



Introduction

In international development, it has been suspected and generally advocated for decades that water supply and sanitation must work together to improve health. Recent research and evidence in the last decade or so has suggested that improvements in health are achieved at the following percentage rates;

Water supply	9.5%
Drainage	11.5%
Solid waste management	15%
Latrines	31%
Hand washing	33%

This being the case, it is plainly clear that the water supply accounts for approximately 10% of the health improvements which are generally associated with water borne diseases. It is sanitation that accounts for the 90%. The community's perspective is very likely to be quite the reverse believing that most illnesses are caused by dirty water, and that water supply improvements will improve health. Therefore it is vital that the NSA educates the community about health and hygiene behaviour, in particular that hygiene behaviour and practice is the cause of many waterborne diseases.

Methods of promoting health and sanitation.

During the first phase of the RWSSP, the recommended approach to educating communities, was with the PHAST methodology (participatory hygiene and sanitation transformation). In actual fact, only seven of the PHAST activities were encouraged, and combined together they allowed communities to participate fully in their health education. The changes that were generally identified by participants included;

Washing hands
Using latrines
Stopping open defecation

The results across all projects however were mixed. Approximately 10 to 20% of households had improved access to latrines and hand wash during phase one. In phase two, an additional methodology is to be used, and is called CLTS (community led total sanitation). This methodology

is useful as an entry point in the project, for two reasons and benefits. It is a good measure of the community's commitment to changing behaviour and committing to the project, and secondly, it has great potential to stop open defecation and promote latrine use. CLTS has had such immediate and overwhelming successes, that as a stand alone methodology, it will have significant impact on achieving the global millennium goals for improved sanitation by the year 2015. After CLTS and PHAST has been completed in a village, there are further opportunities to reinforce learning and further promote health. Apart from participatory monitoring and evaluations, there can be health videos, drama groups, puppet theatre, posters and competitions.

Participatory monitoring & evaluation

Using a simple baseline survey, several women in a village can keep a periodic record of behaviours in the family, relating to illnesses experienced before and after the project interventions. In this way, reductions in water related illness can be tracked against improvements, by the users. This in-house learning can be passed onto other mothers in the local area.

Concluding comments

A strong combination of Water, Sanitation with strong Hygiene Education will significantly improve health. One project can incorporate CLTS, PHAST, Health Promotion of key health messages through various media and participatory M&E. It is important that health and hygiene education is facilitated well, and once communities are motivated sufficiently, key health messages can be developed to promote further positive hygiene behaviours. NSAs should try to prioritise developing key health messages in the following subject areas; Washing hands, Water storage, Latrine use, Waste disposal & Drainage. These messages, plus the behavioural change learning will continue to serve as promotion of improved health and sanitation.



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