water & forestry

Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

IWRM Community Health Club Pilot Project: Umzimkhulu Municipality

Mid-Term Report

Introduction & Background:

In September 2008, Africa AHEAD was invited by the Department of Water Affairs and Forestry (DWAF) and the Umzimkhulu Local Municipality, with financial support from the Danish Aid Organization, Danida, to begin piloting a Community Health Club (CHC) project in the Umzimkhulu Municipality. After obtaining buy-in from the Local Municipality it was decided by the council itself as well as the Executive Committee that this pilot project would fall under the management and supervision of the Community and Social Services (CSS) Portfolio, managed by Mrs. Caroline James and supported by Mr. Thabiso Sondzaba. From September to December 2008, Africa AHEAD collaborated closely with the CSS staff to identify the appropriate areas for implementing this pilot project. As this project has been implemented directly through the Local Municipality, the councilors from all 18 Wards were invited to fill out an application form to participate in this project.

Based upon the information provided by the councilors and their Ward Committees, all potential sites were visited and facilitators interviewed, with recommendations made to the Project Steering Committee (PSC), which first met in October 2008. The PSC was constituted for two main reasons; to provide oversight and management of the overall project and to create a platform through which the CHCs can obtain guidance, technical support and potentially funding for self-identified projects. It is for this reason that the membership of this committee were drawn from the local municipality, DWAF, Africa AHEAD, the Traditional Authority and the Departments of Environmental Health, Water Services, Social Development and Agriculture. At this first meeting, the stakeholders approved the sites and facilitators that were recommended by the Site-Selection Sub-Committee (comprised of staff from Africa AHEAD, DoH and the local municipality), thereby effectively setting the way forward for the project to begin.

Upon selecting the communities to participate in this pilot project, Africa AHEAD undertook to collect the baseline data that would inform the effectiveness of this approach. For all of the data collected for monitoring and evaluation, an innovative technology known as the Mobile Researcher Platform was utilized that leverages cellular phone and internet technologies. CHC monitoring and evaluation includes two different tools; the Case Study Interview and the Household Inventory (Observations). From January – February 2009, 300 households from 3 case study communities participated in the Case Study interview, an in-depth research tool utilized to characterize the overall health and social effects of

Figure 1: Map of Participating Communities and Wards

participating in a CHC. Every participating household was subsequently mapped using a hand held GPS unit, thereby allowing for spatial analyses within and between the three case study communities. Thereafter, the Household Inventory has been conducted by each of the CHC Facilitators on a monthly basis to monitor 13 health indicators associated with preventable diarrhea, skin diseases and intestinal worms.

Finally, beginning in January 2009, the 10 selected Facilitators, along with members of the PSC, began receiving their training on the CHC Approach. In January, everyone was trained on Module 2, which encompasses the theory behind the CHC Approach, as well as the practicalities of how to mobilize communities and utilize the Membership Card. Thereafter, beginning in February, the Module 3 training began, which covers the health promotion activities that the CHC Facilitators have been conducting in their respective CHCs. In total, the CHC Facilitators will be trained how to facilitate 24 health promotion sessions, ranging in topics from personal hygiene, hand washing practices, water storage practices and solid waste management, to name a few.

Current CHC Status:

Based upon the information provided in Appendix 1 (CHC Status), there are approximately 948 members (63 men and 598 women) registered across the 9 CHCs. With an average of 5 people per household, there are approximately 4,740 direct beneficiaries of this project. Of the 948 registered members approximately 350 are considered to be very active, as indicated by the 36% average weekly attendance across the 9 sites, with the remaining members sporadically participating in the weekly sessions.

Project Progression:

January – February 2009

- In order to allow each of the 18 Wards within Umzimkhulu an opportunity to participate in this pilot project, application forms were distributed to all ward councilors at a council meeting held in September 2008 (see Appendix 2). With only 9 councilors responding, it was agreed upon by the PSC that the project should proceed in those wards. However, as the community identified in Ward 2 was very small (approximately 50 households), it was further approved by the PSC to combine this community (Edgerton 20), with the nearby community of Lucingwini (Ward 1). Therefore, 10 CHCs were originally started in 11 Wards within Umzimkhulu as seen in the Figure 1 above.

