

South Africa
WASH Thematic Report
January - December 2018



Group handwashing station use in South Africa (©UNICEF/South Africa 2017)

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B. ABBREVIATIONS AND ACRONYMS

BAT - Bottleneck Analysis Tool

CAPS - Curriculum and Assessment Policy Statements

CHW - Community Health Workers

CMT - Community Media Trust

DBE - Department of Basic Education

DWS - Department of Water and Sanitation

ECD - Early Childhood Development

LSAs -Learner Support Agents

MDE - Mpumalanga Department of Education

NDoH - National Department of Health

WASH - Water Sanitation and Hygiene

C. EXECUTIVE SUMMARY

Water, Sanitation and Hygiene (WASH) is a cross cutting programme that contributes to improved health outcomes for children under five and children of school going age. The main strategies underpinning the delivery of WASH related interventions include capacity development of children and their caregivers on hygiene practices and evidence based advocacy to influence policy and strategies. UNICEF South Africa has established and maintained strategic partnerships to deliver results for children. Such partnerships include the Department of Planning Monitoring and Evaluation (DPME), Department of Basic Education (DBE), the Department of Health (DOH) and Civil Society Organisations (CSOs).

The WASH in Schools Programme was trialed in Mpumalanga as part of the broader Care and Support for Teaching and Learning (CSTL) Programme. CSTL is a co-ordinated multi-stakeholder response to address the socio-economic barriers to teaching and learning. Aligned to the system strengthening model of CSTL in the province, the WASH programme aimed to build the capacity of the districts to support schools in training teachers and, in turn learners on handwashing with soap, toothbrushing and good sanitation practices.

As a result of the programme, 233,054 learners (84,628 Grades R-2) were reached with a behaviour change programme on WASH. Learners in 292 schools were enabled to practice handwashing with soap and toothbrushing through the provision of toothpaste (148,500), toothbrushes (98,999) and soap (247,499), and the construction of innovative low-cost group handwashing stations in 28 schools. Using a systems-strengthening model, the programme began with a mapping of data on water, sanitation and hygiene conditions in 267 targeted primary and secondary schools in the province. This data provides an invaluable resource to strengthen the provincial education infrastructure management system. Through this data, an extensive evidence-informed WASH training programme was built (with requisite training and advocacy material) and implemented for policy intermediaries (50), duty bearers (16,376) and beneficiaries (233,054) on WASH. This was achieved through building the capacity of 40 Learner Support Agents (LSAs)¹ on WASH who in turned trained schools and monitored implementation of the programme.

Following the trial in Mpumalanga, a replicable WASH in Schools model has been created for the country to promote good hygiene and sanitation practices amongst learners, as a mechanism to reduce absenteeism from school and to reduce preventable morbidity and mortality from diarrhoea and respiratory tract infections as espoused in SDG 6 on water and sanitation. The project has made three important innovative contributions to the field of WASH in SA: (1) construction of a low cost, patent free, durable group handwashing station to promote groups norms for behaviour change; (2) use of LSAs to roll out training thereby providing experience and a stipend to unemployed youth, and (3) for the first time, training of janitors/general assistants on WASH.

Mpumalanga province will now make available programme materials to all schools for wider use and explore use of the infrastructure conditional grant for building handwashing stations in more schools. Gauteng province will also replicate the model with the support of UNICEF. Work continued in 2018 towards implementation of the National hand washing and Behaviour Change Strategy which was approved in February 2017 by the National Technical committee in the Department of Health (see annexure 1 for final copy of the strategy). Funding from the

¹ Learner support agents (LSAs) are young unemployed graduates from local communities and paid a stipend to support schools on care and support activities including homework support, following up on absenteeism, and linking children to health and social services.

thematic grant contributed to strengthening the community level capacity building for master trainers of health workers and other outreach workers, building on the work done in 2015 which reached more than 15,000 frontline workers in training them on the importance of hygiene and optimal breastfeeding and infant and young child feeding practices. Hygiene and hand washing messages were incorporated in the 1000 days package for community workers which seeks to support on infant and young child feeding and breastfeeding, hygiene is critical in food preparation and preventing the risk of infections. Importantly, hygiene promotion was linked to the ongoing district health system strengthening, addressing system and community bottlenecks and prioritizing actions linked to results for improving maternal, newborn and child health and nutrition outcomes.

D. STRATEGIC CONTEXT OF 2016

The programmes implemented with the funding is directly linked to the UNICEF Global Strategic Plan Outcome 3 on WASH, with particular reference to increased capacity on WASH in Schools and Early Childhood development (ECD) programmes. WASH is also integral to the post 2015 Sustainable Development Goals (SDG) and impact directly on children's well-being and rights. It furthermore lays the foundation to achieve SDG3, SDG4, SDG6 and SDG 7 through ECD and basic education in South Africa. The inclusion and the promotion of WASH, specifically hand washing and hygiene in the curriculum for children in the foundation phase, is essential against the reality that while in 2012, 63.1% of children (all ages) lived in dwellings with access to piped water within the dwelling or yard (compared to general population average of 69.4%)², by 2015 this had deteriorated to 45.8% by 2015³. On the other hand, only 36% of young children (ages 0-4) lived in households that have access to piped water within the dwelling in 2012 and a further 3% had piped water in the yard⁴. UNICEF's analysis shows that in 2015 four out of 10 children did not have access to piped water inside the dwelling or on site and that among children in the poorest households just 50% had access to adequate sanitation.⁵ Out of 23,589 schools, 452 schools had no water supply and 4,773 schools had unreliable water supply⁶. Similarly, 70.6% of children (all ages) lived in dwellings with a flush toilet (compared to the general population average of 75.2%)⁷. Only 48% of young children (ages 0-4) had access to a flush toilet, and 1% to a chemical toilet. More than 40% of young children had to rely on pit latrines, and 6% resided in households with no sanitation system⁸. Out of 23,589 schools, 6,783 schools had only pit latrines on the premises⁹.

The work done with support from this funding is also linked directly to support the achievement of overall improved child health and nutrition outcomes. The last few years are seeing the decline in maternal, perinatal and under-five mortality at national level in South Africa, although there are disparities at sub national levels. Diarrhoea remains one of the top five

² Statistics South Africa. 2012. *Social profile of vulnerable groups in South Africa, 2002–2012*. Pretoria: Stats SA. (p. 28).

³ GHS 2015

⁴ Statistics South Africa, 2013: 50. Statistics South Africa. 2013: *South Africa's young children: their family and home environment, 2012*. Pretoria: Statistics South Africa.

⁵ UNICEF. 2015. *South Africa – Children's Access to Adequate Standard of Living*. Pretoria: UNICEF

⁶ Department of Basic Education. 2015. *National Education Infrastructure Management System (NEIMS) Reports at 12 May 2015*. Pretoria: DBE.

⁷ Statistics South Africa. 2012. *Social profile of vulnerable groups in South Africa, 2002–2012*. Pretoria: Stats SA. (p. 28).

⁸ Statistics South Africa, 2013: 51.

⁹ Department of Basic Education. 2015. *National Education Infrastructure Management System (NEIMS) Reports at 12 May 2015*. Pretoria: DBE.

causes of death for children. Poor nutritional status, poor environmental conditions and illnesses such as HIV and AIDS make children more susceptible to severe diarrhoea and dehydration. Efforts to improve public health and save the lives of children need to scale up on interventions that have a direct impact on diarrhoeal mortality. Therefore, improving practices for handwashing with soap becomes vital.

