

824 MW91

MINISTRY OF HEALTH
NATIONAL WATER SUPPLY BOARD
COMMUNITY WATER SUPPLY PROJECT
SANITATION UNIT

REPORT ON
SELF-EVALUATION OF
PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT
MALAWI

Mr. O.M. Kankhulungo,	Water Department
Mr. F.S.L. Kumwenda,	Water Department
Mr B.B. Chandiyamba,	Ministry of Health
Mr. B. Chifundo,	Ministry of Community Services
Mr. F. Kwaule,	Water Department

Lilongwe, Malawi

November 1991

824-MW-9600

FOREWORD

This internal evaluation report has been produced utilising field data collected by staff from Ministry of Works (Water Department), Ministry of Health and Ministry of Community Services, in the areas where water and sanitation facilities have been provided through community participation under the Piped Supplies for Small Communities Project in Malawi funded by The Netherlands Government through the International Centre for Water and Sanitation (IRC).

The Evaluation Team wishes to acknowledge the assistance, understanding and cooperation given by the individuals involved in the implementation of Piped Supplies for Small Communities Project. Many thanks must be given to the support of the funding agency, the IRC through Mr. Jo Smet, Programme Officer in the Community Water Supply Division.

On the Malawi Government side, many officials from the Ministry of Works, Ministry of Health and Ministry of Community Services were instrumental in assisting the team to obtain the necessary understanding and insights into the project by releasing them from the normal duties. Among such officials were

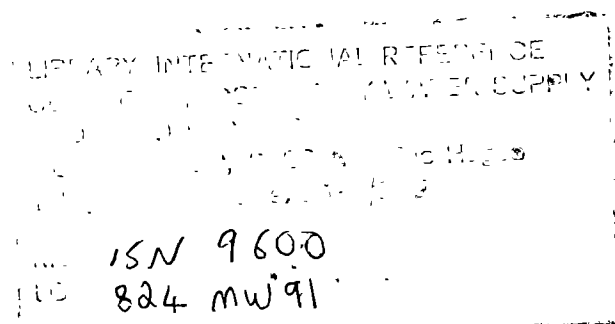
Messrs E.H. Msolomba; Controller of Water Services in Water Department and Mr. D.M. Manda; Commissioner for Community Services in the Ministry of Women, Children Affairs and Community Services and Dr. J. S. Kure, Controller of Preventive Health Services in the Ministry of Health. These officials provided word of encouragement and invaluable support to the team.

Most important of all particular mention has to be given to the dedicated field staff of the Ministry of Works, Ministry of Health and Ministry of Community Services in the PSSC Demonstration areas which the team visited, for their unselfish service on a variety of water, health and community services questionnaires, not forgetting the water and health committees for the overall responsive and participatory atmosphere.

Sincere thanks also to Mr Jo Smet, Programme Officer from IRC, and Mr. Oswald Chanda, PSSC Project Manager in Zambia who assisted in the analysis of the survey data.

Owen M. Kankhulungo

Chief Water Supply Officer



INTRODUCTION

The end - of - Project Evaluation was organised as part of planned PSSC Project activities, to review what progress has been made in achieving original project goals.

The Evaluation was also requested by the donor organisation, considering the fact that the project was coming to an end.

The Self-Evaluation was preceded by a two-week Evaluation Training Workshop which was held in Lusaka, Zambia between 19th August and 1st September, 1991.

The workshop, which was organised jointly by the project sponsors, the IRC International Water and Sanitation and the Zambian Government, was meant to equip Project Teams from the two sister projects with knowledge and tools for Self-Evaluation.

Three Malawian Project Team Members from Water Department who also constituted the Evaluation Team attended the Training Workshop in Zambia, The Project Team Members from Ministry of Health and Ministry of Community Services failed to participate in the Workshop due to unforeseen commitments.

During the Workshop in Zambia Terms of Reference for the Evaluation were developed with the help of the facilitator who is also PSSC Project Consultant, Mrs Mary Boesveld.

The Terms of Reference set out;

- (i) Evaluation Objectives;
- (ii) Evaluation Criteria
- (iii) Evaluation Methodology

Detailed planning for execution of the evaluation which included Resources, Materials, Programme and Budget were also prepared.

The plan was reviewed by the whole Project Team in Malawi immediately after the workshop in Zambia.

Composition of self evaluation team

The Self Evaluation was carried out jointly by the following Project Team Members and Project Working Group Members, from 3rd - 16th November, 1991.

- Mr. O. M. Kankhulungo, PWG Member, Water Department.
- Mr. P. Chindamba, PWG Member, Ministry of Health.
- Mr. F.S.L. Kumwenda, Project Engineer, Water Department.
- Mr. B. B. Chandiyamba, Project Team Member, Ministry of Health.
- Mr. B. Chifundo, District Community Development Officer, Ministry of Community Services.
- Mr. P.A.M. Msiska, Economist, Water Department.
- Mr. F. Kwaule, Project Manager, Water Department.

During the Evaluation, the Six-Man Team visited four PSSC Project Demonstration Centres, Mulanje, Monkey Bay, Salima and Kasungu. (for details of how the evaluation was conducted see section on methodology).

Data collected from these centres were analyzed manually.

The Evaluation report has also incorporated observations from individual study team members including Desk study materials.

BACKGROUND

PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT (PSSC)

The Piped Supplies for Small Communities (PSSC) Project is an Inter-Country Programme implemented simultaneously in Zambia and Malawi. It is funded by the Netherlands Government through the IRC International Water and Sanitation Centre.

The project aims at developing and demonstrating efficient and appropriate ways of planning, implementing and managing piped water supply systems with appropriate sanitation for use in rural and low income fringe urban areas.

During the implementation of the project, special attention has been given to the development of both Community and agency institutional structures.

Priority has also been given to promotion of the development of approaches that involve the community at every stage and which take into account of the social, financial and operation issues as well as the necessary technology.

The programme has also given emphasis to the complementarity of water supply, hygiene education and sanitation.

Emphasis has also been given to training at all project levels.

OBJECTIVES OF THE PSSC PROJECT

The general objectives of the PSSC project are:

- To develop and demonstrate more efficient and appropriate ways of planning, implementing and managing Piped Water Supply Systems, with appropriate Sanitation for use in rural and low income fringe urban areas.
- To promote the sharing and application of such knowledge and understanding at national, programme and sector policy level and in other projects.

Specific Objectives include:-

- To conduct a series of studies and to prepare guidelines on particular organisational, socio-economic, financial management and technical aspects of piped water supply and sanitation systems.
- To set up and develop a number of study and demonstration schemes on these systems.
- To promote the large scale application of the strategies and methods developed.

- To contribute to the international exchange of information on aspects of piped water supplies and appropriate sanitation systems in line with the concept of Technical Cooperation Amongst Developing Countries.

PROJECT ORGANISATIONAL STRUCTURE

The PSSC project which is being implemented by three collaborating ministries, Ministry of Works, Ministry of Health, and Ministry of Community Services was organised in such a way that the Ministry of Works is the Project Coordinating Institution (PCI) while the Ministry of Health and Ministry of Community Services are the Project Participating Institutions (PPIs).

The three ministries together with the Centre for Social Research of the University of Malawi formed the Project Working Group (PWG), which is the National Project Management Committee.

At the implementation level, there is the Project Team comprising a full time Project Manager from the Water Department, and two Project Officers from the Ministry of Health and Ministry of Community Services.

At the demonstration centre level there is a District Working Group comprising of a Water Supervisor, Health Inspector, and Community Development Officer.

An integrated Team of Extension Workers form a Local Project Coordinating Team, comprising of a water Monitoring Assistant, a Health Assistant and Community Development Assistant.

Community organisational structure

The Community Organisational Structure of the Project is such that at each demonstration centre there is a Centre Water Council which is a sub-committee of the District Development Committee.

This committee, which chaired by an elected member, has three sub-committees responsible for Operations of Water Points, Finances and Health.

At the Community Level, Tap Committees are elected at each tap, to manage operations of the water points.

ACTIVITIES CARRIED OUT

In order to adequately meet project objectives, the following activities were given priority.

Project Reviews

A review of Public Standpost Water Supplies project experience was carried out in order to summarise both successes and failures.

A summary review of national experiences in piped supplies was also commissioned to try and look at past experiences with piped supplies in Malawi.

Special Subject Studies

Four support studies were carried out to try and get insights into:

- (a) Operation and Maintenance
- (b) Community Financial Management
- (c) Technical Aspects
- (d) Hygiene Education and Sanitation

Promotion and Sharing of Information

This has been achieved through a series of International, National, District and Local Level Workshops and Seminars organised by the project for different groups.

Training sessions have also been utilised to share information within the project.

Project Monitoring

The establishment of a strong monitoring mechanism has largely accounted for the successes of the project.

At each demonstration centre a full time Water Monitoring Assistant has been deployed to work hand in hand with counterparts from Ministry of Health and Ministry of Community Services, to monitor operation and maintenance activities including community financial management and hygiene and sanitation.

Development of New Demonstration Schemes

Four new demonstration schemes were selected in Mulanje,

Namadzi, Monkey Bay and Rumphu to demonstrate and further field test approaches which were developed in the old PSWS Project Centres.

Hygiene Education and Sanitation

Implementation hygiene education and sanitation programme has been given priority to maximise the benefits of providing safe potable water supply to communities.

Development of Guidelines

Guideline manuals have been developed for various groups. Some of these manuals include guidelines for:-

- Monitoring Assistants.
- Tap Committees
- Tap Committee Treasurers
- Operation and Maintenance
- Local Coordinating Teams

OBJECTIVES OF THE EVALUATION

The main aim of the Piped Supplies for Small Communities (PSSC) Project Self - Evaluation was to assess achievements of the project in Malawi since it was launched in 1988.

Considering the fact that donor funding for the project was coming to an end in March 1992, it was felt necessary to measure progress and assess the extent to which the project had met its original objectives in:-

- Developing methodology
- Promoting information sharing
- Conducting socio-economic and technical studies
- Developing guidelines
- Setting up demonstration schemes
- Contributing to international exchange of information.

There was need to :-

- Identify strength and weaknesses which could be lessons for this and future projects.
- See whether the project was implemented according to plans and time schedules.
- Look at the achievements and decide or recommend whether there is need replicating the project to other areas.

