INNOVATIVE MONITORING METHOD FOR HAND WASHING FACILITY USAGE

By: Tambuzgani Msiska, Plan Malawi

For the successful implementation of a Community Led Total Sanitation (CLTS) approach, it is important to focus on a few pragmatic practices at a time, such as hand washing. This can help ensure that village members are placing importance on the use of hand washing if they are to attain and maintain Open Defecation Free (ODF) Status. Realizing that hand washing forms a barrier in the fecal-oral transmission route, Plan Malawi has made it a focus for the monitoring of latrines usage. Plan Malawi ensures that Open Defecation Free certified villages have proper and functional hand washing facilities. This is achieved through working closely with government health extension workers, natural leaders and health committees.

Case study of Jimu Village

After attaining ODF status in December 2011, Natural Leaders realized that not every household was making effective and appropriate use of the hand washing facilities. This posed a great risk to the whole village in regards to fecal oral transmitted diseases. During one of the routine village health meetings, the natural leaders sensitized village members of the health risks associated with non-use of hand washing facilities. Recognizing the consequences, the village members were prompted into action to debate on an inventive way on how best they can ensure that every household utilizes and understands the importance of washing hands after using the latrine.

To guarantee that hand washing facilities are not just being erected ceremoniously but effectively used, members of the village devised the indigenous and innovative idea of planting a tree under the hand washing facility. During spot visits, government health extension workers, natural leaders and health committee members pay exquisite attention to the status of the tree; a dead tree or one that has withered or is not growing as it should is a clear sign that the hand washing facility is not being used as is required.

To ensure that members in the village are not just watering the trees but they are actually using these hand washing facilities, Plan Malawi is strategically working with the health extension workers and the local health centre to capture cases that come about due to fecal-oral transmission such as diarrhea. This data is monitored on a monthly basis. Based on the current report, there has been no diarrhea case reported in the village for the past four months. To further enhance behavior change and adoption, school children from the near-by primary school benefit from the weekly health talk on importance of using hand washing facilities. This will help the learners to grow up practicing good hygiene.

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SOLUTION TO PREVENT PETS FROM EATING SOAP AT A LOCALLY MADE HAND WASHING FACILITY

Most communities complain of pets like goats eating soap when they put it at a hand washing facility. This denies affected household members the opportunity to wash their hands with soap thereby posing a great risk of diarrhea causing germs to transmit from hand to mouth. It might be that you are one of those victims and here is an easy way of addressing it.

Step one
Find an empty bottle preferably a 500 ml volume so that it can serve two purposes.

Step two
Cut the bottle cross-sectional so that you have two parts, the top part where the lid is screwed and the bottom part.

Step three
Make a hole on your piece of soap you want to use for hand washing and tie it with a string.

Step four
Make a hole on the lid of your bottle and let the string pass through it from the bottom so that the bottle encloses the soap.

Step five
Tie the string that comes out through the top of the bottle to a support on your hand washing facility. The bottom part of the bottle can be used as a tip tap.

There you are! You can now use your soap at any time without fear that pets will eat it, the soap will not crack due to direct sun rays and also there is promotion of re-use of non-biodegradable materials. Any tin can be improvised to act as a soap container.

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Dry Cholera on Lake Chilwa - Zomba

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Lake Chilwa is a seasonal lake with no outlet and is a source of income to most people in Zomba and all bordering districts like Machinga, Phalombe and the bordering areas of the Republic of Mozambique. Zomba district started registering cholera cases from Lake Chilwa in July 2012.

The contributing factor to these cholera cases is the lack of sanitation on the lake. The fishermen leave their homes and stay on the water in temporary shelters on the water called Zimbowera for not less than a month. The people who want to buy fish visit them in these Zimbowera. It is common for these fishermen and business people to use the same water for their toilets as they do for drinking. Of late, the lake is fast drying as a result of climate change hence the high concentration of Vibrio cholerae.

There are many people coming southwards in search of fish and this has also been contributing to the faster spread of disease.

Since July 2012 the district has registered 224 cholera cases and 3 deaths. These cases have been treated in our health facilities along the lake like Namasalima, Chisi Island, Kachulu camp, Bimbi and Matiya.

The district has undertaken several interventions to control the cases.

It has trained all beach committees along the lake to make sure that anyone going into the lake should take safe water with them for drinking when fishing. The District Rapid Response Team has been on the lake weekly to distribute chlorine and Oral Rehydrated Salts (ORS) to all fishermen staying in the Zimbowera.

A drama group went to these Zimbowera to teach the dangers of defecating openly, the importance of hand washing and rushing to the hospital when sick.