- Invitation letters were then distributed to the Councilors and selected Facilitator's from each participating Ward to attend the first training workshop January 12-14, 2009 on Module 2, how to start CHCs. This workshop was held at the Umzimkhulu Gateway, a municipal building that has been provided for all training workshops discussed herein. This was one of the Municipal

contributions to the successful implementation of the project, which also included the provision of tea/coffee during the first 3 Module 3 training workshops, how to implement CHCs.

- Baseline data collection using the Case Study Interview (Appendix 3), an in-depth survey utilized to characterize the overall impact of participation in a CHC, was completed in three case study communities (Kwa Gijima, Sidadeni and Engunjini) by the end of January 2009 and a report was submitted to all stakeholders.

- Facilitators began mobilizing and registering membership after the Module 2 Training Workshop and returned to Umzimkhulu on February 10, 2009 to be trained on how to monitor their CHC activities using the Household Inventory (Appendix 4). Each CHC Facilitator was tasked with conducting the Household Inventory in all registered member households on a monthly basis.

- The Facilitators returned to Umzimkhulu on February 17, 2009 for the first Module 3 Training Workshop on how to conduct the health promotion sessions. During this workshop the Facilitators were trained on the first 4 health promotion sessions.

March 2009

- Two Module 3 Workshops were held in March, one on March 10 and the other on March 31, covering an additional 8 more topics (bringing the total number of topics covered to 12). To date, approximately 883 people had been registered in a health club across 9 communities, with an average weekly attendance of 44%.

- Only 9 CHCs were active at this point as the Facilitator from Ward 17 had been underperforming and causing social divisions (actively blocked an improved water project in the community) since mid-February. With the support of the PSC and Africa AHEAD, the Ward 17 Councilor worked with the community to discuss the problem and identify a suitable replacement. On March 24, 2009, the original Facilitator was replaced and the project began again.

- A competition between the CHCs was started so as to further encourage active participation of the community members. Based upon the average weekly attendance, completion of the weekly health promotion sessions, completion of the monthly household observations and general engagement/success of each Facilitator, a Facilitator of the Month has been identified at each Training Workshop. The Facilitator of the Month (for February and March) was Buyisiwe Majola from Ward 13.

April 2009

- One Module 3 Workshop was held on April 20, 2009, whereby the Facilitators were instructed on an additional 4 topics. Participation at this workshop was less than desirable due to the

National Elections and other specific issues within each community. However, those Facilitators that were absent participated in make-up training sessions.

- By the end of April, there were 991 registered members in 10 CHCs across Umzimkhulu, with an average attendance of approximately 41% during the weekly sessions.

- The Facilitator from Ward 18 resigned from her position in the middle of April due to her promotion within a local adult literacy program. Unfortunately, little progress was made in this community up until this point so a replacement was required immediately so as not to lose time and the enthusiasm of the community. Potential replacements were immediately interviewed by Africa AHEAD, but were deemed inadequate. The Ward 18 Councilor was made aware of the status of the project in her Ward and advised to work with the community to identify a replacement as quickly as possible. Due to the national elections, this did not occur quickly and a suitable replacement was still not identified by the end of the month.

- The Facilitator from Ward 15 halted club meetings starting this month due to his designation as an election observer. The entire month this club did not meet once and the Facilitator did not attend the training workshop. In addition, the Facilitator did not actively communicate with Africa AHEAD or the Municipality about a personal issue about the project that had further complicated the issue (to be discussed below).

- The Facilitator of the Month was Nomhle Dlamini from Ward 5.

May 2009

- The Facilitator from Ward 15 still had not communicated with Africa AHEAD, so the PSC was made aware and it was suggested that the Municipality become more involved. Thabiso stepped in and worked with the Councilor of Ward 15 to understand what was keeping this Facilitator from doing his job. Apparently his concerns were about an outstanding payment due to all Facilitators that had been resolved at the end of the previous month. In addition, this Facilitator was being overwhelmed by his Councilors requests for help on various projects and therefore was unable to dedicate the time required to the CHC he started. However, because this Facilitator was not communicating with project staff, he was unaware that the payment issue had been resolved and was therefore continuing to boycott the work, but Africa AHEAD was unable to resolve the conflict between him and his Councilor. With Thabiso's assistance, all outstanding issues were resolved by the end of the month and the Facilitator agreed to go back to work.

- One Module 3 Training Workshop was held on May 25, 2009, where the Facilitators were instructed on another 4 topics.