DESCRIPTION OF STUDY AREA

SALIMA

It is one of the oldest schemes which were developed under the PSWS project phase, 1985--87.

Location

Salima district is located in Central Region of Malawi about 106 KM North-East of Lilongwe.

Population

About 6,000 (1985) with a growth rate of 5%.

Housing

Ninety percent traditional and 10 percent permanent.

Water Supply

Total number of metered consumers	=
Total number of private connections	=
Total number of Public Standpost	= 31

KASUNGU

It is one of the oldest schemes which were developed under the PSWS project phase, 1985--87.

Location

Kasungu is located in the central region, about 110 Km North of Lilongwe.

Population

Over 6472 with a growth rate of 6%.

Housing

Seventy percent traditional and 30% permanent.

Water Supply

Number of metered consumers	=
Number of Private Connections	=
Number of Communal Water Points	= 22

MULANJE

It is a scheme which has 18 public standposts constructed under the Communal Water Point Project funded by UNDP, 1981--85. It was adopted by PSSC because it had good potential for expansion. Ten new public standposts were constructed using PSSC Project funds.

MONKEY BAY

It is a new scheme which had one KIOSK converted to a public standpost under the PSSC Project. A total of 8 new public standposts were constructed using PSSC project funds

Location

It is located in the Southern Region, 70 KM from Mangochi District.

METHODOLOGICAL ASPECTS

The self Evaluation Survey of the Piped Supplies for Small Communities (PSSC) Project was carried out from 3rd to 16th November, 1991 in four peri-urban areas of Kasungu, Salima, Monkey Bay (Mangochi) and MULanje.

DEVELOPMENT OF EVALUATION OBJECTIVES

Two broad objectives for the self evaluation survey were developed at an Evaluation Training Workshop that was conducted in Zambia from 19th August to 1st September, 1991.

The main objectives were as follows:-

- (a) To assess achievements of the project since it was launched in 1988.
- (b) To measure progress and assess the extent to which the project has met its stated objectives in:-
 - developing methodology
 - promoting information sharing
 - conducting socio-economic and technical studies
 - developing guidelines
 - setting up demonstration schemes
 - contributing to international exchange of information.

(2) Study Design

(i) Planned Design of the Study

This cross-sectional study was designed to be carried out in four separate centres that is in 2 old schemes and in 2 new schemes from 14th to 27th October, 1991. Therefore Kasungu and Salima were chosen to represent the old schemes while Monkey Bay and Mulanje represented the new schemes.

The study aimed to collect information that was going to be used in comparing the present and previous situation in:-

Community participation, Community institutional development, operation and maintenance, hygiene and sanitation, financial management, and technical improvements to standposts.

This information was originally planned to be obtained from the study areas through:

(a) Individual Interviews

Information was to be obtained by holding a total of 172 individual interviews. According to plan, out of this total 3 Project Working Group (PWG) Members, 12 District Working Group (DWG) Members.

12 Local Coordinating Team (LCT) Members and 145 consumers (Water Users) were to be interviewed. For consumers both men and women were going to be interviewed.

Each interview was going to be conducted by an interviewer with the aid of a questionnaire.

(b) Group Discussions

A total of 25 group discussions were planned to be conducted to collect information about hygiene education and sanitation within the 4 centres.

At every cluster, consumers who were available in the village during the time of the survey would be invited to the Communal Water Point (CWP) for a group discussion. Tap Committee Members would be included among the consumers.

As for the individual interviews purposely made questionnaires were to be used to guide the discussions and recording the responses. Any response which enjoyed the support of the majority in the group was accepted as a score and recorded on the questionnaire.

NB: Consumers (Water Users) were defined as those individuals who have access or draw their drinking water from a common Public Standpost.

A household was defined as a dwelling unit or a number of dwelling units consisting persons residing together and sharing the same cooking pot or 'Nkhokwe'.

A cluster was defined as all households that draw water from a common Public Standpost.

(c) Observation

This method aimed at enabling the interviewer to obtain additional information by seeing or hearing during the time of conducting interviews or during group discussions or inspections, was also used.

(d) Inspection

An inspection of each cluster that was included in the survey was going to be carried out by the interviewer to ascertain the availability of latrines and their general condition.

A pit latrine was to be considered as unsatisfactory when any or more of the following was going to be noted:

- a pit that was about to collapse, or that had big cracks and / or holes,
- walls that did not provide privacy, or walls that were dilapidated, and
- a structure that had no roof, or poorly thatched roof, or a roof that was falling.

All pit latrines which were under construction were excluded from the survey. And where two latrines were provided as single unit under the same roof, was to be recorded as one latrine.

(e) Desk Study

This was planned to be used by the Project Team (PT) Members, who were going to be interviewers, to obtain any relevant information before and during the survey.

(ii) Actual Design of the Study

The initial design as described above had to be altered slightly for a number of reasons.

Firstly the survey was delayed due to some bottlenecks encountered during the preparatory stage. The study, therefore, actually took place from 3rd to 16th November, 1991.

Secondly a total of 167 interviews were actually conducted. It was discovered, during pretesting of the questionnaires, that it was not possible to interview the PWG members using the developed questionnaires because they could not be applicable. Therefore, they were excluded from the study.

Another reason was that 2 members of the LCT were not available for the interviews.

Thirdly, only 23 group discussions took place because 2 groups were not available due to funerals.

Finally, after failing to interview the PWG members, it was deemed necessary to include them as interviewers. Therefore, the Chief Water Supply Officer (CWSO) and the Chief Public Health Officer (CPHO) joined the interview team.

(iii) Sampling

Two old centres (Kasungu and Salima) and two new Centres (Monkey Bay and Mulanje) were randomly selected by balloting, using a stratified sampling method.

At each centre 30% of the clusters were randomly selected to make a sample to be included in the survey. Therefore the number of clusters that were identified were as follows:-

Kasungu	7 clusters
Salima	8 clusters
Monkey Bay	3 clusters
Mulanje	7 clusters

However, as stated earlier, 23 group discussions actually took place.

The LCT members conducted the interviews around the centres during the survey.

All members of households, especially men and women, who were available in the clusters during the survey, qualified for the group discussions. By chance, a very insignificant number of men were available for the group discussions. This was, probably, because there were no prior notices given to the clusters about the exercise. The other reason could be that most men felt they had very little to do with activities at the communal water points.

20% of the heads of households, mostly women, randomly chosen, were interviewed in their homes to ascertain their degree of perception, involvement and participation in the PSSC project. The interviews were conducted in Chichewa Language and the responses were recorded on the provided questionnaires.

All households in the selected clusters were eligible for inspection. The interviewers inspected the households for the availability of latrines and their general condition. Tally sheets were used for recording the findings from which the interviewers were able to categorise the condition of latrines as satisfactory or unsatisfactory.

The interviews were conducted around the clusters by one or two Tap Committee Members. Their main role was to identify which households belonged to their clusters, so that the interviewers did not inspect latrines for households that belonged to other clusters.

Members of the DWG and LCT were interviewed at the end of the survey at each centre to ascertain their knowledge about their roles and involvement in the PSSC Project. They used no reference materials to provide the answers. The interviews were conducted in English with each individual by using the

specially made questionnaires.

(iv) Analysis

at the end of the survey all data were compiled and analyzed manually. Percentages were used to measure progress and make the necessary comparisons. Note that the samples were rather small in some cases which may subsequently affect the rates.

MAIN FINDINGS OF THE STUDY

The main purpose of this study was to measure progress and assess the extent to which the project has met its stated objectives in:-

- Developing methodology
- Promoting information sharing
- Conducting Socio-economic and technical studies
- Developing guidelines
- Setting up demonstration schemes
- Contributing to international exchange of information.

Developing Methodology

The PSSC Project has to a large extent managed to fulfil its original objectives in developing an approach for planning, implementation and managing piped water supply systems with appropriate sanitation.

The methodology, which was developed in four PSWS schemes has been effectively and successfully demonstrated in four new PSSC Schemes with very encouraging results.

This evaluation report outlines some of the indicators of the successes

Promotion of information sharing

Project information was disseminated through different channels, the most prominent ones being Meetings (81%) Training sessions (48%) - Workshops (38%), Reports (24%), Guidelines (5%) and Film shows (5%).

Although the project has developed, from the beginning guidelines for various groups, the guidelines have not proved effective since they have not been distributed to the target groups.

There is urgent need to improve this situation, guidelines

should be distributed to target groups.

Socio-economic and Technical studies

The PSSC Project has successfully organised special subject studies to get insights into subjects which are essential for effective planning, implementation, operation and maintenance of small community water supplies.

The evaluation found that these studies were carried out by project staff with full involvement of field level staff.

Among the field personnel who were interviewed, 67% remembered to have participated in such studies.

The main subjects mentioned included:-

- Sustainability of Tap Committees
- Operation and Maintenance
- Hygiene Education and Sanitation
- Community Financial Management
- Technical aspects.

A number of studies were however carried by an external institution since they were too specialized, and time consuming.

Developing Guidelines

Although there is evidence that guidelines have been developed right from the beginning, the evaluation found that information from these guidelines has not been widely disseminated.

The majority of those who were interviewed knew about the guidelines and were able to list down the guidelines.

However the rating on the use of these guidelines as tools for information sharing was low, 5% which indicates that not many people have used information which is contained in the guidelines.

Setting up demonstration schemes

During the PSSC project phase four demonstration schemes have been developed in Mulanje, Namadzi, Monkey Bay and Rumphu.

Two of these schemes Namadzi and Monkey Bay are completely new, the project had to construct for the first time public standposts, 10 in Monkey Bay and 7 in Namadzi.

The other two Mulanje and Rumphi are schemes which had old public standposts constructed under another project. The PSSC Project constructed additional standposts, 10 in Mulanje and 10 in Rumphi.

From the information which was collected during the evaluation, the developed project approach is working successfully in these schemes. The schemes are really demonstrating the success of the methodology. Community participation is working well, community institutions such as the Tap Committees are working well. (The only exception is the Centre Water Councils which are existing but not functional.

Local Project Coordinating Teams are also operating effectively offering integrated extension services to the communities in the public standpost areas.

The only major problem is sustainability of the methodology in the absence of donor funding.