Handwashing with soap has been proven as the single most effective way to prevent diarrhoea and other hygiene-related diseases as automatic behaviours performed in homes, schools and communities. Research suggests that washing hand with soap can reduce the rate of diarrhoea by almost 40% and acute respiratory diseases by up to 25%. When practiced by mothers and birth attendants, it can reduce neonatal mortality rates by almost 40%.

The national task team on WASH met regularly in 2018 and worked towards finalization and submission of the strategy through the approval processes leading to the successful final approval in February 2017 (see annexure 1). There has been progress towards establishing an intersectoral forum with all key departments and partners as well as discussions related to establishing a public private partnership platform towards fast tracking results as outlined in the strategy.

UNICEF supported the development of the National Food Security and Nutrition Plan (NFSNP) 2018-2022, which is a multisectoral plan to address malnutrition in all its forms and includes infant and young child feeding interventions, WASH, social protection measures, and agriculture and food systems in order to address malnutrition. The drafting of the plan took place from 2015 – 2017 with a range of stakeholder engagements and meetings which included civil society, government departments at district, provincial and national level, academia, CSOs. The plan has been endorsed by Cabinet in 2018 with further work continuing on fundraising and partnering with various agencies to support parts of the implementation of the plan.

It is important to support the ground work that facilitates the implementation of the strategy in the field and share lessons learned including best practices. Engaging facility and community role players, and capacitating them on incorporation of handwashing behaviours and messages in their everyday work is critical. Knowledge and capacity building of front line workers on handwashing with soap also supports reaching communities at household level with key behaviour change messages and practices.

E. RESULTS IN THE OUTCOME AREA

The WASH programme is underpinned by the following theory of change: if the capacity of health workers, community health workers, ECD practitioners, and teachers on handwashing with soap and hygiene are strengthened, and resources (soap, tippy taps, toothbrushes, toothpaste, group handwashing stations) are available for parents, practitioners and children to practice behaviour change, and advocacy on WASH conducted with schools and communities, then the incidents of diarrhoea amongst infants and children will reduce, and few infants and children will be absent from ECD centres and school and death due to diarrhoea will reduce.

UNICEF South Africa contributed to the strengthened capacities of the national and sub-national education systems for delivering quality, inclusive education, by generating evidence of what works to improve WASH in schools, championing innovation and promoting models of child-friendly schools. UNICEF also contributed to developing the capacities of

practitioners of health workers and master trainers and ECD practitioners in setting up optimal handwashing behaviours in under resourced settings. Their positions in the health system and communities ensures they are able to positively influence handwashing and hygiene behaviours among parents and those looking after children.

A second phase of implementation of CSTL took place in Mpumalanga province among 393 schools between 2016-2018. CSTL addresses the needs of the whole child using multi-faceted, child-centred and rights-based approaches and aims to improve access, retention, progression and achievement within the schooling system.

As the premise of the CSTL programme is that care and support must be provided in a comprehensive and integrated manner, a WASH programme focusing on education has been initiated in Mpumalanga province as part of the infrastructure, water and sanitation pillar of CSTL.

The WASH component of the CSTL programme has the following key components:

- 1) Detailed mapping of the sanitation needs of the 393 schools supported by UNICEF;
- 2) Training of provincial and district officials, School Management Teams (SMTs), School Governing Bodies (SGBs), School Based Support Teams, Representative Council of Learners (RCLs), Girl/Boy Education Movement (GEM/BEM) clubs and educators on (1) hand washing and good hygiene practices and (2) options to improve, maintain and advocate for sanitation facilities in schools and communities based on local resources;
- 4) Training of relevant personnel in the schools on appropriate maintenance of sanitation facilities;
- 5) Implementing a training programme for Grade R 1 and 2 learners on good sanitation practices, hand washing with soap and brushing teeth that must be facilitated by educators on a daily basis (note that the inclusion of brushing emanates from the findings of the ISHP that over 50% of learners screened by school nurses are referred for oral health problems. In addition, the combination of deworming, hand washing and brushing has been successfully trialed in East Asia and has shown to reduce morbidity amongst children);
- 6) The provision of tippy taps for schools;
- 7) Quality assurance of programme implementation through routine collection of data

Key achievements in 2018 include:

Output	Achievement
Mapping of the sanitation needs of the 393 schools supported by UNICEF	Mapping done in 267 schools and detailed report on water, sanitation and hygiene together with database provided to MDE for inclusion in the National Education Infrastructure Management System
Training of provincial and district officials, School Management Teams (SMTs), School Governing Bodies (SGBs), School Based Support Teams,	<ul style="list-style-type: none"> • 50 officials • 1366 SMTS/HODs • 2453 SGB members

Representative Council of Learners (RCLs), girls' and boys' education movement (G/BEM) clubs and educators on hand washing and good hygiene practices; and options to improve, maintain and advocate for sanitation facilities in schools and communities based on local resources	<ul style="list-style-type: none"> • 421 Clerks/admin • 4410 learner leaders (G/BEM) • 7122 teachers of which 2053 were GrR-2 teachers • 40 LSAs
Training of relevant personnel in the schools on appropriate maintenance of sanitation facilities	604 janitors/general assistants
Implementing a training programme for Grade R, 1 and 2 learners on good sanitation practices, hand washing with soap and oral hygiene facilitated by educators daily	233,054 learners of which 84,628 were Grades R-2
The provision of tippy taps for schools	Handwashing stations built in 28 schools
Quality assurance of programme implementation through routine collection of data	Observations, interviews, surveys, video footage, photographs

The tabulation above points to the achievement of core indicators in the intervention. Six notable achievements realised from the collaboration include:

- 1) Critical stakeholders mobilized, and buy-in to support WASH in Schools gained:** For the two-year duration of the grant, the critical stakeholders at school, community and government levels were successfully sensitized on supporting school-based WASH interventions. Government buy-in was obtained through showcasing the progress of the intervention at several fora. At national level, MIET AFRICA reported on the pilot at various fora including a DBE workshop attended by the South African Human Rights Commission, universities and civil society organisations (2016); the Department of Health's Handwashing Behaviour Change Symposium (2017); the European Union-funded Teaching for All pre-service teacher certificate course workshops (2017 and 2018); and at the DBE's Inaugural CSTL Conference (2018). A model summarising the pilot findings and recommendations has been developed to inform national scale-up. CSTL is currently being integrated into the module for all pre-service teachers and thereafter adapted for continuing professional development. The WASH model is now being replicated in Gauteng province

Within the intervention site (Mpumalanga province), the WASH programme was presented at various meetings including with:

- a) Provincial managers
- b) Provincial and district Life Skills officials, Education Development Centre (EDC) and Department of Social Development;
- c) Ehlanzeni District infrastructure officials, circuit manager, nutrition monitors, and SGBs and principals of Lekazi and Shishila Schools (pilot sites for handwashing stations);
- d) Participants at the Global Hand Wash Awareness Campaign at Zithulele Primary School, an MSTA feeder school in the Ehlanzeni District; and
- e) Member of the Executive Council (MEC – Minister of Education in Mpumalanga province) with whom lobbying continues on potentially using infrastructure funding to replicate the handwashing stations throughout the province.

f) MDE and MDOH officials;