- The Facilitator of the Month was Gladys Mkhize from Ward 4.

- Two rounds of site visits for internal and external stakeholders were held this month.
    - On May 4 – 5, 2009, the DWAF Pretoria (Sanitation Unit) came to Umzimkhulu to learn about the CHC Approach and to visit the two top performing CHCs
        - Participants included:
            - Bheki Dzanibe: Umzimkhulu Municipality (Mayor)
            - Nompumelelo Damoyi: Umzimkhulu Municipality (Deputy Mayor)
            - Mirriam Ngoatje: DWAF Pretoria (National Sanitation Project Unit)
            - Limpho Klu: DWAF Pretoria (NSPU)
            - Gavin January: DWAF Pretoria (NSPU)
            - K. Mosoeunyane: DWAF Pretoria (NSPU)
            - EMV Mlomo: DoH Umzimkhulu (Chief Environmental Health Officer)
            - Zama Dladla: DWAF Durban (Senior Developmental Expert)
            - Fanile Ndlovu: DoH Pietermaritzburg (Health & Hygiene Senior Technical Expert)
            - Florence Nene: CBO Umzimkhulu (Director)
            - Nokuphiwa Zondi: Water Services Authority Sisonke District (Senior Institutional Social Development Officer)
            - Thabiso Sondzaba: Umzimkhulu Municipality (Development Officer)
            - Kholeka Mbalo: Umzimkhulu Municipality (Senior Librarian)
        - The sites visited were the Maskhale CHC in Ward 13 led by Facilitator Buyisiwe Majola and Buhlebezwe CHC in Ward 5 led by Facilitator Nomhle Dlamini

    - On May 29, 2009, the second site visit was organized for representatives from the IWRM project from DWAF Durban and National.
        - Those in attendance included:
            - Zama Dladla: DWAF Durban
            - Bhabha Mkhungo: DWAF Durban
            - Pravitha Jairam: DWAF Durban
            - DWAF Durban
            - Thsiamo Matabane: DWAF Pretoria
            - Michael Singh: eThekwini Municipality
            - Nokhuphiwa Zondi: Water and Sanitation Services, Sisonke District
            - Phumla : Environmental Health, Umzimkhulu
            - Ndyebo Mgingqizwa: Africa AHEAD
            - Caroline James, Manager Community and Social Services, Umzimkhulu

    - Thabiso Sondzaba, Project Officer, Community and Social Services, Umzimkhulu
    - Mrs. Mathu, Portfolio Head, Community and Social Services, Umzimkhulu
- The sites visited were the Sakhisizwe CHC in Ward 4 led by Gladys Mkhize and the Hlanganani CHC in Ward 6 led by Patience Njobe

Summary of Achievements to Date:

- Six CHCs have already taken the initiative to protect their drinking water sources: Siyakhulu CHC (Wards 1 & 2), Sakhisizwe CHC (Ward 4), Buhlebezwe CHC (Ward 5), Hlanganani CHC (Ward 6), Vukuzakhe CHC (Ward 8), and Maskhale (Ward 13). These improvements have yet to be confirmed, but pictures will be taken and circulated as soon as ready. However, this does match the preliminary improvements observed through the Household Inventory (Observations), particularly for the Buhlebezwe CHC in Ward 5, as presented in the next section.

- Members of the Buhlebezwe CHC in Ward 5 have already initiated additional development projects, including a chicken rearing project.

- All CHCs were challenged with creating their own hand washing facilities using locally available materials, with the goal of developing a 'menu' of options. All CHCs met the challenge and have created unique and sustainable hand washing facilities that require no subsidy and can be easily created by each household.

Insert pictures of hand washing facilities

- There is already anecdotal evidence of a 'spill-over' effect within communities. With an average membership of approximately 100 members per club, large portions of targeted communities are not actively participating in this pilot project. However, according to reports from the Facilitators, many households not participating in the project have already begun to adopt the recommended practices implemented by participating households. While this is difficult to accurately measure, the post-intervention Household Interview (in-depth case study) will hopefully capture some of this 'spill-over' effect within the 3 case study communities.