The evaluation has found out that the methodology has been sustained with funds which have been used for training activities and operating the monitoring mechanism

Contributing to international exchange of information

Although the evaluation has not tried to look deeper into this aspect, but from information found in project documents, this activity has been effectively implemented.

Project papers, reports and publications have effectively been disseminated to the sister project in Zambia and through the project donor, IRC to other projects in other countries.

Project information has also disseminated through International Workshops which have been organised in the country and also through International Workshops in other countries which project staff with the courtesy of the IRC have managed to attend.

Inter-country staff visits staff from the sister project in Zambia has also helped to exchange essential information.

Visitors from projects in other countries have also been able to get project information through visits to the demonstration

TRAINING

Training has been the hall-mark of the PSSC project approaches. The project made every effort to ensure that various groups involved in project activities are adequately trained or oriented.

The evaluation found that agency staff in all the

demonstration had developed comprehensive training programme, 67% of the respondents confirmed of having developed the programmes.

The main target groups of the training programmes were Tap Committees, Centre Water Councils, Local Coordinating Teams and Local Community Leaders.

The project developed comprehensive syllabus for training Tap Committees. The Evaluation found out that most of the respondents were able to list down some of the subjects covered during Tap Committee training such as Health Education, Water Point Management, and Committee procedure.

Although the project has made efforts to develop the syllabus for Tap Committee training, nothing has been done to develop syllabuses for training of the other groups such as the Centre Water Council, Local Coordinating Team and Community Leaders.

The evaluation also found that while the demonstration centres submitted training proposals to water department headquarters for funding on time, it took along time for the proposals to be considered. Sometimes they were not even funded.

Local Coordinating Teams also lacked support from the District Working Groups or Project Team in conducting orientations for the highly placed Centre Water Councils.

At times orientations had to be cancelled because Project Team Members could not manage to take part. Local Coordinating Teams do not have the confidence to handle the Centre Water Councils.

However the evaluation found that the training programmes had made a good impact in the operation and maintenance of the public standposts.

Communities are able to execute their share of responsibility in the project without problems.

This has been further enhanced by intra-centre and inter-centre exchange visits which have been promoted under the project.

Local Coordinating Teams have promoted exchange visits between, Tap Committees within the centres. This has ensured that Tap Committees which are not doing well learn from those which are doing well.

The evaluation however found out that inter-centre exchange visits, that is visits between Tap Committees from different demonstration centres has been low. Only 22% of the respondents confirmed that their committees had visited projects outside their centres.

The reason, according to the findings of the evaluation is

that although funds were available for exchange visits transport has been a problem.

FINANCIAL MANAGEMENT

Considering the fact that water supplied to the communities in the public standposts is taken from existing urban schemes operating on a semi-commercial basis, communities pay a subsidised rate of 29t. Using of all the water which they require daily, is taken from the communal water point an average family, pays a maximum of between K1 and K1.50 monthly.

The evaluation found that the communities find this area to be fair and are very willing to contribute (83 % of the respondents). The evaluation found that the rate of defaulting is quite low 17%.

Treatment of defaulters varies from centre to centre and from water point to water point. Forty - six percent of the respondents pointed out that defaulters are suspended from using the water points while 17% of the respondents confirmed that defaulters are allowed to continue using the water points.

Considering the fact that the project is based on cross subsidy and the adverse effects of suspending consumers who are forced to go to traditional water sources, efforts should be made to discuss with Tap Committees to be a bit a last resort.

Although the majority of the people (56%) do not know what this contribution is covering, however, 24% were able to mention that the agency used the funds for buying chemicals diesel or paying electricity to run water pumps and also for paying for staff.

Since this knowledge is very essential for the communities to appreciate the service which the Agency is providing, it is important that the information should be disseminated to all users.

An elaborate system of financial management and monitoring has been developed under the PSSC project.

Tap Committees are responsible for collecting financial contributions from Water Consumers. Different methods are used to collect the funds. The committees either collect the money from individuals at the tap side on a given day agreed upon or the committees collect the money from individual households within a given period of time. Sometimes individuals are asked to bring the money to the Treasurer or Chairman during a given period of time.

Once all the money is collected the committees remit the money

to a government cashier and a receipt is issued to them.

Although the committees have been guided to avoid combining or swapping responsibilities in that the Treasurer should be responsible for collecting and keeping the money; while the chairman is responsible for Monitoring the funds and the Secretary for keeping records of all payments , the evaluation found out that in 34% of the cases Treasurers collect the money while the chairman and secretary are responsible for collecting the money while the chairman and secretary are responsible for collecting the money in 29% and 33% of the cases respectively.

Monitoring of financial management is done by the Local Coordinating Teams.

The evaluation found out that as a result of prudent community financial management and monitoring by the LCTs the communities have accumulated very big credit balances on their consumer accounts.

These credits have now been transferred to committee bank accounts. As a result of this transfer the money will now be used for maintenance.

However the evaluation found that the majority of the people interviewed 51% had no knowledge of the money in the Bank only 6% of the respondents confirmed that their committees had money in the bank ranging between K50 - K250.

This high percentage of ignorance of the bank accounts apparently could be due to the fact that the system was very new by the time of the evaluation or simply that committees maintained secrecy about the funds.

The other explanation is that since the system was just developing, not many committees had already opened their bank accounts by this time.

Committees which have not accumulated credit balances have created special maintenance funds by soliciting special contributions from the communities. Such contributions ranged between 20t and K1 per household per month.

The money collected by committees and then kept in Bank accounts.

The evaluation however found out that only 28% of the respondents had knowledge of contributions ranging between K0.50 - K1.50.

The explanation again lies in the fact that at the time of the evaluation the system was just being developed, so not many people were aware of it.

However in all cases, in order for the project to be sustainable, there is need to strengthen the maintenance fund model.

Both Tap Committee members and community members using the standposts should be made better aware of water point finances.

COMMUNITY PARTICIPATION

Community participation can be described as a process during which people learn to assess their own needs, design a strategy for meeting these needs and organizing themselves to solve the problem. It envisages people's involvement throughout the project or programme cycle from planning, implementation and evaluation. Community participation should aim at making people less dependent on the government but on the same time knowing where to turn to when their own resources are inadequate to meet their needs.

Community participation as applied to the PSSC project was the involvement of communities in all stages of project development, from planning through implementation including operation and maintenance.

The evaluation found that communities were involved during the planning stage, they were consulted on the siting of the water points.

They were asked to form Tap Committees at each of the water points to be responsible for operation and maintenance of the completed Public Standposts.

There was however very low community participation during the construction of the public standposts, particularly during the first phase of the project, the public standpost water supply project phase.

According to information, this was adopted from the earlier Communal Water Point Project which utilised hired labour for constructing the public standpost.

This approach changes during the PSSC project phase particularly during the implementation of the new demonstration schemes in Namadzi, Monkey Bay and Rumphu.

The evaluation found that community participation during construction of water points was encouraged.

Community contribution during construction of the water points differed from centre to centre.

However most respondents (51%) confirmed that they contributed

materials. Labour contribution still constituted a small percentage 3% (SEE TABLE 1)

TABLE 1 : COMMUNITY CONTRIBUTION

NO	ACTIVITY	TOTAL RESPONDENTS	PERCENTAGE
1	CASH	5	3%
2	Labour	3	2%
3	Materials	51	31%
4	Food	3	2%
5	Labour/Materials	10	6%
6	Others	50	30%
7	Don't know	65	39%

The project could have done much better if there was more community involvement in terms of labour. Community participation on ownership of the water points could have improved further.

Community involvement was however higher in operation and maintenance.

Majority of the respondents confirmed their involvement in operation and maintenance activities including cleaning water points surroundings.

The evaluation found out that operation management and maintenance activities effectively done by the communities.

Community participation about the ownership of the water points varied from centre to centre.

The evaluation found that 59% of the respondents perceived the water facilities as belonging to communities. Only 6% of the respondents perceived the water facilities as belonging to the government.

Since community perception about ownership of the facilities is very essential for continued operation of the water points and sustainability of the project, it is important that community should look at the facilities as their own. It is only through this that they can take responsibility to maintain the water points.

TABLE 2: PERCEPTION ABOUT OWNERSHIP OF FACILITIES

DISTRICT	TOTAL INTERVIEWED	POSITIVE RESPONDENTS	COMMUNITY
Kasungu	53	27	51%
Salima	57	40	70%
Mulanje	27	11	41%
Mangochi (Monkey Bay)	30	19	63%

COMMUNITY ORGANISATIONAL STRUCTURE

The community level organisational structure of the PSSC project is such that at each demonstration centre there is a centre water council which is a sub-committee of the District Development Committee.

The centre water council is chaired by an elected member and is responsible for monitoring operation and maintenance activities in the public standposts.

The evaluation found that this committee is very crucial to the sustainability of the project at each demonstration centre.

However 62% of the councils are not functional. They were given formal guidelines but they have not been functioning.

The apparent reason is lack of proper orientation for the councils.

At each public standpost 10 member elected Tap Committee is responsible for operation management and maintenance of the water points including management of finances.

The evaluation found out that the Tap Committees were most active in all demonstration centres.

Ninety six percent of the Tap Committees were found to be functional with good membership ranging between 7 and 10.

Ninety three percent of the Tap Communities held meetings ranging between once a week to once in a year.

TABLE 4 : FREQUENCY OF TAP COMMITTEE MEETINGS

NO	FREQUENCY	TOTAL RESPONSES	PERCENTAGE
1	Once a week	5	3%
2	Once Fortnightly	47	28%
3	Once a month	67	40%
4	Once a year	36	22%

The majority of the respondents knew the responsibilities of the committees. 54% of the respondents mentioned of the main responsibilities of the tap committees was management of the water point. 22% said, collection of money, 16% said organising committee meetings, 2% said payment of bills, while 15% of the respondents said they did not know. The table below shows the total responses.

