thank the community for its participation and willingness to work towards solving the problems. Offer appropriate words of encouragement. Set date for next session – if possible within one week.

Teach songs, tell stories etc related to topic being dealt with. Particularly concentrate on any young children who are around.

RECOMMENDED SESSION #2

Start Session by asking the community Secretary to provide an overview of what has been agreed on this far. Reinforce as necessary and outline what would be done at this session.

11. PRIORITIZE AND SELECT STRATEGIES WHICH ARE LIKELY TO BE MOST COST EFFECTIVE.

Take the list of strategies and prioritize these to get ones which will get the most commitment from the community members. It is essential that the community gets a feeling of success as early as possible, so commitment of others is essential. If the community seems to need help in doing this take them through. If the community wishes to do everything on its list then there is no need to take them through this procedures. They will rate each alternative on a scale of 1 low to 5 high; except for cost which will be rated in reverse since a low cost would be most desirable. Tell them that the strategies which are selected to be tried first should be the ones which are most likely to succeed and at minimal cost.

Questions related to the DAMES and Cost Criteria are :

Desirable – Q. Would every member like to do this?
Is it in agreement with community beliefs?

If fully yes give a rate of 5. If no or if only a few persons would like this rate 1. If most of the community would like this give 4. If about half, give 3, if less than half give a rating of 2.

Follow the same rating pattern for the other questions in the DAMES Criteria. For cost give the rating in the reverse.

Achievable: Q. Can the community achieve this with its existing resources? Is it under the community's control? This is important, [Except for the 50% or 10% subsidy for facilities and the provision of Health Education Materials, the community will have to implement a plan which is affordable to them].

For the objective to be achieved the plan should also be acceptable, adjustable, appropriate and applicable to the needs of the community.

Measurable: Is it going to be possible to measure the impact of this strategy? Will it be easy to see and count by the community?

Expected Impact: To what extent will this strategy solve the problem or meet the objective.

Specific: Would it solve the problem on its own or would it have to be combined with another strategy? Eg. Latrine construction or safe water source can go a long way to solving the problem of diarrhoea; but they would need to be combined with health education, so neither should get a rating of 5. Similarly health education may go a long way but will not solve the problem on its own.

Will the recommend action primarily solve this problem or will it solve other problems first and this problem second or third?

Cost: Is the cost high or low? Remember the cost involves time, so, ask if it will also take a long time.

NB: Some probing would be necessary at each step. The answers are rated from a low of 1 to a high of 5 except for cost which is rated in reverse i.e. high cost is given 1 point and low cost 5. The maximum total point a strategy can get is 30. If objectively done, the one with the total nearest 30 should be the # 1 priority etc.

Ask the community whether it would want to do all the strategies or whether it would not want to do some. Usually those alternatives which rated very low are discarded.

11. Forces For and Against

Draw a line dividing a sheet of paper in half. On one side put "Forces For" on the other "Forces Against". Arrange the alternative strategies in descending order of priority. Take the strategies one at a time and ask the committee to think of forces in the community which will help them to achieve their objective e.g. cooperation of the chief; availability of clinic; available groups etc. Enter the forces for. You would need this later to get the plan going. Then ask the community to identify those forces which now exist which they think would work against their meeting the objectives and solving the problem e.g Disputes, no land, lack of funds etc. Also write these down on the opposite side of the sheet under "forces against". Now tell the community that in order to be successful they must have more things working for them than against them. It is thus important to look at how to change those things

identified as being "against" into forces "for" or to so strengthen the forces working "for". It does not matter that there are forces 'against' as long as these are not too strong. Indicate that some opposition is healthy and necessary to a healthy democratic society.

Start with strengthening of forces "for". Ask the question. How can we best use these forces to help achieve the objective? Brainstorm again. Add what is said to your list or under the appropriate strategy. Do the same with forces "against". Repeat this for each strategy. By the time you have done all of the strategies the planners will begin to see that they must work collaboratively with others and get support from the whole community if they are to meet the objectives. Additionally in moving to the next step you may see that activities may have to be organized to change forces 'against' into forces 'for' before any real success can be achieved. Enter these under "Additional Strategies"

12. Macro Planning

Using the list of strategies (above) organize a sheet as follows:

Strategy	Objective	Persons Responsible from the Committee	Resources Required	Dates Start and Completion

The objectives here are behavioral objectives – what will be achieved or done at each strategy. E.g. By June 1995 the 6 Clans in Tsito will build 2 toilets each. Get person/s from the committee who would be responsible to oversee implementation of each strategy. (They may enlist others and show this on the micro plan). Then get the dates they would like the strategy to start and to end. Some strategies may be continuous e.g. maintaining garbage dumps or keeping water source clean or maintaining latrines. (Enter this under date) if it continuous. Finally get the resources required to fully implement the strategy. The list and dates may have to be adjusted after the micro plan is done, as the community might think of other things during that stage. You may use the back of the form if you run out of space.