Household Inventory (Monitoring via Observations):

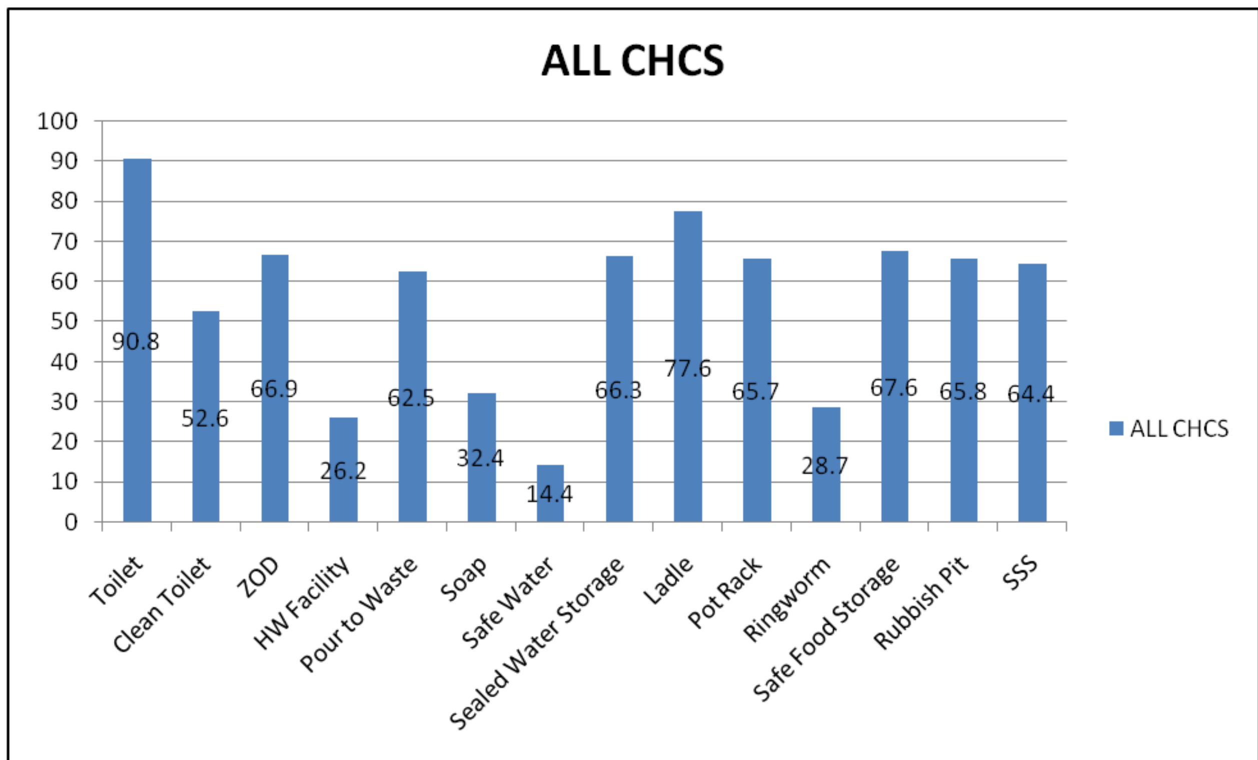

Figure 2: Baseline Observations for 9 CHCs

Figure 1 depicts the frequency of each observation[1] across all 9 active CHCs at baseline. As can be seen, significant improvements can be made in regards to the use of a dedicated hand washing facility near household latrines (26.2% of all club members currently have a hand washing facility) and the use of soap when washing hands (only 32.4% of all club members currently have soap available for hand washing). When additional rounds of observations are analyzed, it is expected that both of these indicators will have changed significantly, as each CHC Facilitator has reported that their CHCs are creating and utilizing their own dedicated hand washing facilities.

[1] In all CHC projects, proxy indicators are used to measure reductions in preventable diarrhea and intestinal helminthes. This is an internationally accepted method for measuring diarrhea illnesses and is much easier than utilizing clinical data, which is many times incomplete and/or unreliable. All proxy indicators are captured via observations at a household level.

While only 14.4% of all club members obtain their water from a safe water source, it is expected that by the end of the health promotion phase, a greater portion of those households participating in the project will either have improved and protected their own water supply or been provided improved services by local government. For example, clusters of members within the Maskhale (Ward 13) Buhlebezwe (Ward 5) and Sakhisizwe (Ward 4) CHCs have already taken the initiative to protect their water sources and other CHCs are reporting similar activities among their membership.