TABLE 5 : COMMITTEE RESPONSIBILITIES

NO	ACTIVITY	TOTAL RESPONSES	PERCENTAGE
1	Managing	91	54%
2	Collecting Money	36	22%
3	Committee Meetings	26	16%
4	Pay Bills	25	
	Don't know	25	15%

OPERATION AND MAINTENANCE

Through Tap Committees which the communities themselves elected, operation of the water points is effected. To facilitate smooth operation guidelines were developed. Most of the respondents mentioned the guidelines which were developed by the PSSC as; for:

- Tap Committees and consumers.
- Hygiene education and sanitation

TAP COMMITTEE TRAINING

Tap Committees are trained to enable them manage operation of the water points effectively.

The training cover a wide range of topics ranging from leadership, operation and maintenance, financial management and hygiene education and sanitation.

Local coordinating Teams conduct the trainings locally and in some cases residential courses have been organised.

The majority of the respondents interviewed during the survey were able to mention most of the topics covered during the training sessions.

The survey however found that although the impact of the training is quite clear on operation and maintenance activities and improved hygiene and sanitation, the impact on leadership and financial management is not very good.

Some of the committees are still fraught with leadership problems where certain committee leaders monopolise responsibilities, power struggles are common and in some cases there is gross mismanagement of the points.

Mismanagement of community finances is also common.

These problems could be remedied with proper leadership training.

There is thus need for more refresher courses for the Tap Committees.

TECHNICAL ACTIVITIES

Technical activities within the PSSC project were coordinated by a Project Engineer who is a Project Team Member based in Water Department.

Community involvement in technical activities was appropriately encouraged throughout the project period.

Community were consulted in siting of the water points, however where technical limitations could not favour the community choice of a site, the technicians appropriately advised them and asked them to choose alternative sites.

The communities were not involved in designing the original Public Standpost Structure.

It was only later that they were consulted to comment on the design in order to make it more usable and convenient to them.

Construction of the Public Standposts was initially done by

hired labour, during the first phase of the project, but this approach was changed during the PSSC Project phase where community involvement was extensively encouraged. Communities contribute materials, cash and labour towards the construction of the water point structure.

Development of New Public Standpost Designs

The original Public Standpost Design was developed without consulting the communities.

One of the tasks of the PSSC Project was to improve the designs to make structures more usable and more convenient to the users.

Studies were carried out on the old design. Communities particularly were women extensively consulted on what could be done to the existing design, to make it more convenient.

From the comments which the women made, improvements were made to various parts of the Public Standpost structure such as the standing area, pillar platform and drainage system.

The evaluation found that communities favour the improved design which is much more convenient to them.

NEW DESIGN

Based on the comments which communities made, a new design was developed with full consultation with communities.

Before the design was tested models made of bricks were erected and women commented on appropriate height of the platform and pillar including the size and finishing of a standing area and drainage.

The new design was field tested in new demonstration centres.

The evaluation found that although not many people knew about the new design, it was favoured in the areas where structures were constructed.

The new design has now been adopted by the Water Department as a standard design for new Public Standpost.

More research is however still needed to come up with better designs for different areas.

Design Capacity

The design capacity for the Public Standposts is 31 litres/head/day.

This design capacity was however not communicated to communities.

The evaluation found that communities are using much less water than the design capacity. In some cases consumption is less than half the design capacity.

Since this could mean that the communities were continuing to utilise polluted traditional water sources, which could lead to health hazards, there is need to encourage the communities to use much more water from the Public Standposts.

Water Supply

Most of the Public Standposts discharged sufficient water to satisfy community demand.

Water problems were however observed in a number of water points.

The table below summarises the extent of reported water shortages in the centres.

TABLE 6 :

CENTRE	TOTAL NO. OF PEOPLE INTERVIEWED	WATER PROBLEM RESPONDENTS	PERCENTAGE %
Kasungu	53	19	36
Salima	57	28	49
Mulanje	27	4	15
Monkey Bay	30	2	7

From the table it can be noted that Salima and Kasungu experienced much more water shortage problems than Mulanje and Monkey Bay.

The evaluation found that as for Salima, original planning was not well done. The public standposts had water when they were constructed but as soon as the reticulation was extended to newly developed areas such as new Salima hospital and a new textile factory, water failed to reach the public standposts which were situated on a bit higher ground. Something should be done quickly to improve the situation.

In Kasungu on other hand, water shortage was due to dry spell factor and also to operational flaws .

The Dam at that time of the year goes down and the township faces water rationing. The Dam is going to be raised very soon and that water shortage at Kasungu might be solved. However water shortage at some of the structures was due to operational flaws.

There was need for throttling of valves in order to restrict the flow of water to low or areas of the reticulation so that the high areas could get water some time of the day.

WASTE WATER DRAINAGE

Another major technical activity for the PSSC project was to carry out studies for improving waste water drainage in different soil conditions.

The evaluation found that 95% of the water points have soak pits for draining waste water.

Although this was effective and adequate in upland areas, there were still problems in low land areas such as Salima where water table is high and soak pits get flooded.

The evaluation found that no comprehensive studies were carried out in this field.

There is need to look into this issue which is causing much concern among the communities.

OPERATION AND MAINTENANCE

Operation of the public standposts is done by the communities. They fix their own opening and closing hours.

The evaluation found out that in some water points operating schedules are too restrictive to the extent of limiting water consumption.

This is reflected in the fact that some water points are accumulating very huge credit balances.

There is urgent to need to strengthen user education to enable communities have flexible opening and closing schedules and use much more water even if it means through drawing part of their huge credit balances.

Maintenance of the piped water supply scheme is a shared responsibility between the Agency and the communities.

In order to ensure a sustainable maintenance system, the project has set up a Revolving Fund for maintenance where by stocks of most needed spareparts such as Tap Heads and Rubber Washers were bought and kept in all the demonstration centres.

The spareparts are sold to the communities and money realised is used to replenish stocks.

The communities were encouraged to have maintenance funds which are kept in special bank accounts.

This ensures that replacement worn out spareparts is effected without delay since the committees draw from the fund in order to purchase the needed spareparts.

The evaluation however found that the maintenance system is not known by many people.

Seventy two percent of the respondents said their committees did not have ny maintenance fund while 28% knew about the fund but did not know how much was being contributed.

This inconsistency might be the result of the fact that some of the maintenance funds were started using old credit balances which were originally being kept by the Water Department.

When bank accounts were opened, the funds were channelled there and became post of maintenance funds.

In order to improve the maintenance system, further communities must be made aware of both the availability of

spareparts and existence or need to establish maintenance funds.

The evaluation found that the majority of the public standposts were operational.

The organisational structure for operation and maintenance is very well developed and works very well.

All major breakdowns are reported to the Water Monitoring Assistants who in turn alerts the technicians to attend to the problem.

Response to breakdowns by the technicians has been good. Most respondents reported that breakdowns are attended to quickly.

HYGIENE AND SANITATION FINDINGS

It was within the terms of reference of the investigators whether or not hygiene education was included in the project, what the main hygiene education objectives were, and the main approaches and methods that were adopted. And it was within the same terms of reference that required the team to make every effort to use participatory methods in the process of obtaining this information. Group discussions and inspections of premises were therefore adopted.

1. Sanitation

In the 4 centres a total number of 948 households were visited and total number of 632 pit latrines were inspected. This implies that 67% of the households were provided with pit latrines. Inspections results indicated that only 43% of these latrines found satisfactory.

TABLE 6 :

NUMBER OF HOUSEHOLDS AND PIT LATRINES THAT WERE VISIT IN KASUNGU, SALIMA, MONKEY BAY AND MULANJE DURING A SURVEY FROM 3RD TO 16TH NOVEMBER 1991.

CENTRE	NO. OF HOUSEHOLDS COVERED	SATISFACTORY LATRINES		UNSATISFACTORY LATRINES		COVERAGE %
		No.	%	No.	%	
Kasungu	298	92	42	126	58	73
Salima	246	66	39	103	61	69
Mulanje	254	74	51	72	49	57
Monkey Bay	150	39	39	60	61	66
TOTAL	948	271		361		

These proportions compares very unfavourably with those found during a baseline survey in September 1988.

The national latrine coverage in the PSSC centres in 1988 was 84%. This big drop in coverage could be the result of several contributing factors. The major one being methodological problems. Interviewers in the present study were more systematic than in the previous study. For instance, in the recent survey all households living in a terrace building were counted as individual households or families, whilst in the 1988 study a terrace building containing several families was counted as a single household. Also, during the 1988 survey, several pit latrines, under one roof were counted individually as separate latrines, while in the present study such latrines were grouped as single units. Such disparities caused inflation or deflation of captain figures, ending up in misleading results.

It is not easy to compare the progress that has been achieved in terms of improvements in condition of latrines since no figures were available from the 1988 baseline survey report.

Examining the individual centres one will discover that the old centres (Kasungu 73% and Salima 69%) had relatively better coverage than the new centres (Monkey Bay 66% and Mulanje 57%). However, Mulanje had the largest proportion of satisfactory latrines, 51%, while Kasungu scored 42%, Salima and Monkey Bay registered 39% each. (See table 6)

Other problems which contributed to the low coverage of pit latrines as ascertained during the survey were many, but no single problem was found to be common to all centres. For instance, Salima identified collapsing of pit latrines (50%) during the rainy season was their major problem, followed by shortage of trees (25%), and sandy soils, water logged soils, and inadequate water for construction.

The other most probable reason could be inadequate health education in this regard. It seems that there was less emphasis on the provision of pit latrines than their utilisation (refer to Table 7).

Respondents in Kasungu considered the shortage of trees was the major problem (71%), followed by inadequate income and rocky soils (29%). Other problems included lack of people to dig latrines, husbands reluctant to provide latrines and lack of space. 29% of the respondents considered the lack of sanplats as a problem as well. Kasungu is the only centre that embarked on a sanplat casting and installation programme. It was observed, during the survey, that there was a great demand for sanplats in the centre, but the agency could not meet the demand. It is expected that a similar programme if introduced in the other centres would receive an equal positive response. The sanplat improves the condition of the latrine greatly.

There were 2 problems only that dominated Monkey Bay i.e. sandy soils (71%) and water logged soils during rainy season (21%).

Mulanje did not seem to have any major problem at all. However, respondents identified lack of space (40%) as their major problem. The investigators observed that it was common in Mulanje to find up between 10 and 12 families using one pit latrine. The users explained that the land lords couldn't cooperate in the provision of more pit latrine to meet the tenants demand. The other problems that were identified included collapsing of pit latrines during the rainy season, water logged soils and rocky soils.

