

Appendix E: Recommendations for NGO rural WSH Programmes

The following are a set of guidelines for use in the planning, implementation and M&E of water, sanitation and hygiene interventions in rural Malawi and similar settings elsewhere.

1) Project planning stages

Baseline information

- ❖ Existing water access situation
 - Mapping of ALL water sources (not only drinking water sources) in/around the community.
 - This can be carried out as a rapid assessment through guided walks with community members who collect water. It is important to physically see these sources, as community members may not
 - Water use patterns. What are the different types (e.g. unprotected shallow wells, natural springs) and what are they normally used for (drinking, washing, irrigation, etc.)?
 - This information can be gathered through structured interviewing of women (as the main collectors/users), or as part of a FGD during community sensitisation activities.
 - Are these water sources used by other communities
 - If so, which ones and for how much of the year?

- ❖ Compile preliminary list of potential improved water source options (e.g. drilling boreholes, upgrading/rehabilitating existing sources, gravity schemes, rainwater harvesting, etc.)
 - Main user group preferences

- These can be identified in FGDs with user/key groups such as women, village health committees, etc.

- ❖ Existing sanitation situation
 - *Note: these topics especially are highly gender-sensitive, so it is crucial to ensure the field team has female and male members to deal with community members of the same gender.*
 - What are the dominant methods of disposal of human excreta?
 - Proportion of people practicing open defaecation
 - Efforts apart from “formal sanitation” to isolate faeces (e.g. “dig a hole and cover”)
 - Mapping of sanitation in the communities
 - Environmental sanitation
 - Animal ownership and associated hygiene. Potential for contamination of water, food, person by animal wastes?
 - Vector breeding ground potential?

- ❖ Demographic, socio-economic and health-related indicators
 - Demographic structure of communities: age groups, gender distribution, education level, literacy
 - Socio-economic status indicators: head of household occupation/main source of livelihood for household

- ❖ KAP surveys
 - These are valuable tool not only to gather baseline data, but even to aid in planning the interventions from early on. Thus their utility is two-fold: first as a source of baseline data against which subsequent monitoring and evaluation data can be compared

2) Programme implementation stages

- ❖ Continuous contact with key informants in the communities, including (and particularly) members of the VHWC
- ❖ Periodic inspection of facilities and progress within the communities

3) Monitoring & evaluation of activities

- ❖ Periodic FGDs and contact with the VHWCs for feedback on capacity to maintain, independent of external involvement, both hardware and software components of programme in the medium to long term
- ❖ If possible, repeat of KAP survey for comparison with information collected in baseline KAP survey

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