	Ward								
Indicator	**2 N = 75**	**4 N = 120**	**5 N =98**	**6 N =42**	**7 N = 130**	**8 N =38**	**13 N =88**	**15 N =43**	**17 N =27**
Access to Toilet	96.0	96.7	75.5	91.9	92.7	92.1	96.6	74.4	100
Clean Toilet	55.6	81.9	**17.6**	**7.7**	**39.7**	60	80	**6.3**	96.3
Zero Open Defecation	96.0	63.3	95.9	**28.6**	**40.0**	**34.2**	100	**20.9**	96.3
Hand Washing Facility	50.7	**24.2**	**1.0**	54.8	**24.6**	**5.3**	54.5	**0**	**0**
Pour to Waste Hand Washing Method	74.7	74.2	74.5	54.8	**40**	60.5	50.0	60.5	100
Soap Available for Hand Washing	72.0	**14.2**	**4.1**	71.4	**20.8**	**15.8**	52.3	**7.0**	100
Safe Water Source	**9.3**	**7.5**	**0**	**0**	**7.7**	**2.6**	76.1	**2.3**	**0**
Sealed Water Storage	88.0	67.5	77.6	88.1	**34.6**	**7.9**	100	**37.2**	96.3
Fetch Water with a Ladle	52.0	61.7	100	57.1	93.1	**7.9**	100	90.7	100
Pot Rack	60	56.7	83.7	**42.9**	54.6	57.9	98.9	**34.9**	96.3
Ringworm (No cases)	53.3	63.3	92.9	**45.2**	73.8	97.4	84.1	51.2	59.3
Safe Food Storage	82.7	62.5	85.7	69.0	**39.2**	57.9	98.9	**25.6**	96.3
Rubbish Pit	52.0	75.0	60.2	95.2	**46.2**	55.3	100	**30.2**	92.6
Sugar Salt Solution	92.0	84.2	**37.8**	**33.3**	**34.6**	**23.7**	100	86.0	96.3

water & forestry

Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

Table 1: Baseline Proxy Indicators for 9 CHCs (%)

Furthermore, while 90.8% of club members have access to a toilet, (the majority of which are home-made pit latrines[2]), a little over half (52.6%) of those toilets have been observed to be clean (free of rubbish, urine or feces). Because the majority of latrines in CHC communities are home-mad and are unsealed and built without ventilation pipes, flies are able to breed and then exit the pits, meaning that the fecal-oral route has not yet been broken. It is for this reason that only 66.9% of all club member households are considered to have Zero Open Defecation (ZOD). ZOD, as defined in CHC projects, not only means the absence of human feces within 5 paces of each household, but also the status of the available latrines (well sealed with a ventilation pipe). All other indicators are expected to improve as well.

Table 1 above shows the summary data for each of the 12 indicators across the 9 active CHCs. In this table, those indicators that fall below 50% for any CHC are highlighted in red as this is where improvements are expected to be made. ***Note:*** *the percentages of ringworm in Table 1 are those households observed to be free of ringworm.*