It is not easy to compare the progress that has been achieved in terms of improvements in condition of latrines since no figures were available from the 1988 baseline survey report.

Examining the individual centres one will discover that the old centres (Kasungu 73% and Salima 69%) had relatively better coverage than the new centres (Monkey Bay 66% and Mulanje 57%). However, Mulanje had the largest proportion of satisfactory latrines, 74%, while Kasungu scored 42%, Salima and Monkey Bay registered 39% each. (Refer to tables in the annex).

Other problems which contributed to the low coverage of pit latrines as ascertained during the survey were many, but no single problem was found to be common to all centres. For instance, Salima identified collapsing of pit latrines (50%) during the rainy season was their major problem, followed by shortage of trees (25%), and sandy soils, water logged soils, and inadequate water for construction.

The other most probable reason could be inadequate health education in this regard. It seems that there was less emphasis on the provision of pit latrines than their utilisation (refer to Table 7).

Respondents in Kasungu considered the shortage of trees was the major problem (71%), followed by inadequate income and rocky soils (29%). Other problems included lack of people to dig latrines, husbands reluctant to provide latrines and lack of space. 29% of the respondents considered the lack of sanplats as a problem as well. Kasungu is the only centre that embarked on a sanplat casting and installation programme. It was observed, during the survey, that there was a great demand for sanplats in the centre, but the agency could not meet the demand. It is expected that a similar programme if introduced in the other centres would receive an equal positive response. The sanplat improves the condition of the latrine greatly.

There were 2 problems only that dominated Monkey Bay i.e. sandy soils (71%) and water logged soils during rainy season (21%).

Mulanje did not seem to have any major problem at all. However, respondents identified lack of space (40%) as their major problem. The investigators observed that it was common in Mulanje to find up between 10 and 12 families using one pit latrine. The users explained that the land lords couldn't cooperate in the provision of more pit latrine to meet the tenants demand. The other problems that were identified included collapsing of pit latrines during the rainy season, water logged soils and rocky soils.

TABLE 2:

PROBLEMS ENCOUNTERED IN LATRINE CONSTRUCTION AS REPORTED BY CONSUMERS IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE DURING A SURVEY THAT TOOK PLACE FROM 3RD TO 16TH NOVEMBER 1991.

PROBLEMS	CENTRE			
	SALIMA N=8	KASUNGU N=7	MONKEY BAY N=3	MULANJE N=5
a) Sandy soils	1 (13%)		3 (71%)	
b) Collapsing during rains	4 (50%)			1 (20%)
c) Water logged soil	1 (13%)		2 (29%)	1 (20%)
d) Shortage of trees	2 (25%)	5 (71%)		
e) No money		2 (29%)		
f) Inadequate water	1 (13%)			
g) Too many rocks		2 (29%)		1 (20%)
h) Lack of sanplats		2 (29%)		
i) Lack of diggers		1 (14%)		
j) Husband reluctant		1 (14%)		
k) Lack of space		1 (14%)		2 (40%)
l) No problem	1 (13%)			

In spite of low coverage of latrines in the project area it was evident that utilisation was considerably high. Survey results indicated 85% of the respondents said that all household members, including children, use latrines. However, there were obvious variations in utilisation of latrines in the four centres; respondents in Salima and Mulanje indicated that everybody used latrines, while the proportion of respondents in Kasungu and Monkey Bay was much lower, 71% and 67% respectively. We have no clear explanation for the disparities.

When responding to the question as at what age mothers teach their children to start using the latrine, most of the women said that they teach the children during the ages of 2, 3 and 4 years. However, the majority of women in Salima, Monkey Bay and Mulanje teach the children at the age of 3 years. This is contrary to Lindskog's findings that children rarely use the latrine until they are 5 to 7 years old. (Per Lindskog, 1987). In essence our findings this substantiate the women's views in the preceding paragraph.

It is not easy to compare the progress that has been achieved in terms of improvements in condition of latrines since no figures were available from the 1988 baseline survey report.

Examining the individual centres one will discover that the old centres (Kasungu 73% and Salima 69%) had relatively better coverage than the new centres (Monkey Bay 66% and Mulanje 57%). However, Mulanje had the largest proportion of satisfactory latrines, 74%, while Kasungu scored 42%, Salima and Monkey Bay registered 39% each. (Refer to tables in the annex).

Other problems which contributed to the low coverage of pit latrines as ascertained during the survey were many, but no single problem was found to be common to all centres. For instance, Salima identified collapsing of pit latrines (50%) during the rainy season was their major problem, followed by shortage of trees (25%), and sandy soils, water logged soils, and inadequate water for construction.

The other most probable reason could be inadequate health education in this regard. It seems that there was less emphasis on the provision of pit latrines than their utilisation (refer to Table 7).

The respondents in Kasungu considered the shortage of trees was the major problem (71%), followed by inadequate income and rocky soils (29%). Other problems included lack of people to dig latrines, husbands reluctant to provide latrines and lack of space. 29% of the respondents considered the lack of sanplats as a problem as well. Kasungu is the only centre that embarked on a sanplat casting and installation programme. It was observed, during the survey, that there was a great demand for sanplats in the centre, but the agency could not meet the demand. It is expected that a similar programme if introduced in the other centres would receive an equal positive response. The sanplat improves the condition of the latrine greatly.

There were 2 problems only that dominated Monkey Bay i.e. sandy soils (71%) and water logged soils during rainy season (21%).

Mulanje did not seem to have any major problem at all. However, respondents identified lack of space (40%) as their major problem. The investigators observed that it was common

in Mulanje to find up between 10 and 12 families using one pit latrine. The users explained that the land lords couldn't cooperate in the provision of more pit latrine to meet the tenants demand. The other problems that were identified included collapsing of pit latrines during the rainy season, water logged soils and rocky soils.

TABLE 3:

THE AGE THAT CHILDREN START USING THE LATRINE AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE FROM 3RD TO 16TH NOVEMBER 1991.

AGE	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	N	%	N	%	N	%	N	%
2 years	-	-	1	14	1	33	-	-
3 years	5	63	-	-	1	33	3	60
4 years	-	-	1	14	1	33	2	40
5 years	-	-	1	14	1	33	-	-
2 to 4 years	-	-	-	-	-	-	-	-
3 to 4 years	-	-	-	-	-	-	-	-
Depends on rate of development	1	13	-	-	-	-	-	-

2. Water

It has been observed that it is much more difficult to change hygiene-related habits of the population than to switch to a new water source. (Per Lindskog, 1987).

When consumers were asked about their sources of drinking water, 94% claimed that they draw water from CWP/Standposts. This shows an increase of 5% from the 1988 baseline data. However, these figures must be used with caution since they only reflect the information

TABLE 4:

SOURCE OF DRINKING WATER AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE FROM 3RD TO 16TH NOVEMBER 1991.

SOURCE	CENTRES			
	SALIMA N=8	KASUNGU N=7	MONKEY BAY N=3	MULANJE N=5
Communal Water Point	6 (75%)	7 (100%)	3 (100%)	5 (100%)
Other	2 (25%)	- -	- -	- -
TOTALS	8 (100%)	7 (100%)	3 (100%)	5 (100%)

NB: Other = Wells, Springs, Rivers/Streams, Lake as provided by the consumers. Obviously the figures will be different from those provided by Water Monitoring Assistants whose data is based on registered consumers, and the figures are much lower, and probably more reliable.

54% of the consumers expressed satisfaction and appreciation for the water facilities provided. However, the rest felt rather unhappy with their sources. Their reasons for concern varied widely ranging from insufficient water coming from the taps, water being available at night only, and water not coming out at all. These concerns came from 75% of the respondents in Salima where the problem was greatest.

The quality of household water originally from the improved piped water system showed larger increases in contamination during storage than during the time of collection (Lindskog and Lindskog, 1987).

In view of this respondents were asked to state the steps that they followed in order to safeguard the safety of their drinking water during the time of collection, transportation, storage and consumption before drawing water. Then they clean their containers prior to filling them with drinking water. Finally, on reaching their houses, they store the water in covered clean containers. To complement to the proper storage of water centre indicated that they used one or more of the following methods to draw water from the storage containers:

- use a clean cup,
- use a special cup; i.e. the cup is used for no other purposes apart from drawing water from the storage

- container and drink from it.
- use 2 cup - system; i.e. a storage container is provided with 2 cups; one for drawing water from the storage container and the other for drinking. It is customary to place one cup on the cover of the storage container while the other is hung on the wall, just above the container.

TABLE 5:

STEPS THAT WOMEN TAKE TO AVOID CONTAMINATION OF WATER DURING COLLECTION, TRANSPORTATION AND STORAGE AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE FROM 3RD TO 16TH NOVEMBER, 1991

STEPS	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	N	%	N	%	N	%	N	%
Wash hands before collection	5	63	5	71	1	33	4	80
Clean container before filling	4	50	3	43	2	67	4	80
Clean storage container	8	100	6	86	2	67	3	60
Use clean cup for drinking	1	13	1	14	-	-	-	-
Use special cup	1	13	-	-	-	-	1	20
Use 2 cup system	2	25	-	-	1	33	-	-

When the above mentioned practices/steps were cross checked with hygiene education messages available to them it showed that there was evidence of relevance hygiene education being offered. Among the messages included in water related hygiene education offered by the extension workers were:- Hand washing before drawing water (36%), Bucket cleaning (43%), Cover water (36%), Don't put leaves in water (21%), Proper water storage (50%), 2 Cup system (43%), Water storage less than one day (7%), CWP management (36%), environmental sanitation (57%), water related diseases (7%), Don't touch water with fingers(21%), Keep away children (14%) and clean cups (7%).

The messages offered were many; it might have not been easy for communities to understand, assimilate and practise what they had learnt. However, it is pleasing to note that there was some effort in using participatory

methods in the delivery of hygiene messages. 50% of the extension workers said they used group discussion method. However, there is need for the extension workers to strengthen the other participatory methods eg demonstration which showed a score of only 14%.