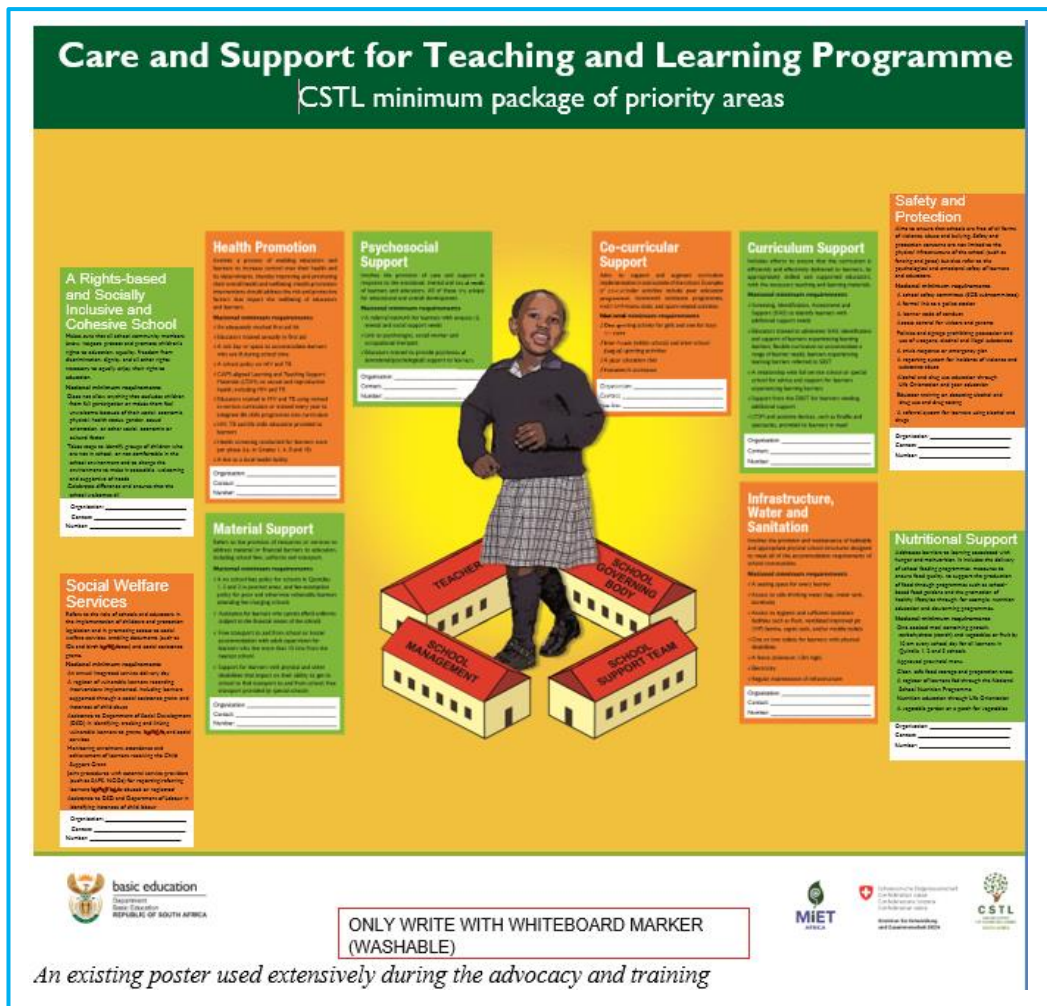


Figure 1: CSTL Minimum Package of Priority Areas

CSTL implementation in the province was also showcased to three Southern African Development Community (SADC) countries through a knowledge exchange visit in the last quarter of 2017. The CSTL programme was lauded for the extent of buy-in achieved at provincial, district and school levels; and the innovative WASH model developed to promote health and hygiene amongst foundation phase learners.

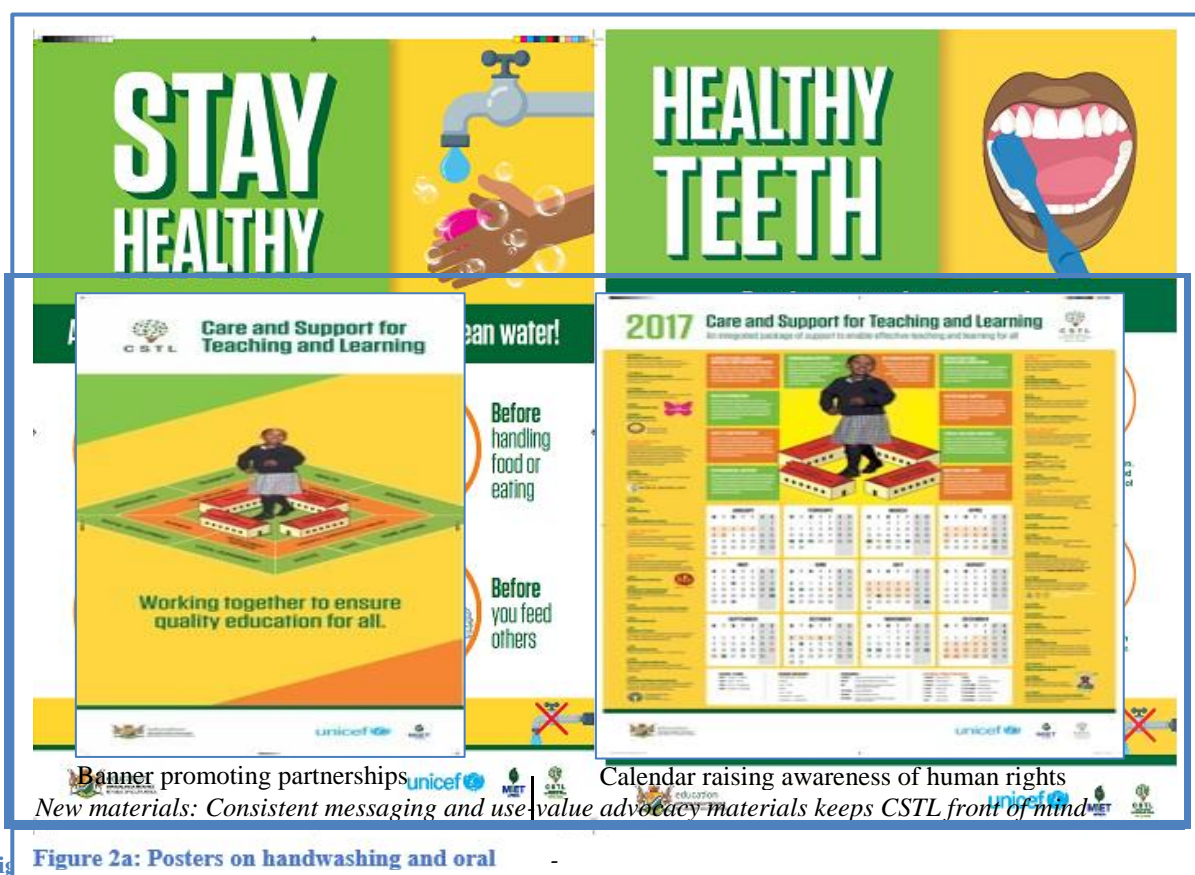
Both the CSTL Programme and WASH Programme in Mpumalanga Province were showcased as examples of successful sub-national implementation and innovation at the Inaugural National CSTL Conference in June 2018 attended by over 200 policy makers, policy intermediaries and policy implementers from South Africa and surrounding SADC countries.