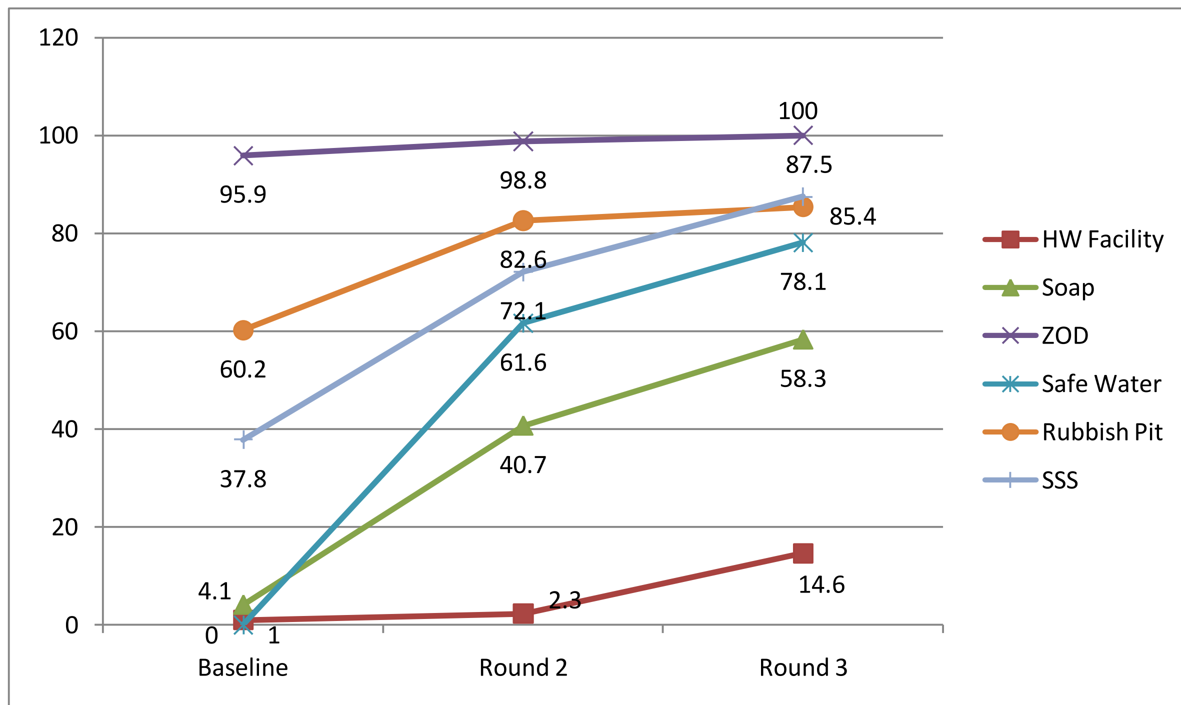

Figure 3: Ward 5 Progress from Baseline - Key Indicators

[2] The type of toilet was not directly measured via the Household Inventory, but it was measured using the Case Study Interview in the 3 case study communities. This data is made available through observations conducted by the Project Manager and CHC Trainer during CHC site visits.

As is clearly shown in Table 1, the greatest impacts are expected to be observed in the Masikane, Vukuzakhe and Masizakhe CHCs, in Wards 7, 8 and 15, respectively. In each of these communities, at least 7 of the 12 indicators are highlighted, showing areas for significant improvement. While the indicators that are consistently below 50% remain the same as discussed in Figure 1 (clean toilet, hand washing facility, availability of soap and the use of a safe water source), the one indicator that stands out amongst them all is the observed prevalence of Ringworm amongst household members. For this indicator, any CHC that goes above 10% is highlighted in red, which includes all but 2 CHCs.

Figure 2 depicts the progress made by the members of the Buhlebezwe CHC in Ward 5 from baseline to the third round of Household Observations. This CHC is used as an example of progress over time because of the higher number of rounds of observations conducted as compared to the other CHCs. This is an unfortunate result of utilizing CHC Facilitators from the communities themselves, whereby those Facilitators who are self-motivated have regularly conducted their household observations. As can already be seen, significant improvements have been made in regards to the use of a safe water source, an increase from 0% of households using safe water sources at baseline to 78.1% of households 3-4 months later ($p<0.0001$); and the use of soap for hand washing, which increased from 4.1% of households at baseline to 58.3% of households 3-4 months later. The other interesting improvements are in members' knowledge of Sugar Salt Solution (from 37.8% to 87.5%) and the use of a designated rubbish pit for solid waste management (from 60.2% to 85.4%). While hand washing facilities have only increased from 1% to 14.6% in 4 months, it is expected that by the time additional rounds of observations are conducted, this indicator will have increased significantly as new ideas take time to diffuse through a community.

Stakeholder Engagement:

As previously mentioned, the stakeholders on this project and who have actively participated during the monthly PSC meetings and training workshops are drawn from the local municipality, the Departments of Water Affairs and Forestry, Environmental Health and Social Development, the Sisonke District Water Services Authority, and the Umzimkhulu Traditional Authority.

- While the Umzimkhulu Local Municipality has stated their support for this pilot project from the beginning, the realities on the ground are quite different. As requested by Africa AHEAD and DWAF, the local municipality has made available the Gateway complex as well as tea/coffee for the monthly training workshops. However, this support has all but disappeared since May, when the municipal stakeholders discontinued reserving the training room and stopped providing tea for the workshops. An explanation was provided for the lack of tea (financial constraints), but never has the municipality explained why they have not reserved the training room for the project. It is only by sheer luck that the space has been available for the monthly workshops. In addition, Africa AHEAD worked tirelessly since January to obtain office space for our staff, which

was finally granted in April 2009. Finally, their participation on the PSC, where they are meant to Chair the monthly meetings, has been inconsistent as has been their participation during the monthly training workshops. They have only availed themselves for three PSC meetings and training workshops over the course of the past year.