By encouraging people to wash their clothes, bedding, etc at a washing slab (laundry slab) that has been provided at their WP may contribute in reduction of the infection rate of bilharzia. Unfortunately, apart from Kasungu no other centre had washing slabs available during the time of the survey. The majority indicated that they wash at home more than anywhere else, i.e. 75% in Salima, 86% in Kasungu, 67% in Monkey Bay, and 40% in Mulanje. Salima (38%) and Mulanje (60%) indicated that washing is also done at the streams/rivers and only Monkey Bay (33%) said that some washing takes place at the lake. The presence of a large proportion of consumers who wash at home may be indicative of people's reluctance to wash at the available traditional sources.

When they were asked as to why they did not have washing slabs in their Centres, they gave several reasons, which included:

- The agency did not provide washing slabs for them.
- Consumers were not asked to provide washing slabs for themselves.
- Consumers avoided messing around at the CWP.
- Lack of water at the CPW.
- Lack of cooperation.
- The washing slab was broken
- Consumers were afraid of higher water bills
- The issue was never discussed at all.

TABLE 6:

REASONS FOR HAVING NO WASHING SLAB AT THE CWP AS REPORTED BY RESPONDENTS DURING A SURVEY IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE WHICH TOOK PLACE FROM 3RD TO 16TH NOVEMBER 1991

REASONS	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	n	%	n	%	n	%	n	%
Agency did not provide	4	50	1	14	1	33	1	20
Not told to construct one	2	25	-				1	20
Avoiding messing CWP	1	13	2	21	1	33	2	40
Slab broken down			1	14				
Afraid of higher bills							2	40
Never discussed it	1	13			1	33		

Deducing from the survey findings and the interviews observations most of the blame for not providing CWPs with washing slabs most of the blame rested in the hands of extension workers, the LCTs. It seems that wherever consumers were made aware of this idea, such as in Kasungu, there was a big demand for the washing slabs. It was also observed during the survey that most women washed at home because there were no washing facilities provided at the CWP.

While the consumers felt that having washing slabs was necessary, it was interesting to note that all centres, at various degrees of perception, regarded the provision of such facilities as the responsibility of the agency. It was also interesting to note that they were not afraid of higher water bills that would result from more water usage during washing. This may imply that extension workers will not have major problems if they wanted to introduce washing slabs in their centre. Kasungu is already a good example, but more supervision to construct them would be indispensable in order to avoid design problems as observed in Kasungu.

3. Hygiene Education

Since water that has been provided to consumers in the PSSC project is treated, it is expected to be safe as it is

collected at the tap. Unhygienic practices of the users contribute greatly in the contamination of water during storage. Therefore, the provision of safe water when complemented with the provision of proper sanitation and hygiene education has a greater impact on the improvement of health of the users.

In view of the foregoing, the interviewers wanted to learn from the consumers whether or not they were exposed to hygiene education at all. 79% of the respondents agreed that they received hygiene education. The rest seemed not to have any idea anyway.

The interviewers further learnt that the consumers were exposed to so many hygiene messages. Among them, the following hygiene messages were common to all centres:

- Cleaning of surroundings
- Use of pit latrines
- Caring of water points

TABLE 7:

TOPICS THAT COMMUNITIES RECEIVED IN HYGIENE EDUCATION AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY, AND MULANJE FROM 3RD TO 16TH NOVEMBER 1991

TOPICS	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	n	%	n	%	n	%	n	%
Cleaning surroundings	3	38	2	29	2	67	1	20
Use of refuse pits	-	-	-	-	-	-	2	40
Use of latrines	2	25	2	29	1	33	2	40
Provision of latrines	-	-	2	29	-	-	2	40
Use of dish racks	2	25	-	-	-	-	2	40
Use of bathrooms	-	-	-	-	-	-	1	20
Smearing houses	1	13	1	14	-	-	2	40
Clearing of water containers	-	-	2	29	1	33	1	20
Caring of CWP	1	13	2	29	1	33	1	20
Look after water taps	2	25	1	14	-	-	1	20
Keep houses clean	1	13	4	57	-	-	1	20
Wash hands before eating	-	-	-	-	1	33	-	-
Wash hands after visiting toilet	-	-	-	-	-	-	-	-
Wash clothes	1	13	-	-	-	-	-	-
Keep children clean	-	-	1	14	1	33	-	-
Frequent bathing	-	-	1	14	-	-	-	-
Proper water storage	-	-	3	43	-	-	-	-

However respondents did not include messages such as clean containers before filling them with water, use two cup system, don't store water for longer periods than one day, keep away children from water containers, clean cups and utensils, don't touch water with fingers, don't put leaves in water containers, and cover drinking water that were claimed by extension workers earlier in this report. Probably no emphasis was given to these topics or messages. This is quite possible since they were dealing with a large number of messages.

It was learnt that the communities had several sources of information for acquiring their hygiene messages. The following sources were identified: Health workers. Assistants, Community Development Assistants and Radios.

TABLE 8:

SOURCES OF HYGIENE MESSAGES AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE FROM 3RD TO 16TH NOVEMBER 1991

SOURCES	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	n	%	n	%	n	%	n	%
Health Worker	3	38	2	29	-	-	1	20
Health Unit	3	38	3	43	3	100	4	80
Homecraft Worker	-	-	-	-	-	-	1	20
Water Assistant	2	25	3	43	1	33	1	20
Community Develop. Assistant	2	25	2	-	-	-	1	20
Radio	2	25	2	1	1	33	1	20
Under Five Clinic	1	13	-	-	-	-	-	-
Local Coordination Team	-	-	-	-	-	-	-	-
Meetings	-	-	-	-	-	-	-	-

The LCT is encouraged to work as a team. Most of their on-the-job courses concerning the project are conducted jointly. That may be the reason why they were identified by the communities as sources of information for hygiene messages. However, it was very surprising to find out that they did not work together as a team in delivering hygiene messages in all centres. It was very encouraging to learn that among all the extension workers only Water Assistants were identified by all centres as a common source for hygiene messages. On the other hand, respondents in all centres identified health workers as the leading cadre in conducting hygiene education sessions.

Apart from the LCT, members of the Tap Committees are expected to conduct hygiene education sessions, disappointing this was not so. Survey results showed that only members of Tap Committees in Salima conducted hygiene educations, but to a low extent; only 25% of the respondents mentioned this in Salima.

This was mainly due to the fact that many Tap Committee members did not know that teaching hygiene was their responsibility, and in addition, most of the TC members had not been trained in planning and conducting hygiene education sessions.

TABLE 9:

PEOPLE WHO CONDUCT HYGIENE EDUCATION SESSIONS IN THE COMMUNITY

AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU, MONKEY BAY AND MULANJE FROM 3RD TO 16TH NOVEMBER 1991

HYGIENE EDUCATORS	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	n	%	n	%	n	%	n	%
Health Worker	3	38	2	29	3	100	1	20
Tap Committee	2	25	-	-	-	-	-	-
Water Assistant	1	13	1	14	-	-	-	-
Homecraft Worker	1	13	-	-	1	33	-	-
Village Health Committee	-	-	1	14	-	-	-	-
LCT	1	13	-	-	-	-	-	-
Comm. Development Assistant	-	-	-	-	2	67	-	-

Although there was evidence that hygiene messages were being disseminated and that hygiene education sessions were being conducted, it was sad to learn from most of the members of the LCT (64%) in all centres that no guidelines for conducting hygiene education had been developed so far. The few who said that they knew of some guidelines being available they said that they got them from other sources.

Group discussion and demonstration were identified as the main methods the LCT used during hygiene education sessions. To facilitate comprehension during such sessions 29% of the LCT members said they used posters, 21% used flip charts, another 21% used film shows, and about 43% used nothing or felt teaching aids were not applicable.

36% of the LCT members felt that lack of teaching aids was the major constraint in conducting hygiene education. Other constraints in conducting hygiene education as perceived by the LCT members, in chronological order, included:

1. Communities could not understand easily the relationship between water and health.
2. Low participation and poor attendance to hygiene education sessions.
3. No transport, high drop out of Tap Committee members, and poor cooperation from land lords in

environmental improvements.

The main target group for hygiene education sessions as learnt from the LCT members in all centres was the Tap Committees (36%). The other targets identified were all consumers 29%, and women 14%.

Tap Committees were the main targets because the LCT wanted them to participate fully in hygiene education since they were a part and leaders of the community. This was an observation made by the interviewers during interviews.

4. Personal Hygiene

When water is brought near to consumers' houses one would expect increased utilisation of the water which would have direct impact on personal hygiene. Disease indicators such as skin and eye infections were not used during the study, instead the interviewers were eager to learn if the consumers were able to use the water for washing hands and bathing purposes.

All those who participated in group discussions agreed that they washed hands. And all respondents in Salima, Monkey Bay and Mulanje said that they washed hands in order to prevent diseases. Only 86% of the respondents in Kasungu agreed with the other 3 centres that they washed hands in order to prevent diseases. The other 14% said that they washed hands in order to remove dirt and ensure cleanliness.

Likewise, responses from all centres indicated that everybody including children washed hands. That is, 100% of the respondents in Monkey Bay said so, while 75%, 71% and 40% of the respondents in Salima, Kasungu and Mulanje, respectively agreed that all including children washed hands.

Various responses were given when the respondents were asked to enlighten the interviewers as to when people wash hands. What they considered the most important time for washing hands and which was the common response to all centres was 'before eating' (91%). This was seconded by after visiting the latrine (78%). Other responses which were common to all centres were "Before Cooking" and "after handling dirt". One could easily conclude that hygiene education has been effective in this regard. However, it must be remembered that it is traditional in most cases in the Malawian culture to wash hands before eating meals. On the contrary, it is not common for people to wash hands before eating things such as snacks, fruits, and other small things. Another difficult area is getting people to wash hands after visiting the latrine or after attending to children's excreta. Not many people realise that children's excreta are similarly, poten-

tially harmful as those of adults. Therefore they need similar precautionary measures.

TABLE 10:

TIMES WHEN COMMUNITIES WASH HANDS AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, KASUNGU MONKEY BAY AND MULANJE FROM 3-16 NOVEMBER, 1991.