All the chiefs along the Lake were invited to a meeting where they agreed to take part in monitoring the movement of these fishermen. They suggested that the fishermen should not stay on the lake but operate from their homes daily.

The chiefs were also oriented on CLTS to make sure that their people in the villages have pit latrines. This is the only way they can stop the disease from spreading upland. The district continues to train Health Surveillance Assistants on CLTS as this is one of the best ways to make cholera history in the district.
**EWB’S WORK on SANITATION & HYGIENE**

In Malawi, EWB collaborates with government, donor and NGO partners to enhance the sustained adoption of sanitation and hygiene behaviours. Currently EWB’s focus involves providing technical assistance to the Malawi sanitation & hygiene sub-sector for local government “Community Led Total Sanitation” programmes. EWB is collaborating with District Coordinating Teams from 14 Unicef-supported WASH Districts in Malawi on their CLTS programmes: Chitipa, Nkhata Bay, Likoma Island, Mzimba, Kasungu, Dowa, Salima, Mchinji, Lilongwe, Mwanza, Mangochi, Blantyre, Chiradzulu, and Karonga, as well as Phalombe District through the Global Sanitation Fund (GSF). They are facilitating learning exchange between all CLTS stakeholders in Malawi, developing monitoring & evaluation tools, coaching district CLTS leaders to help them refine their unique CLTS programmes for maximum community impact, and providing district experiences to policy discussions at the central level.

The **Water and Environmental Sanitation Network (WES Network)** is a membership based Civil Society network that coordinates the work of NGOs working in the water, sanitation and hygiene subsector in Malawi. It recognizes the role of Water and Sanitation in economic development and poverty reduction. WES Network’s head office is in Lilongwe with representation across the country by its member organizations. To date, the WES Network has a membership of over 50 local and international NGOs across Malawi. WES Network envisions sustainable access to safe water and improved sanitation for all in Malawi. Its mission is enhanced coordination, advocacy and knowledge sharing among Network membership for provision of high quality standards and sustainable water and environmental sanitation services in Malawi.

**S.H.I.T.S. NEWSLETTER**

This newsletter, coordinated by EWB and WES-Network, reviews learning and experiences of Malawi local government CLTS implementation and their collaborating NGO partners. It includes many contributions from district and central-level leaders within the sanitation & hygiene sub-sector.

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**Community Motivation: What do volunteers need to perform their roles?**

By: Chrispin Dambula, World Vision Malawi

Imagine you are living in a rural community. You have a family to fend for. To make ends meet, you practice subsistence farming and also run a small grocery, meaning that every time and again, you go to a trading centre for merchandise to stock your grocery. Then, a health promoter visits your village and asks you to combine with selected members of your village and form a team of hygiene promoters for your own village with the following tasks: conducting monthly door to door checks to take records of households with latrines and hand washing stations, appealing to laggards to construct latrines, facilitating hygiene promotion meetings and representing your village in meetings concerning health promotion among others. Would you be comfortable?

Obviously, the expectations of the team of hygiene promoters are significant. To perform those roles in their fullness, you would need to sacrifice your treasured time for your grocery store and farming, which will consequently affect your financial status.

This is the situation in which community members usually find themselves during facilitation of Community-Led Total Sanitation (CLTS). They are nominated as natural leaders and assigned uphill tasks in spite of their other routine activities for survival. Surprisingly, the nominees simply accept their new roles without objection. But when it comes to action, not all of them perform their roles dutifully because they are preoccupied with other things and hardly find time for their new roles. By and large, this has been a setback.

In a previous article which appeared in S.H.I.T.S issue number 14, ‘Addressing Sustainability of ODF status, I suggested utilization of Village Health Committees (VHC) in CLTS facilitation. This has proven to work as evidenced in Group Village Headman Madzumbi and Chauwa under Traditional Authority Mazengera in Lilongwe where World Vision has clinched success in sanitation promotion. However, although VHCs are supposedly a well established structure in the community, their members too have other things to do and can easily give up sanitation promotion roles if not motivated.

VHC members like everybody else involved in community work as a volunteer would be excited if somebody appreciated their work and provided them with regular feedback. This avenue would motivate them to carry on. VHCs have to be involved in regular meetings. It can be monthly meetings to review their work for instance, and they do not have to pocket allowances – only lunch and refreshments are enough. Such incentives propel them forward to faithfully carry out their roles. However, most implementers fail to empower and keep VHCs going. Even the government of Malawi has struggled to uphold VHCs. Arrangements are made to form and train VHCs every year, but they continue to fail because they are sidelined.

Like everybody else, volunteers in the rural communities are incited when they receive a pat on the back for their commitment and also when they are engaged in review meetings regularly. Hygiene promotion volunteers ought to be treated in the same way if they are to be sustained.

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