- 2) **Material on WASH developed and distributed:** WASH materials were finalized in consultation with the Department of Health both nationally and provincially (environmental health, health promotion, oral hygienists and dentists), DBE officials (Integrated School Health Programme) and MDE officials (Life Skills). The materials represent the first operationalization of the DOH National Handwashing Behaviour Change Strategy 2016-2020 and is a model for integrated service delivery.

Materials included:

- a) A comprehensive WASH in South Africa Schools manual was developed containing essential information about WASH and oral health in schools for all audience groups (1,000 manuals printed in full colour and 5,000 in black and white). The comprehensive WASH publication includes components not previously documented in a single manual (or at all), namely:
 - Roles and responsibilities of all school community stakeholders
 - Accessible guidelines for janitors / general assistants on how to keep facilities clean (this has led to the initiation of national training of janitors through a public private partnership)
 - Draws the links between WASH, ISHP mandate and the curriculum assessment and policy standards (CAPS) Life Skills curriculum.
- b) Facilitator guide for training, containing an introduction to the programme, facilitation tips, session-related background information and session guides and activities for working with each audience group (Learner leaders [GEM/BEM, RCLs], SMT/SBST/SGBs, General Assistants, teachers [Grades R-2]) (200 copies printed)
- c) Posters on how to wash hands, when to wash hands and how and when to brush teeth and stickers to reinforce the handwashing message (WASH stickers in full colour: 34 125; Posters in full-colour A2 size: 3000 x 3 types); and
- d) Resource material: worksheets and reprint of existing DBE/DOH/DSD/ISHP leaflets (10,000 de-worming leaflets in full colour; 4,000 cycle of disease worksheets)

Materials were distributed at training and at other meetings to schools, MDE directorates (provincial and district), DBE officials, DoH (national, provincial, district) and to other



partners. The materials are available as open source and have been provided to the DBE for distribution and use nationally and have also been made available to CIE for use in farm schools. MDE has also committed to making the materials available on its website for use by all schools in the province.

- 3) **Essential products to support intervention procured, distributed and being used:** Products to support WASH implementation (98,999 toothbrushes, 148,500 toothpastes and 247,499 bars of soap) were procured. To assure that none was lost, a stock control system was set up to manage the distribution of products to district offices and to schools based on the submission of a consignment management plan by the respective districts. Once products reached schools, they were recorded on a stock management form that was retained in the districts. Stock was released to districts and subsequently to schools in batches per school term and reconciled based on stock verification forms. Stock usage at school level was monitoring by LSAs during school visits. At the time of writing this report, all products had reached schools and had been used.



Figure 3: WASH products

- 4) **Training of trainers conducted:** Key targets (LSAs/MDOH/MDE officials) were reached for both planning and training on roll-out of WASH (see Table 1 for reach per target group). The last major training was held in August 2017 to familiarize the key targets / teams with



Figure 4 a: WASH training in Bohlabela district



Figure 4 b: WASH training in Bohlabela district

the facilitator's guide

and participants' manuals. The LSAs formed the backbone for the roll out of the WASH training to schools. A key outcome of the intervention facilitated by these funds was the strong collaboration of education department officials with the health colleagues, in collaboration with the respective school communities. The practical training was supported by health promoters and oral hygienists from the MDOH who demonstrated best practice to the participants. This was followed up with intensive training with smaller groups of LSAs at district level at which competency to roll out training was assessed.

A post training and implementation assessment revealed that the participants:

- Better understood the rationale for the WASH programme;
- Had clearer knowledge of and could effectively use the WASH manual and facilitator guide in training various audiences; and
- Were equipped with facilitation skills and could provide practical training on how to wash hands and brush teeth.

5. Training and monitoring at school level rolled out:

The capacity building with the school community as well as advocacy was delivered by multi-sectoral teams of MDOH and MDE (Life Skills and Inclusive Education officials) and LSAs (who received additional WASH training). While the plan at programme inception was that school audiences would receive one set of formal training, this was switched to using a combination of formal workshops and school site visits based on the tight timeframes, the disadvantages of once-off training and the benefits of school-based LSA. Formal workshops were conducted during October and November 2017 by the multi-sectoral teams, followed by on-site monitoring and support conducted by LSAs.



Figure 5: Certification of training for LSAs

While 54 formal workshops were held, 211 schools were visited and 31,858 learners were directly observed on WASH during site visits. In total, 233, 054 learners (of which 84,628 were Grades R-2 learners) were reached with WASH activities. The insert below provides some of the comments of school management teams, teachers and learners on the value of the WASH programme.

- 6. Prototype for group handwashing and further roll out of model tested:** The group handwashing prototype, designed to be used by up to 17 learners at a time, had been installed and tested at Shishila and Lekazi Primary Schools in Ehlanzeni District. The installation was monitored by the engineer and researcher, and provincial and district officials, including district-based Infrastructure officials who assisted with norms and standards for the facility. UNICEF continued to monitor the use of the two prototypes. The support for the handwashing station by teachers, learners and parents at the two schools was high. Based on the lessons learnt from the pilot, refinements were made to the design including reducing the number of learners that could use the station simultaneously to 16. Based on the recommendation of the two piloting schools and field experience of extreme weather conditions, it was decided that a simple shelter be constructed above the stations. A manual outlining the installation, operation and maintenance of the handwashing station was finalized together with a full costing of the model.

Box 1: Sample Comments by School Teams

School Management Team:

“During assembly we are using the posters and demonstrations by teachers on how to wash hands and brush teeth” (SMT Member, Ngwane Primary School, Ehlanzeni District, 8 November 2017).

“Handwashing and toothbrushing is integrated into the curriculum and the learners wash their hands and teeth every day after eating lunch” (SMT Member, Musi Primary School, Nkangala District, 16 November 2017).

“All learners are taught and encouraged to use the correct steps to wash hands and to use soap and running water” (SMT Member, Sidlemu Primary School, Ehlanzeni District, 22 November 2017).

Educator:

“The posters are up to show learners how to wash hands at critical times and the learners are also practising” (Educator, Mogalitwa Primary School, Nkangala District, 14 November 2017).

“We are using the posters and charts provided to us in the training” (Educator, Ludlow Primary School, Bohlabela District, 16 November 2017).

Learner Leader:

“We use what we have learnt in the oral health and handwashing workshop to demonstrate how to wash hands properly following the six steps” (Learner Leader, Siyafundza Primary School, Ehlanzeni District, 1 November 2017).

“Firstly, I make sure that I always wash my hands and by so doing everyone is encouraged. I have also posted handwashing posters inside and outside the toilet” (Learner Leader, Casteel Primary School, Bohlabela District, 16 November 2017).

“I am the first one to remind the teacher that it is time to wash hands” (Learner Leader, Delpark Primary School, Nkangala District, 8 November 2017).

Twenty-six (26) additional sites were identified based on the original WASH audit conducted, and handwashing stations were installed at these schools by local builders (to whom training was provided); a total of 28 stations were built as part of programme delivery. District infrastructure officials were required to sign off on the construction of the handwashing stations as per norms and standards for school infrastructure. Schools that received the handwashing stations are listed in Annex C. Thanks to the advocacy conducted by LSAs, some schools built their own handwashing stations funded by school governing bodies. The plans for the building of the handwashing stations will be made available on



Figure 6: Mpengu Primary constructs its own handwashing station

the MDE website and shared with all schools in the province through a provincial circular. The province also intends mobilizing funds through its infrastructure budget to build handwashing stations in selected schools.