TIMES WHEN HANDS ARE WASHED	CENTRES							
	SALIMA N=8		KASUNGU N=7		MONKEY BAY N=3		MULANJE N=5	
	n	%	n	%	n	%	n	%
Before eating	7	88	6	88	3	100	5	100
First thing in the morning	3	38	4	57	-	-	2	40
Before cooking	2	25	1	14	1	33	2	40
After visiting the latrine	6	75	5	71	3	100	4	80
After handling dirt	-	-	-	-	-	-	1	20
After cleaning the child	-	-	-	-	-	-	2	40
After gardening	1	13	-	-	-	-	-	-
Before cleaning the water container	-	-	-	-	-	-	-	-
Before drawing water	1	13	1	14	-	-	2	40
Before feeding the child	-	-	-	-	-	-	1	20
Before drinking water	-	-	-	-	-	-	1	20

According to local information the interviewers learnt that women were now able to wash their children much easier and more frequently than the time when they were using traditional water sources.

Most women said they washed their children at an average of 3 times per day. This was more common among those who had small children and babies.

TABLE 11:

NUMBER OF TIME THAT CHILDREN ARE WASHED PER DAY AS REPORTED BY CONSUMERS DURING A SURVEY THAT TOOK PLACE IN SALIMA, MULANJE, MONKEY BAY, KASUNGU FROM 3RD TO 16TH NOVEMBER, 1991.

No.OF TIMES	CENTRES							
	SALIMA N = 8		KASUNGU N = 7		MONKEY BAY N = 3		MULANJE N = 5	
	n	%	n	%	n	%	n	%
Once	1	13	1	14	-	-	-	-
2 times	2	25	3	43	1	33	1	20
3 times	4	50	2	29	2	67	3	14
2 to 3 times	-	-	1	14	-	-	1	20

General Findings

Hygiene Education and Sanitation promotion activities are implemented through health education, community participation (i.e by fully involving the people in all stages of the activities with the guidance of their own leaders and Tap or Village Health Committees) and, to some extent, through multi-sectorial collaboration.

To carry out the activities in the PSSC project the government was expected to contribute the materials e.g cement, which are not easily available to the communities, to provide transport, to conduct meetings and training, according to the perception of LCT Members.

The Tap Committees/and or Village Health Committees were expected to mobilise and organise the people, conduct meetings and discussions, conduct training, conduct inspections, provide locally available materials e.g stones and sand, contribute some funds and take care of facilities that have been provided, as perceived by the LCT Members during the survey.

About 70% of the LCT members told the interviewers that they hold joint planning meetings every month; some said twice a month while others said once a month. The rest did not seem to be very sure. Such joint meeting were supplemented with joint visits to the clusters. About 60% of the LCT Members said that they visited their areas every month - this ranged from weekly visits to fortnightly and monthly visits. The rest said either quarterly and irregularly. Their means of transport varied from walking to vehicles.

The significance of the joint meetings and visits is that they foster proper coordination.

PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT SELF EVALUATION :
QUESTIONNAIRE

AGENCY QUESTIONNAIRE/DISTRICT LEVEL

Name of interviewer :
Date of interview :
Demostration Centre :
District :
Position of Respondent:.....

SECTION A :

1. List down the Guidelines which the project has developed.

.....
.....
.....
.....
.....

2. Are the guidelines useful?

- (1) Yes
- (2) No

3. What method was used in promoting information sharing?

- (1) Meeting
- (2) Workshops
- (3) Reports
- (4) Guidelines
- (5) Training

4. Has the project ever organised studies ?

- (1) Yes
- (2) No

5. If yes name the studies in which you participated.

.....
.....
.....
.....

6. What is the maximum walking distance for Communities using
t h e w a t e r p o i n t s ?
.....
7. What is the design capacity for each public standpost?
(1) 21 l/h/d
(2) 31 l/h/d
(3) 41 l/h/d
(4) 51 l/h/d
8. How is waste water drained?
(1) Natural drainage
(2) Soak pit
(3) Vegetable garden
(4) Open pits
(5) Other (specify)
9. How was construction of the standpost implemented ?
(1) by tender
(2) direct labour
(3) self help
(4) Government
(5) Other (specify)
10. What has been the reaction of communities to the new
design of public standpost ?
.....
.....
.....
11. Have you had training programmes developed ?
(1) Yes
(2) No
12. If yes, how many training courses were planned ?
.....
.....
13. How many courses were conducted ?
.....
.....
14. What were the main target groups for the training courses ?
.....
.....
15. Is the inter-ministerial district working group
functional?

- (1) Yes
- (2) No

16. How often does it meet?

- (1) Once weekly
- (2) Once monthly
- (3) Once quarterly
- (4) Once half yearly
- (5) Once a year

17. What are the main responsibilities of the Committee in the project.?

.....
.....
.....

18. Is the local Project Coordinating Committee functional?

- (1) Yes
- (2) No

19. How often does it meet?

- (1) Once weekly
- (2) Once monthly
- (3) Once quarterly
- (4) Once half yearly
- (5) Once a year

20. What are the main responsibilities of the Committee in the project?

.....
.....
.....

21. Is the Centre Water Council functional.

- (1) Yes
- (2) No

22. What is the composition of the Council ?

.....
.....
.....
.....

23. How often does the Centre Water Council meet ?

- (1) Monthly
- (2) Quarterly
- (3) Yearly
- (4) Never meets



PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT - EVALUATION
QUESTIONNAIRE

COMMUNITY QUESTIONNAIRE

Name of interviewer :.....
 Date of interview :.....
 Demonstration centre :.....
 District :.....
 Name of respondent :.....
 Position of respondent :.....
 Sex of respondent :.....

COMMUNITY PARTICIPATION

Who owns this standpost

1. (1) Government
 (2) Community
 (3) Village Headman
 (4) Tap Committee
 (5) Government \Community

2. What did communities contribute when the standpost was being constructed.
 - (1) Cash
 - (2) Labour
 - (3) Materials
 - (4) Food
 - (5) Labour and materials
 - (6) Other

3. What is your contribution during the operation of the standpost.
 - (1) Management of operation
 - (2) Fixing of opening schedules
 - (3) Cleaning of surrounding
 - (4) Other (specify)

4. Do you feel that the government contributed a fair share to the programme implementation.
 - (1) Yes
 - (2) No

5. What role do women play in the project
 - (1) Water point management
 - (2) Cleaning of surrounding
 - (3) Maintaining soakpit
 - (4) Collecting cash contributions

6. What are the problems which you face at your water point?
.....
.....
.....
.....
7. When the standpost breaks down, what is the responsibility of the community ?
 - (1) Replacing worn out tap heads
 - (2) Replacing worn out tap washers
 - (3) Maintaining the pillar and aproan
 - (4) Maintaining broken pipes
 - (5) Maintaining broken meters.
 - (6) Cleaning soakpit
8. Do you keep any maintainance fund?
 - (1) Yes
 - (2) No
9. If yes, how much does each family contribute per month.
 - (1) K0.50
 - (2) K1.00
 - (3) K1.50
 - (4) K2.00
 - (5) Other
10. Where do you obtain your spareparts?
 - (1) Hardware shop
 - (2) Local dealers
 - (3) Water supply office
 - (4) Other
11. How much do you pay for the use of the water
 - (1) K1.00/month
 - (2) K1.50/month
 - (3) K2.oo/month
 - (4) Other.
12. How much money do you have in the bank or post office ?
.....
.....
13. What does this contribution cover?
 - (1) Labour and chemicals
 - (2) Electricity for pumping water
 - (3) Diesel fuel
 - (4) Other
14. Who is responsible for collecting contributions from families?

- (1) Tap Committee
- (2) Chairman
- (3) Treasurer
- (4) Secretary
- (5) Committee members
- (6) Village headman

15. Does everybody contribute ?

- (1) Yes
- (2) No

16. How do you deal with defaulters ?

.....
.....
.....

17. How is the money kept

- (1) Bank
- (2) Government cashier
- (3) Treasurer's house
- (4) Chairman's house
- (5) Other

18. Is your Tap Committee functional

- (1) Yes
- (2) No

19. When was it formed?

- (1) Before construction of the standpost
- (2) After construction
- (3) Before opening of the water point
- (4) After opening of the water point

20. How many members are in the Committee.

- (1) Seven
- (2) Eight
- (3) Nine
- (4) Ten

21. What are the main responsibilities of the tap committee ?

.....
.....
.....
.....
.....

22. How often does the tap committee meet.

- (1) Once a week
- (2) Once in a fortnight
- (3) Once in a month
- (4) Once a year

23. When did the Committee last meet and what was discussed?

.....
.....
.....
.....

24. Was the committee trained.

- (1) Yes
- (2) No

25. If Yes, what were the main subjects.

.....
.....
.....
.....

26. Has the Committee ever visited other projects outside the district.

- (1) Yes
- (2) No

PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT EVALUATION
QUESTIONNAIRE

COMMUNITY QUESTIONNAIRE

Name of interviewer :

Date of interviewer :

Demonstration centre :

District :

Position of Respondent :

Sex of Respondent :

ou state how the water can be contaminated.

(i) At time of collection

- (1) Hands not washed
- (2) Container cleaned by unwashed hands
- (3) Container not cleaned
- (4) Unwashed hands or fingers coming into contact with clean water in the container.
- (5) Other (specify)

(ii) During transportation

- (1) Fingers coming into contact with water in the container.
- (2) Leaves put in water
- (3) Other (specify)

(iii) During storage

- (1) Pot containing drinking water is left uncovered.
- (2) Water kept for too long in storage (more than 24 hrs)
- (3) Using dirty cups for drawing water.
- (4) Hold the cup for drawing water with dirty hands.
- (5) Animals coming into contact with stored water.
- (6) Other (specify).

(6) Which diseases can be prevented by frequent bathing?

- (1) Eye infections
- (2) Scabies
- (3) Skin infections
- (4) Don't know
- (5) Other (specify)

- (7) Apart from drinking, cooking and washing what else do you use your tap water for.
- (1) Brewing beer
 - (2) Construction
 - (3) Nothing
 - (4) Other (specify).
- (8) How many pails/buckets of water do you use per day in your household/family?
.....
Explain why.....
.....
.....
- (a) Distance to the water point too long
 - (b) Inadequate money
 - (c) Laziness
 - (d) Other (specify)
- (9) Do you know other people who do not use the tap water? Explain why.
- (a) Distance to the tap is too long
 - (b) Inadequate money
 - (c) Laziness
 - (d) Ignorance
 - (e) Other (specify)
- (10) Do you have a washing slab at your water point?
- Yes
No
- (11) Who constructed it?
- Ag Com
Ag & Com
- (12) What was your contribution towards its construction.
- (13) Who takes care of the communal water point, the washing slab and the surrounding?
- (a) Women
 - (b) Water Committee
 - (c) Other (specify)
- (14) Do you have and use a latrine?
- Yes
No
- (15) What is the condition of your latrine?
- Good
Poor

If poor check for any of the following conditions.