- The Sisonke Water Services Department has recently become more engaged in the project as compared to the first 3 months. With active membership on the PSC, Water Services has recently begun an advocacy effort to leverage additional support for the expansion of this project throughout the entire Sisonke District.

- Environmental Health has been the most active supporter of the project from its inception. Consistently present at the monthly PSC meetings and training workshops, the Environmental Health Practitioners for Umzimkhulu have assisted with mentoring the Facilitators and guiding the implementation of the project. More effort could be made in regards to site and support visits in the field, independent of Africa AHEAD.

- Two Social Development Officers have been active participants during each of the monthly training workshops, but their role beyond this has been limited to inconsistent attendance at the monthly PSC meetings.

- One representative from the Traditional Authority has been an inconsistent member of the PSC. Otherwise, the Traditional Authority has a very limited role in this project.

Challenges:

- The limited capacity of a few of the CHC Facilitators has made the implementation of this project difficult at times as they require consistent support, mentoring and feedback, time for which is not always available considering Africa AHEAD's limited staff capacity.
    - This is a lesson learned about the appropriate selection of CHC Facilitators, when utilizing a community-based approach such as this.

- Encouraging Municipal engagement and ownership of the project has been very difficult. The impression is that this project has been imposed from outside (by both DWAF and Africa AHEAD) and that the Municipality was happy to receive such a project, but to expect Municipal Officials to fully 'own' a project introduced in such a way seems misguided. However, the highest levels of local government are fully aware of the project and endorse the work each CHC is undertaking. The challenge is in translating this endorsement into full-fledged ownership.
    - One problem is the way in which most stakeholders view CHCs. CHCs have always been introduced as a project instead of an approach, which is the true nature of CHCs. This has resulted in stakeholders applying a project mentality to the CHC Approach. Africa

AHEAD needs to work more closely with all stakeholders, particularly the local municipality, to change their perspectives as there is potentially more resources available for the CHC Approach to be utilized as the Health and Hygiene Promotion strategy within the Municipality.

Way Forward/Next Steps:

- Preparations for a Graduation Ceremony need to begin as soon as possible. Due to resource and time constraints, it is recommended that one graduation ceremony be organized for all 9 CHCs at a venue within Umzimkhulu town. The Local Municipality has agreed to this proposal and will begin planning with Africa AHEAD, DWAF and the other stakeholders to ensure a successful graduation.
    - This ceremony should be held before August 31, 2009 when the project is set to end.

- The existing 9 CHCs will begin transitioning into Community Based Organizations (CBO) with the assistance of Africa AHEAD, the Umzimkhulu Development Society (UDS) and the Local Municipality. By August each CHC will have elected an Executive Committee, which will in turn be trained by Africa AHEAD on basic administration and management. Each CHC will then be assisted with registering their group as a CBO so that they can begin to undertake their own development initiatives and source their own, direct funding for projects.

- According to informal reports from Municipal representatives and a few CHC Facilitators, those Wards without the project are currently asking to be included. It is important to leverage this enthusiasm for the project by working with the Local Municipality to source funding for the expansion of the project throughout the remaining 11 Wards. This is the current challenge facing this project as there is no secured funding to expand the project within Umzimkhulu.
- Africa AHEAD has submitted a DRAFT proposal to the Community and Social Services Standing Committee outlining possible ways to carry this project forward.
- CHCs will begin identifying the types of projects that they would like to undertake once they become CBOs. However, an informal poll taken at the last training workshop indicates that almost all of the participating communities have identified improved water and sanitation services as their first priority.
    - Africa AHEAD will begin training local artisans on how to build low-cost latrines. Each CHC will have the opportunity to put forward the names of artisans in their areas that are interested in learning how to build toilets so as to develop a number of local service providers who can respond to the demands for safe and hygienic latrines that the CHC Approach stimulates.
        - A preliminary training will be held in July with one group of artisans, which will be followed by a more comprehensive training for more artisans in August.

- It should be noted that this is not part of Africa AHEAD's job and is not an expected outcome from this project. However, we have understood the need on the ground and hope that the relevant stakeholders will take advantage of the skills being developed within these 9 communities.