YOU MAY BREAK HERE Do as for break #1

Recommended Session # 3

13. Responsibilities

Discuss the responsibilities undertaken. The community should decide the limits of what everyone should do. This prevents later misunderstanding; and persons going beyond what they are empowered to do. The chairman should have the responsibility for coordinating all activities including feedback to the community.

14. Do the Micro Plan

Work with each strategy and state an objective for each. This is the same as the one on the macroplan. List all activities which will have to be undertaken if the strategy is to be successfully implemented. Each strategy should have a health education component, but someone should have overall responsibility for the coordination of all Health Education

activities. A sample of the format to be used is attached as Annex 1. Do the ghantt charting as taught. List all activities which will have to be carried out under the strategy (Brainstorm). Next organize activities in sequence in which they would be undertaken. Put the activities on the chart and assign start and completion dates and duration as follows: * Under approximate date show start and completion and -------- to show duration or continuation. Note – some activities may have to be completed before others can be started, whereas some activities may go on at the same time. Indicate these accordingly. Be sure that there is some lag time between activities to deal with unforseen contingencies. Do not plan the time too tightly, it is better to complete before the expected date than after. You may use the back of the page or extra sheets if you run out of space.

MICRO PLAN

Strategy:

Objective	Activities	Person/s Responsible	Dates																			

15. Evaluation Plan

Based on the measurement methods identified in the objective (#9) develop a strategy for collecting and analyzing the data needed to measure outcome. Indicate who would do what, when, how, about what, where and from whom etc. Eg. the EHA will collect data on the number of deaths due to malaria from the registrar of births and deaths at Anyirawase (a) for the year from June 1993 to May 1994 to serve as a baseline and (b) from June 1994 to May 1995 to assess whether there has been an increase or decrease in deaths due to malaria in Kpeve. Or, the chairman of the committee will get the number of serious cases of malaria requiring medical intervention for the nurse at the community clinic on the 1st monday of each quarter for the next 18 months. Or, the person responsible for immunization will record how many children under age 5 have had all the required immunizations etc.

16. Back home plan

Ask the committee what it would do next to ensure that the entire community becomes involved. Be sure that they will report back and get the blessings of the chief and community. Also ensure that it has a plan set for meeting to assess progress in meeting the objectives. and for giving periodic feedback to the community. Communities must have a clear, precisely laid out plan. Check their record book to ensure that they have all salient points compare with the information you were collecting. Also send a copy to the District Office and the HSS at RPO. If the Committee requests to be formally introduced to the community in their new role you may assist them to organize this, but remember that they must take charge. A sample of the kind of programme which can accompany this event is attached as Appendix A.

17. Health education plan

This may change monthly and will definitely change as a new problem is being addressed. The Health Education coordinator must be able to coordinate the inputs of the others so as to avoid conflicting demands on the community's time: His plan should be flexible but should include Date, time target group, topic, location, person responsible, resources required.

HEALTH EDUCATION PLAN

COMMUNITY: Defor London

Topic	Objective	Person to Work with	Target Group	Dates & Time	Resources Required

18. Health Education Messages:

Start teaching songs, messages stories etc. related to the problem selected and the areas of responsibility, to committee members so that they can assist with the health education of the community. Also teach them how to process them using the Acronym SHOWED as appropriate.

S. What did you see
H. What did you hear
O. Does it happen in Our community
W. Why does it happen
E. What is your experience with this or how do you feel about it.
D. What are you as a community willing to do about it. Tell them that the objective is to get commitment by those doing the Health Education to do something new, i.e. either change a behaviour or a situation.

19. Follow-up

After the community has demonstrated ability to deal with the first problem and major strategies have been completed, you may proceed to tackle priority #2. Start at step 8(b) – contributing factors. There is no need to go back to step 1, since prioritization has already been completed. Also please note that the plans which are kept (written) by the community can also start at Section 8.

Note however that priorities could change e.g. if an epidemic occurs or if other intervening factors such as provision of water has solved some associated problems.

On completion of the activity. If possible make 2 copies, 1 for ES for file in the District Office; 1 to Health and Sanitation Specialist, RPO until advised otherwise.

Thank you.

Strategy	Resources Required a. From Project b. From Committee	Persons Responsible from the Committee	Dates Start and Completion

Appendix A

An Outline of a Sample Programme for the Introduction of WATSAN/Health Committees to the Community

- Arrival of invited guests
- Opening prayer
- Exchange of greetings
- Introduction of Chairman
- Chairman's remarks
- Introduction of Chiefs & Elders
- Introduction of invited guests
- Welcome address
- Address by Project representative (optional)
- Musical Interlude
- Introduction of WATSAN/Health Committee
- Health Education Session(short) led by the Health Committee or any CBO.
- Open forum (Processing of Health Education)
- Chairman's Closing Remarks
- Vote of Thanks
- Closing prayer.

VOLTA RURAL WATER SUPPLY & SANITATION PROJECT
GWSC/DANIDA

GUIDELINES FOR THE DEVELOPMENT OF COMMUNITY BASED HEALTH AND SANITATION PLAN

WATER AN SANITATION RELATED DISEASES COMMON IN THE VOLTA REGION OF GHANA

CLASSIFICATION

The Environmental Classification of Water and Sanitation Related Diseases Common the VOLTA REGION.