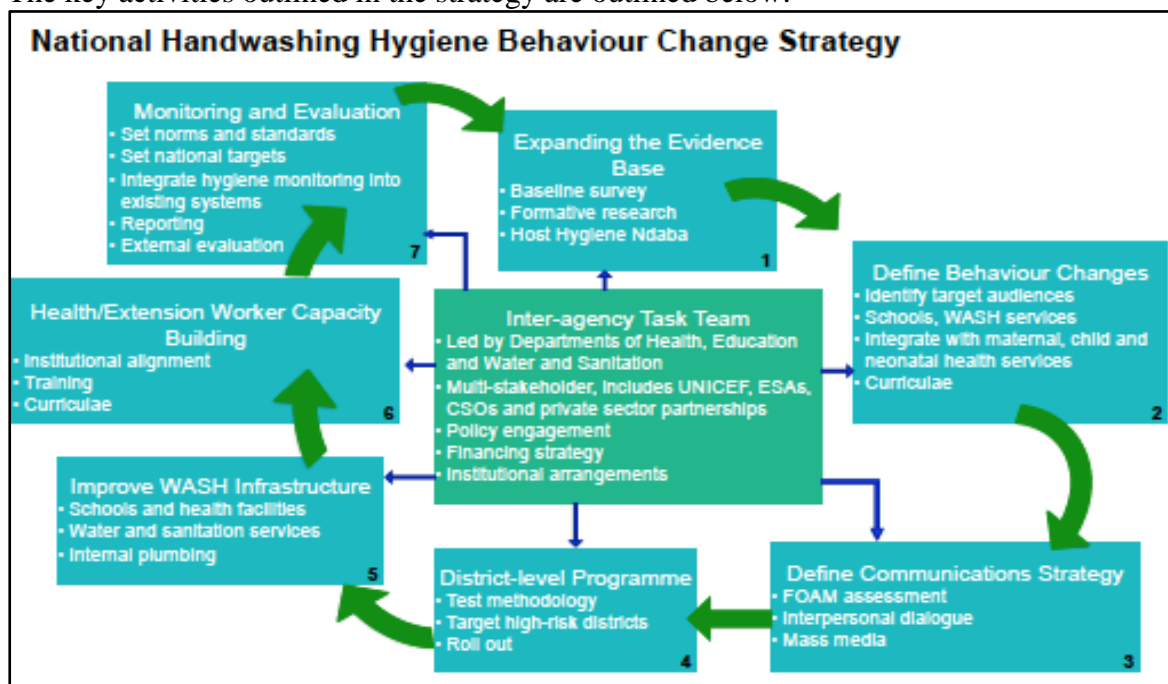
Figure 71: Thulani Primary School



Figure 8: Mavimbela Primary School

UNICEF South Africa also continued working closely with the National and provincial department of health and key district teams towards supporting implementation of the National Hand Hygiene Behaviour Change Strategy on the ground, (1) designing integrated 1000 days package that incorporates hygiene and handwashing messages and (2) supporting task team meetings and consultations with various stakeholders including dissemination of the strategy in forums so as to facilitate finalization and wider consultation. Finalizing the strategy has been the main focus of activity in the reporting period. Additional information was provided towards costing activities outlined in the strategy.

The key activities outlined in the strategy are outlined below.



During 2017 UNICEF focused efforts at the community level by capacitating master trainers of frontline health workers on behaviour change and ECD centre staff who have a reach in communities to support behaviour change towards improved hygiene practices at the household level. In the Eastern Cape, training of master health trainers took place in the Nelson Mandela Bay Health District (NMBHD) followed by training of an NGO, Early Inspirations, which provided ECD practitioner training which cascaded the training to 85 ECD centres in the NMBHD.

UNICEF's partnership with NGOs working in this field has helped maintain focus on building knowledge and skills at the community level and ensuring that field level experiences are linked to and inform policy and program design at national level. Through this work there is promotion of behaviour change related to hygiene and sanitation, particularly the key practice of hand washing with soap, as well as strengthening the capacity of health outreach workers to prevent and address illnesses related to the lack of basic hygiene practices. Training packages focused on the first 1000 days (continuum of care for children) incorporating key child health and nutrition messages and handwashing, hygiene are available. Due to the high number of staff rotations in the health service, the approach in 2017 changed from only training the frontline health workers (500 trained in the NMBHD) to also training master trainers (five in the NMBHD), who are responsible for the training and capacitating large numbers of workers in their respective sub-districts. This approach ensured that knowledge remained in the sub-districts, even when staff rotations took place.

Community events were held in three districts in the Eastern Cape by UNICEF partner, Community Media Trust (CMT), experienced in community outreach. They conducted community activations and campaigns for advocacy by hosting four community events in Buffalo City, Amatole and NMBHD. The intention behind these events was to improve health seeking behaviour and hygiene practices and to reduce harmful practices. The specific focuses of the events were determined through consultation with the relevant district health officials. All events, however, included a focus on WASH activities with a particular emphasis on handwashing with soap and the installation of Tippy Taps. Other topics included exclusive breastfeeding, ART adherence and immunizations.

The Eastern Cape has the second highest case fatality rate caused by diarrhoea after the Northern Cape. Since 2016, UNICEF has been supporting Nelson Mandela University in an action based research project: 'Improving Malnutrition and ECD through Active Participation and integration of nutrition support', reaching communities through ECD centres. With a population of more than 1.15 million people (census 2011) and an unemployment rate of 36.6% (Statistics SA 2011), the Ibhayi area together with the Northern areas and Motherwell, are the most densely populated, with the highest number of people with low income, unemployment, low education and poor health outcomes.

Through the baseline phase, it was observed that among a sample of more than 1,500 children attending ECD centres in the NMBHD, 15 per cent were undernourished, putting them at risk of increase illness. Furthermore many centres had poor access to water; findings from a rapid survey of 68 ECD centres was undertaken to assess WASH, of which 33 per cent did not have toilets and 36 per cent did not have hand washing facilities (see figure 1 for context). It was also found that in ECD centres containers of water were often made available to wash hands in, but, soap was not always available and most children made use of the same container of water throughout the day (Figure 2).



**Figure 1: ECD centre
water for handwashing**



Figure 2: Children sharing

In such settings without access to piped water, it is necessary to provide alternative interventions, including building knowledge on optimum hygiene practices and also practical support to make temporary handwashing facilities in the absence of water, such as a tippy tap (see figure 3).

Achievements thus far:

- 55 ECD practitioners and 67 parents were trained on correct hand washing methods with soap and clean water as well as how to make tippy taps (Figure 3).
- Digital videos on handwashing were developed in Xhosa, English and Afrikaans for testing among parents and caregivers. Currently all trained ECD practitioners and Community Health Workers (CHW) linked to the ECD centres have the video clips for training and message dissemination.
- A colour/workbook for interactive WASH communication with pre-schoolers was developed to include five basic messages. This was translated into Xhosa and distributed to ECD practitioners who attended the nutrition training (Figures 4 and 5).