- Africa AHEAD will need assistance from Water Services and any other water service providers to conduct feasibility assessments of the types of self-supply water systems that can be utilized in each CHC. This process will begin in August, with the help the Khanyisa NGO from eThekwini, specialists in rural, peri-urban and urban water supply systems.

Conclusions:

Appendices:

Appendix 1: CHC Status

Ward	Name	Slogan	Meeting Day	Meeting Time	Meeting Venue	Registered Members			# of Health Sessions Conducted	Avg. Attendance
						Male	*Female*	*Total*		
2	**Siyakhulu** (We are Growing)	**Vukauzithatha** (Rise up and go)	Sunday	11:00am	Roman Catholic Church	7	85	92	12	34%
4	**Sakhisizwe** (Building a Nation Together)	**Vukamawulele** (Rise up from your sleep)	Friday	9:30am	Roman Catholic Church	5	144	149	10	31%
5	**Buhlebezwe** (Beauty of the Nation)	**Siyaphambili** (We Go Forward)	Friday	2:00pm	Pre-School/Kresh	5	108	113	16	40%
6	**Hlanganani**	**Pambili** (Go Forward)	Wednesday	1:00pm	Headman's House	-	67	67	9	41%
7	**Masikani** (Building Together)	**Siyaphambili** (We Go Forward)	Friday	9:00am	Headman's House	-	102	102	10	36%
8	**Vukuzakhe** (Wake Up and Build Yourself)	**Siyaphambili** (We Go Forward)	Friday	10:00am	Roman Catholic Church	13	129	142	13	17%

13	**Maskhale**	-	Saturday	2:00pm	Church	-	98	98	16	54%
15	**Masizakhe**	-	Wednesday	9:00am	Yard outside Headman's House	14	96	110	8	56%
17	**Vukhunati** (Wake/Grow with Us)	**Vuka udlondlobale Kwa Gijima** (Wake Up and be Encouraged Kwa Gijima)	Tuesday	2:00pm	Kresch	19	56	75	13	33%
					Totals:	**63**	**885**	**948**		**Avg: 36%**

Appendix 2: CHC Application Form

Community Health Club (CHC) Ward Application Form

INSTRUCTIONS:

All applications should be submitted to Bulelwa Ngqoyiya in the Office of Social Development, Umzimkhulu District Municipality, by Friday, September 19, 2008. All applications received after this date will not be accepted.

Village Nomination:

Please identify at least 1 village for consideration by the Project Steering Committee. The following information should be provided for each village listed below to assist the Steering Committee in its selection process:

- the number of households;
- the water source(s) available;
- the number of households with latrines;
- the clinic(s) that serve the residents;
- and any active organizations in each village.

Your first choice should be put in the number one position, with all others in order of your preference/priority. It should be noted that the final decision for participation in this IWRM project rests with the Project Steering Committee.

Facilitator Nomination:

Please identify at least 2 individuals for each village that you would like to recommend as CHC Facilitators. The following criteria should be used when selecting CHC Facilitators:

- lives in the selected village;
- reads, speaks and writes English;

- not employed full-time (must be available for at least 4 hours a week & 2 full day training sessions per month);
- completed matriculation;
- and previous experience with health and/or teaching.

For each nominated individual, please provide the following information:

- name;
- gender;
- any roles/positions that individual has in the village;
- and highest level of education completed.

Signatures:

The signatures of both the Ward Counselor and Ward Committee Secretary are required.

APPLICATION FORM:

Ward: ___________ **Ward Counselor:** _______________________ **Ward Population:** ___________

Village Nomination

Village	Number of Households	Type of Water Source(s)	Number of Households with Latrines	Name of Clinic(s)	Active Organizations
1.					
2.					
3.					

Facilitator Nomination

Village	Facilitator(s) Name	Gender	Role(s)	Education

water & forestry

Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

1.	a. b. c.	a. b. c.	a. b. c.	a. b. c.
2.	a. b. c.	a. b. c.	a. b. c.	a. b. c.
3.	a. b. c.	a. b. c.	a. b. c.	a. b. c.

We, the undersigned, hereby submit this application for DWAFs Integrated Water Resource Management (IWRM) project on behalf of the people of our Ward.

________________________________ (Ward Counselor)

________________________________ (Ward Committee Secretary)

water & forestry

Department:
Water Affairs and Forestry
REPUBLIC OF SOUTH AFRICA

Appendix 3: Case Study Interview