I. WATERBORNE DISEASES (FEACO-ORAL)

Caused by pathogens present in drinking water contaminated through presence of excreta and sewage.

Transmission route excreta (Sewage) -> water ->mouth.

Examples:

1. Cholera
2. Typhoid
3. Bacterial Dysentery (Shigellosis, Giardiasis)
4. Diarrhoea

II. WATER-WASHED DISEASE

Caused by lack of adequate volumes of water for personal and domestic hygiene.

Examples are

i. The Waterborne diseases
ii. Diseases due to poor personal Hygiene

a. Faeco-oral

Ascaris (Roundworm)
Hepatitis A
Amoebiasis (Amoebic Dysentery)

b. Non-faeco-oral

Due to over crowing and lack of bodily cleanliness.
These are mostly diseases of the skin and eye infections.

Examples are

Scabies
Trachoma
Pediculosis
Yaws
Viral Warts
Buruli Ulcer

III. WATER-BASED DISEASES

These are all Helminthic (Worm Diseases)

The organism/pathogen spends part of its life cycle in one or more intermediate aquatic hosts (the first or only of which is our aquatic snail, in which massive asexual multiplication takes place)

Example

1. Schistosomiasis

Man (faeces or urine) -> water -> snail ->
water -> man.

2. Guinea Worm (Dracunculiases)

Man -> water -> crustacea ->man

IV. WATER-RELATED INSECT VECTOR DISEASES

Vector breeds in water

eg: Malaria
Filariasis
Yellow Fever

Vector bites near water

eg: African Trypanosomiasis
(Sleeping Sickness)

Vector does both

eg: Onchocerciasis (river blindness)

B. DISEASE DUE TO POOR ENVIRONMENTAL SANITATION

Cross over with Waterborne and Waterwahsed

eg: Hookworm
Tetanus
Botulism

WATERBORNE OR WATER-WASHED?

In low-income communities water-washed diseases are likely to be more important than waterborne diseases.

Why? Because the transmission route is basically the same:

from the anus of one person
to the mouth of another

ie. both waterborne and water-washed diseases are FAECO-ORAL infections.

Possible routes:

1. Faeces of A -> fingers of A -> month of B
2. Faeces of A -> fingers of A -> fingers of B -> mouth of B
3. Faeces of A -> fingers of A -> food -> mouths of B,C, ...
4. Faeces of A -> water -> mouths of B, C.....

1 – 3 are water-washed routes, 4 is waterborne

Under conditions of water scarcity the water-washed routes are most likely and the waterborne route least likely (but nonetheless possible – for example, a shallow well too close to a pit latrine)

WHICH WATER SUPPLY IMPROVEMENT IS LIKELY TO HAVE A GREATER IMPACT ON HEALTH

Improve water QUALITY

or

Improve water QUANTITY

If "waterborne" diseases are actually more commonly water-washed (and they almost always are), then improvements in water quantity will have a greater health impact and so be more cost-effective than improvements in water quality.

So in poor rural areas water treatment (ie. improvement in water quality) may NOT be a good investment.

NB Health Education is very important.

PREVENTIVE STRATEGIES FOR THE CONTROL
OF WATER-RELATED DISEASES

Environmental transmission mechanism	Preventive strategies
Waterborne	– Improve water quality – Improve its accessibility – Improve hygiene
Water-based	– Decrease need for water contact – Congrol snails – Improve quality
Water-related insect vectors	– Destroy breeding sites – Decrease need to visit breeding sites – Improve surface water management

A. WATERBORNE DISEASE (FEACO-ORAL)

1. Cholera
2. Typhoid
3. Bacterial Dysentery
   Shigellosis
   Giardiasis
4. Diarrhoea

B. WATER WASHED DISEASES
(Inadequate water for personal & domestic hygiene)

A. Faeco-oral

5. Ascaris (Roundworm)
6. Hepatitis A
7. Amoebiasis (Amoebic Dysentery)

B. Non Faeco-oral
(due to overcrowding and lack of bodily cleanliness)

8. Scabies
9. Trachoma
10. Pediculosis
11. Yaws
12. Viral Warts
13. Bruli Ulcer

C. WATER-BASED DISEASES
(The organism spends part of its life cycle in one or more intermediate aquatic hosts)

14. Schistosomiasis
15. Guinea Worm (Dracunculiases)

D. WATER RELATED INSECT VECTOR DISEASES
(Vector breeds in water)

16. Malaria
17. Filariasis
18. Yellow Fever
19. African Trypanosomiasis (Sleeping Sickness)
20. Onchocerciasis (River Blindness)

E. DISEASE DUE TO POOR ENVIRONMENTAL SANITATION

21. Hookworm
22. Tetanus
23. Botulism

F. IMMUNINIZATION SCHEDULE

24. Diphtheria
25. Measles
25. Whooping cough
26. Polio