In support of the goal of improving WASH outcomes, CMT was tasked with installing 50 Tippy Taps in targeted sites and with capacitating key staff and community members on the maintenance and up-keep of these Tippy Taps. The focus of these activities was on facilities where it was determined that the most impact could be felt. As a result, the trainers specifically targeted Isibindi Safe Parks as well as ECD centres in the districts of Buffalo City, Amatole and the NMBHD. In addition to the installation and demonstrations of the Tippy Taps, CMT also conducted handwashing with soap presentations. CMT staff then did follow ups to monitor the up-keep and maintenance of the Tippy Taps.

As part of the support provided in 2019 by Nelson Mandela University, the team developed nutrition training modules based on the Guidelines for Early Childhood Development Centres (Department of Health, 2016) which focused on breastfeeding, complementary feeding, growth monitoring and promotion (GMP), severe and moderate malnutrition. Key topics also included handwashing, hygiene practices (including making a tippy tap) and safe food preparation, menu planning, food gardens and setting up a referral process for children at risk of illness of growth faltering, to the nearest clinic. In collaboration with the Department of Health district dietitians the project team presented the manual as a three-day nutrition course to two groups of qualified ECD practitioners (n=31), in June 2018. This was a first encounter for most of the practitioners regarding child health and nutrition. Participants emphasised the need for added support or additional training opportunities to further their knowledge regarding breastfeeding and malnutrition after this training course.

As a result of the 3-day training feedback, an 8-month Nutrition Mentorship Programme was developed with the aim of training two mentors under supervision of a dietitian to support and empower ECD practitioners who attend the 3-day nutrition workshop to increase their confidence in implementing GMP, referral systems and preventative nutrition strategies. Strategies are being developed to fund raise locally for the implementation of the Mentorship Programme.

The work conducted in ECD centres could not have taken place without the flexible thematic funding received. Risks of doing such work include staff rotations, and commitment from the government departments. However by using local trusted NGOs to provide support and to mentor are helpful in mitigating against some of those risks. Lessons learned from this work include the need for stakeholder buy in from a broad group especially when dealing with communities and ECD centres, it requires a strong convening power which is one of UNICEF's strengths to bring together the relevant stakeholders and to motivate them to continue in the work, even when funding becomes constrained.



Figure 3: Tippy Tap training at Early Inspiration

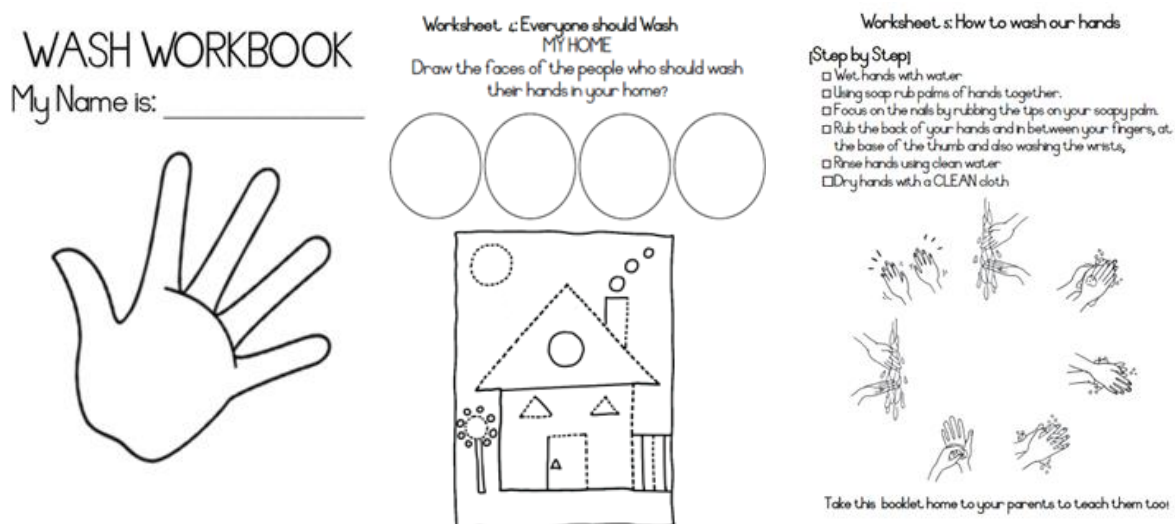


Figure 4: WASH colouring book to extend WASH training to children under 5 years of age, attending ECD centres in NMBHD



Figure 5. Children using the WASH colouring book at an ECD centre in NMBHD

Monitoring hygiene and handwashing remains one of the most challenging areas of WASH monitoring. Further, this area has not been a regular part of baseline or regular monitoring systems in Southern Africa. Whilst a number of health-related behaviours are covered in Statistics South Africa (Stats SA) national monitoring reports, no data is collected on hygiene or handwashing. The Demographic Health Survey results will be available in the second quarter of 2018 and should be able to share further information on WASH and hygiene practices.

Various aspects of the work done have been documented including the final National Hand Hygiene Behaviour Change Strategy (annexure 1), a summary of the handwashing strategy for advocacy purposes (see annexure 2) and stories from the field showcasing community aspects of the WASH program (annexure 3).

UNICEF South Africa utilised Communication for Development (C4D) to achieve results for children. UNICEF supported *the WASH challenge* (details of images are in Annex I), a series of 30 x 3-minute “mini game shows” for youth to raise awareness about inadequate access to safe water and sanitation services and to educate them about safe hygiene practices. The WASH Challenge is a fun game show which highlights these practices and spreads awareness in communities across South Africa. WASH Challenge was broadcast on Bona Retsang on SABC 1 from Wednesday, 22nd June 2016 till 26th August 2016. Airing Wednesday – Friday from 16h00 – 16h30. Bona Retsang is a youth magazine show that entertains and educates its viewers, encouraging them to develop a solutions-driven and positive outlook, face up to the challenges in their lives and fix their own problems. The show reached over 700-thousand young people weekly.

The *WASH Challenge* sees a team of WASH investigators who step in when someone commits a WASH ‘crime’. In each scenario contestants are given 4 questions related to WASH principles and for every correct answer they are given R50 airtime. The WASH investigators then offer advice on how to protect themselves from germs based on the given scenario. A teacher’s toolkit for Life Orientation teachers to use in the classroom has been developed.

One of the crucial components of 1000 day package is care and services during delivery and immediate postnatal period where most babies die if prompt and proper treatments are not given at the health facilities. UNICEF in partnership with the Centre for Rural Health developed ‘Mother Baby Package’, a manual guiding the nurses to provide essential health, nutrition and WASH services to pregnant women during antenatal and postnatal period and to babies from birth till 2 years of age at the clinics. The package is being field tested in KZN, Gauteng and North West provinces to be finalized and the plans are in place to roll out across the country in mid-2019. The UNICEF support in understanding the profile and status of newborn care at different levels of hospitals in Limpopo, Eastern Cape and Free State provinces had led to identification of priority actions for improvement and development of provincial and district newborn care improvement plans in the above provinces. Accordingly, implementation had taken place in improving the availability of infrastructure, human resource capacity, equipment at neonatal units, health staff technical capacity in addressing major causes of newborn deaths, monitoring and community participation using HHAPI-NeSS framework in newborn care.