- No roof or falling roof
- Dilapidated walls
- Cracked or collapsing slab/floor
- Filled pit.

(16) What type of latrine do you use?

- (a) Traditional
- (b) VIP
- (c) San-plat
- (d) Water closet

(17) Do you find a latrine to be important? Why?

- (a) Prevents disease
- (b) Privacy
- (c) Dignity
- (d) Other (specify)

(19) Do you have and use any of the follwong facilities:

- | | | |
|-----------------------|-----|----|
| (a) Refuse pit | Yes | No |
| (b) Bath room | Yes | No |
| (c) Kitchen | Yes | No |
| (d) Dish rack | Yes | No |
| (e) Clean surrounding | Yes | No |

(18) Which diseases can be prevented by using a good latrine.

- (a) Diarrhoea
- (b) Cholera
- (c) Dysentery
- (d) Bilharzia
- (e) Hookworm
- (f) Other (specify)

(19) How did you acquire your knowledge about these diseases?

- (a) Health Unit
- (b) Health worker
- (c) Extension worker
- (d) Radio
- (e) School
- (f) Friend or relative
- (g) Newspaper
- (h) Other (specify)

(20) Which extension workers visit your location?

- (a) Health worker
- (b) Water Assistant
- (c) Community Development Assistant
- (d) Other (specify)

- (21) Do they as a team conduct hygiene education in the village/location?
- (22) If the answer is no, do any of them conduct hygiene education individually?
- (23) What messages do they cover?
- (24) Do you have a Water/Tap Committee or a Village Health Committee in the village/location?
- (25) Do they conduct hygiene education?
Yes
No
- (26) What messages do they cover?
- (27) When do you wash hands?
(a) Before eating
(b) After visiting the toilet
(c) After handling a child's excreta or nampkins
(d) Other (specify).

PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT - EVALUATION QUESTIONNAIRE

AGENCY

Name of Interviewer :.....
 Date of Interview :.....
 Demonstration Centre :.....
 District :.....
 Sex of Respondent :.....
 Position of Respondent:.....

HYGIENE EDUCATION AND SANITATION

1. Was hygiene education included in your project?

- (1) Yes
- (2) No

If yes, what messages did you include in your H/Ed.

2. How frequently did you conduct health education?

3. What was four target population?

4. What were the main hygiene education objectives?

5. Have you effectively designed a participatory health education programme in your area.

- (1) Yes
- (2) No

6. - Have you been able to expand the activities of Tap Committees to include hygiene education.

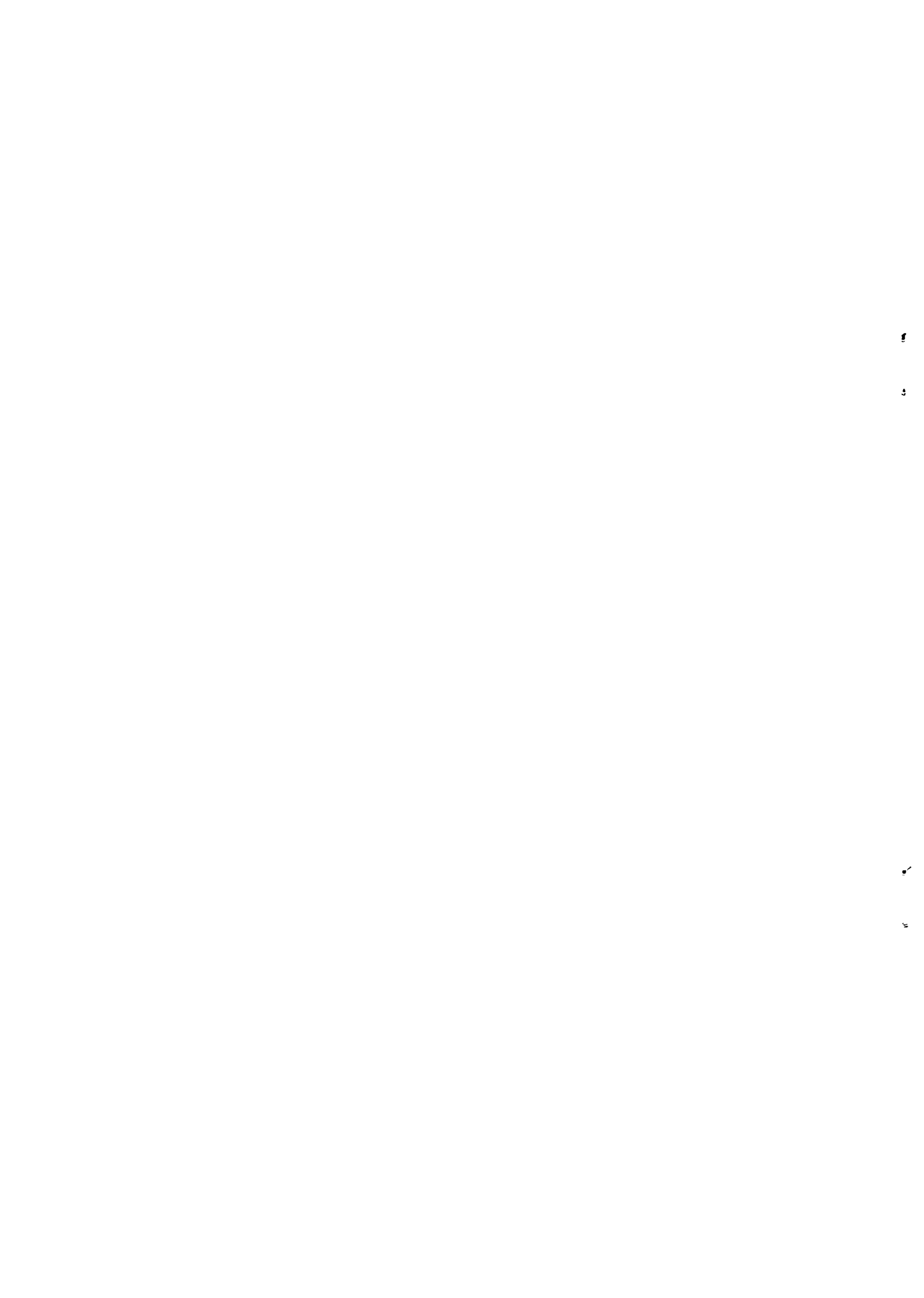
7. - Have you introduced a pilot hygiene education and sanitation programme in your area?

8. - How many san plats have you produced and installed so far?

9. - How many washing slabs have you constructed

10. - What were your constraints during the implementation of the hygiene education and sanitation programme

11. - How did you solve the problems.



PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT EVALUATION QUESTIONNAIRE

HOUSEHOLD

- Name of interviewer :
- Date of interviewer :
- Demonstration centre :
- District :
- Position of Responent :
- Sex of Respondent :

HYGIENE EDUCATION AND SANITATION

- 1. In constructing your latrines what problems do you face ?

- 2. Do all members of the household, including, children, use the toilet?
 (1) Yes
 (2) No
- 6. At what age do children start using the toilet?

- 7. Where do you get your water?

- 8. Are you happy with your source of water?
 (1) Yes
 (2) No
- 9. What steps do you take to discourage contamination of water during collection, transportation and storage ?

- 10. Where do you wash your clothes ?

- 11. Why don't you have a washing slab at your water point ?

- 12. Were you satisfied with the amount of consultation and the way in which the washing slab was constructed?
 (1) Yes
 (2) No

13. Have you received any messages on hygiene ?

- (1) Yes
- (2) No

14. If yes, list them.

.....
.....
.....
.....

15. From whom did you get these messages ?

.....
.....

16. When do you wash hands ?

.....
.....
.....

17. Why do you wash hands ?

.....
.....
.....

18. Does everybody, including children, wash hands?

- (1) Yes
- (2) No

19. How many times do you wash your children per day?

.....

20. Who teaches hygiene in your locality?

.....

21. Does your Tap Committee conduct health education sessions
in the location/village ?

22. Are you happy with the teaching approach?

- (1) Yes
- (2) No

23. How could the teaching approach be improved?

.....

PIPED SUPPLIES FOR SMALL COMMUNITIES PROJECT EVALUATION
QUESTIONNAIRE

AGENCY

Name of interviewer :
 Date of Interviewer :
 Demonstration Centre :
 District :
 Position of Respondent :
 Sex of Respondent :

HYGIENE EDUCATION AND SANITATION

1. How many households are there in your area ?
2. Have you been able to design a participatory health education programme for passing your health messages?
 (1) Yes
 (2) No
3. What participatory methods did you use for passing the health messages?

4. What messages did you include in your health education?

5. What was your target group ?

6. Did you develop guidelines for teaching hygiene and other health message?
 (1) Yes
 (2) No
7. What teaching aids did you use for conducting your health education sessions ?

8. What constraints did you encounter in your health education?

9. Did you introduce a sanitation programme in your area?
 (1) Yes
 (2) No

10. What is the sanitation status at present?

- (1) Total No of latrines
- (2) No.of sanplat latrines
- (3) No.of refuse pits
- (4) No. of houses with clean surroundings
- (5) No of bath rooms

11. What contribution did the agency make towards sanitation improvement programme in your area?

.....
.....
.....

12. What problems did you encounter in implementing the sanitation programme.

.....
.....
.....

13. What role did the Tap Committe play in the Sanitation Programme.

.....
.....
.....

14. List down the messages that you include in your health education to assist women in connection with collection transportation and storage of drinking water.

.....
.....
.....
.....
.....
.....

15. How do you monitor progress of activities in your area.

.....
.....
.....

16. How often have you conducted joint review and planning meetings as a Local Project Coordinating Team?

.....
.....
.....

21. How frequently do you visit your working area?

.....
.....
.....

22. What has been the means of your transport?

.....
.....
.....