The efforts were reinforced with quarterly assessments to track the performance and monitor the progress towards achieving results against set targets. Facility assessment and support tool, FAST, was developed as part of the support to improve newborn improvement package starting from Limpopo with a focus on district hospitals where most deliveries occur and since evolved to improve newborn care at hospitals throughout South Africa. The FAST consisted of handwashing practices and facilities at the neonatal care units at the hospitals. To further reduce the early neonatal mortality, UNICEF continued its support in quality of antenatal care such as Respectful Maternity Care, antenatal classes and birth companion in selected health facilities in Limpopo. Similarly, the support has extended to Limpopo and Eastern Cape to improve quality of Kangaroo Mother Care KMC for the premature babies who are usually low birth weight and vulnerable to infection. Breastfeeding, skin-to-skin contact to keep body warmth, handwashing and hygiene for infection control are crucial component of KMC.

Further to improving quality of care and services at hospitals and health facilities, linking mothers, caregivers and community with health system was a major activity accomplished during the reporting period. The ‘MomConnect’, a mobile based program has been initiated by

the National DoH in disseminating messages by SMS around health, nutrition and WASH to pregnant women since 2014. The program provides tailored messages in 11 official languages and added WhatsApp features for interactive communication between clients and helpdesk. As the program grows reaching over 85 percent pregnant women, the MomConnect helpdesk needs an upgrade to meet the demands of clients in timely and efficient manner. UNICEF supported in the review of overall MomConnect functionality and recommended action for improvement.

Main Constraints and Opportunities

1. The availability of flexible thematic funding has allowed for support to critical areas that do not routinely attract donor funding. This includes support for capacity building and commodities (soap, toothpaste, toothbrushes) required to practice behaviour change. Without this type of funding, these focal areas that are key bottlenecks to shift health and learning outcomes, would not be addressed.
2. Leveraging support from public-private partnerships to enable WASH in schools, health and community is a potential opportunity going forward.
3. The CSTL approach requires an integrated response across all areas to ensure a coordinated intervention and in the programme, officials provided regular support to some schools. However, extensive demands on officials' time meant that they were often unable to visit schools as often as required. Locally-based LSAs could reach schools across a wide geographic area, and they were instrumental in many of the programme successes. Given capacity shortages in schools and with officials, LSAs could be an effective way to offer more sustained support to schools. Funding limitations prevented the construction of handwashing facilities in all participating schools, although some SGBs built stations from their own budgets. Funding limitations also meant that commodities could not be provided for the full duration of programme implementation. The short duration of the project meant that while data on the reach of the programme could be collected, quantitative data on the impact of the programme with respect to behaviour change could not be collected. This was however, assessed through observations and qualitative means.

F. FINANCIAL ANALYSIS

Table 1: Planned budget by Outcome Area

Outcome Area 3: WASH South Africa
Planned and Funded for the Country Programme 2017 (in US Dollar)

Intermediate Results ¹⁰	Funding Type ¹	Planned Budget ²
03-04 WASH in Schools and ECD centres (05-05 Education – General)	RR	315,500
	OR	-
03-06 WASH – General (04-06 Nutrition – General)	RR	-
	OR	353,252
Total Budget		668,752

Table 2: Country-level thematic contributions to outcome area received in 2017

Donors	Grant Number*	Contribution Amount	Programmable Amount
United Kingdom Committee for UNICEF	SC1499030081	1,579.09	1,503.90
Total		1,579.09	1,503.90

Table 3: Expenditures in the Outcome Area

Organizational Targets	Expenditure Amount		
	Other Resources - Emergency	Other Resources - Regular	All Programme Accounts
03-04 WASH in Schools and ECD centres	-	236,124.34	236,124.34
03-06 WASH – General	-	239,263.07	236,124.34
Total	-	475,387.41	475,387.41

Table 4: Thematic expenses by programme area

Programme Area	Amount
03-04 WASH in Schools and ECD centres	66,010.63
03-06 WASH – General	239,263.07
Grand Total	305,273.70

Table 5: Expenses by Specific Intervention Codes

¹⁰ As SACO does not have a particular WBS code for WASH programmes, the WASH-related transactions were generated at the different activity WBSs (Education for WASH in school programme and Nutrition for WASH in community programme)

Specific Intervention Code	Expense
03-04-02 WASH in Schools hygiene promotion	236,124.34
03-06-03 WASH – General	239,263.07
Grand Total	

Table 6: Planned budget for 2018

**Outcome Area 3: WASH, South Africa
Planned Budget and Available Resources for 2018**

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
24 - 01 WASH in Schools and ECD centres	RR	186,822	186,822	-
	ORR			
24 - 02 WASH – General	RR	-	-	-
	ORR	350,000	73,057.16	276,942.84
Total for 2018		536,822	256,879.16	276,942.84

¹ Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

H. FUTURE WORK PLAN

As the programme closes, experiences of trailing the WASH programme are being documented as part of a knowledge management process for sharing with other provinces, other stakeholders and across UNICEF offices. Three innovations of the programme stand out: (1) construction of a low cost, patent free, durable group handwashing station to promote groups norms for behaviour change; (2) use of LSAs to roll out training thereby providing experience and a stipend to unemployed youth, and (3) training of janitors/general assistants for the first time. Funds are being sought to produce a short documentary video that will showcase its utility and serve as an advocacy tool for the replication and scale up of the WASH programme. The WASH in Schools model will be replicated in 50 schools in Gauteng Province. Discussions are also currently underway to replicate the model nationally and provincially (Eastern Cape) but are funding dependent.

Also, going forward in 2018, UNICEF will continue to work with the National and provincial Department of Health and district teams towards incorporating hygiene and hand washing messages in the district health system strengthening work being rolled out.

Further, work will be done towards monitoring key indicators linked with improving child health incorporating assessment of hygiene and hand washing practices.

The work with communities and ECD practitioners and the community health workers will support roll out of the 1000 days campaign at community level integrating the key messages for WASH and in particular hygiene and hand washing messaging.

Support will continue towards facilitating regular WASH task team meetings at national level, including exploring the establishment of a Public Private Partnership initiative for supporting implementation of the strategy across the country.

An estimated budget would require around USD350,000 to scale up the work being conducted in the Eastern Cape, reaching more health clinics, more community workers and ECD practitioners who all have a key role to play in preventing avoidable infections. These results will inform the National Hand Hygiene Behaviour Change Strategy and the national WASH task team to improve roll out of the strategy among other partners.

H. EXPRESSION OF THANKS

UNICEF South Africa wishes to express its most sincere appreciation for the funding provided through the Thematic Funds for WASH. This contribution greatly assisted the country programme to realize the strategic support provided to the Department of Basic Education and Department of Health as described in the results analysis above.

I. ANNEXES: HUMAN INTEREST STORIES AND DONOR FEEDBACK FORM

Annex A: List of schools that received handwashing stations

BOHLABELA: 7 stations + shelters

Funjwa Primary

Mbatini Primary

Thulani Primary

Behjani Primary

Hlalakahle Primary

Mahlambandlopfu Primary

Mavimbela Primary

NKANGALA: 7 stations + shelters

Zikhuphule Primary

Mthombeni Primary

Sinetjhu Primary

Mangandisa Primary

Kabenziwa Primary

Makopanong Primary

Mareleng Primary

GERT SIBANDE: 7 stations + shelters

Kwandisamfuyo Primary

Umsebe Primary

Camden Primary

New Ermelo

Tisiteni Primary

Salem Primary

Tsembekani Primary

EHLANZENI: 5 stations + 2 pilot stations + shelters

Ekuphumuleni Primary

Lugedlane Primary

Bongokuhle Primary

Mshengu Primary

Sophungane Primary

Lekhazi (pilot site)

Shishila (pilot site)

Caring and supporting learners and educators at Sophungane Secondary School



Grade 10 learners Prosper and Lerato support CSTL

Mpumalanga: Located in the district of Nkomazi outside the city of Nelspruit, Sophungane School is a sanctuary of learning for 1,332 learners from Grade R right through to Grade 12. A warm welcome is given to the visiting UNICEF team as the school choir sings the song “Sanbonani” meaning “hello” in Zulu, the most-spoken language in South Africa.

In this community like so many in the country, a quality education is a ticket out of poverty and a chance to enter the job market. It is for this reason that the Care and Support for Teaching and Learning initiative (CSTL) is both necessary and life-changing.



Tooth-brushing can be fun!
toothbrushes ready”!



“Get your

To help make CSTL a reality in communities in which it is most needed, UNICEF works with the Department of Basic Education as well as the non-governmental organization, MIET AFRICA. Through the training of Learner Support Agents (LSAs), guidance and assistance is provided to educators, school principals and education authorities to assist with providing a quality education for children. Through regular visits and dialogues with both educators and children, the LSAs help ensure that the principles of CSTL are adhered to and are implemented. Zinhle Ngenya is the LSA tasked with promoting CSTL at Sophungane School and explains that she finds her work both “rewarding and fulfilling when you see such positive results.”

And at Sophungane, the results are indeed positive. From a reduction in the number of teenage pregnancies to improved punctuality, from less absenteeism to increased learner participation in class, it is evident that the implementation of CSTL has considerably improved the learning and teaching environment at this school.

Lydia Mtiyane, the Head of Department of the Intermediate Phase explains that the CSTL programme has allowed for better planning and management. “We have an annual teaching plan thanks to CSTL and we make sure we adhere to it,” explains Lydia.



Principal Thandi Sono with the CSTL poster



Lydia Mtiyane and Victoria Ngobeni with the CSTL Manual

For Victoria Ngobeni, one of the schools two Deputy Principals, the CSTL training and the support of the LSA has fostered an understanding of the diversity of the circumstances of individual learners and how they can be assisted. In addition to seeing to the physical needs of children (ensuring a well-resourced Sick Room and signage to warn of potential injuries), the psychosocial support to learners is also an aspect of the CSTL framework. Educators are trained on issues of confidentiality, care and security and the school has partnered with an NGO that provides psychosocial support. The compassion of Victoria and her team of dedicated educators is palpable as she describes the difficult circumstances of some, as she describes them, “our children.”

“See how we wash our hands” says 9-year old Myeni Sinokuhle proudly as he demonstrates the proper hand-washing technique that he and his fellow learners have been taught by Zinhle. Handwashing is an important and tangible element of the CSTL Framework and is made possible thanks to the construction of a hand-washing station at the school. This relatively affordable (costing not more than \$250), highly beneficial station allows for up to 17 learners at a time to wash their hands using soap that is provided through the corporate partners of UNICEF. Piloted in Zambia by UNICEF, the hand-washing stations have been very well-received by the learners and educators alike and it was encouraging to see the nearly completed construction of a second handwashing station on the school premises. A related component of CSTL is oral hygiene and in this regard, UNICEF through the generous support of Kimberley Clark and other partners has facilitated the provision of individual toothbrushes for the learners and toothpaste for the school. In orderly lines, the young learners waited patiently for their turn to brush their teeth in an exercise that is made both practical and fun by the educators.

The provision of healthy meals at school is another key aspect of the CSTL programme. As in many schools in the country, a vegetable garden has been planted and the produce thereof is used to provide meals for the children – and for some it is their only meal of the day. While the Department of Basic Education’s National School Nutrition Programme (NSNP) has ensured that far fewer children are hungry in South Africa than in the past, there remain gaps and CSTL seeks to address some of these limitations. The focus is on the provision of healthy food and guidance on this is given by the LSAs who, School Principal Thandi Sono explains, also share these guidelines with nearby vendors who sell food to the community.

In this regard, the LSA Zinhle credits the CSTL Manual with providing her and other LSA's with the necessary tools to undertake their work.

Giving children the best chance possible to lead healthy and happy lives is a key driving force behind the work of UNICEF, both in South Africa and globally. Seeing the positive benefits of the Care and Support for Teaching and Learning and the WASH Programme is an important reminder that a positive difference is being made.



The nearly-completed second Handwashing Station at Sophungane School

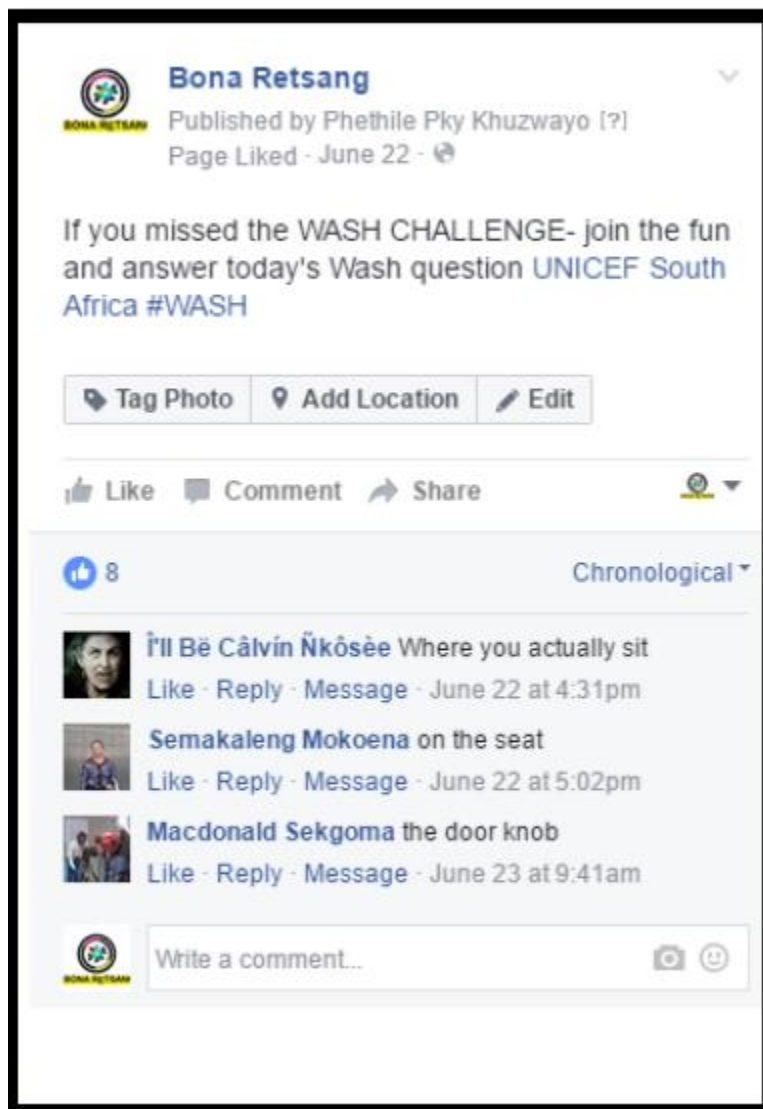
ENDS



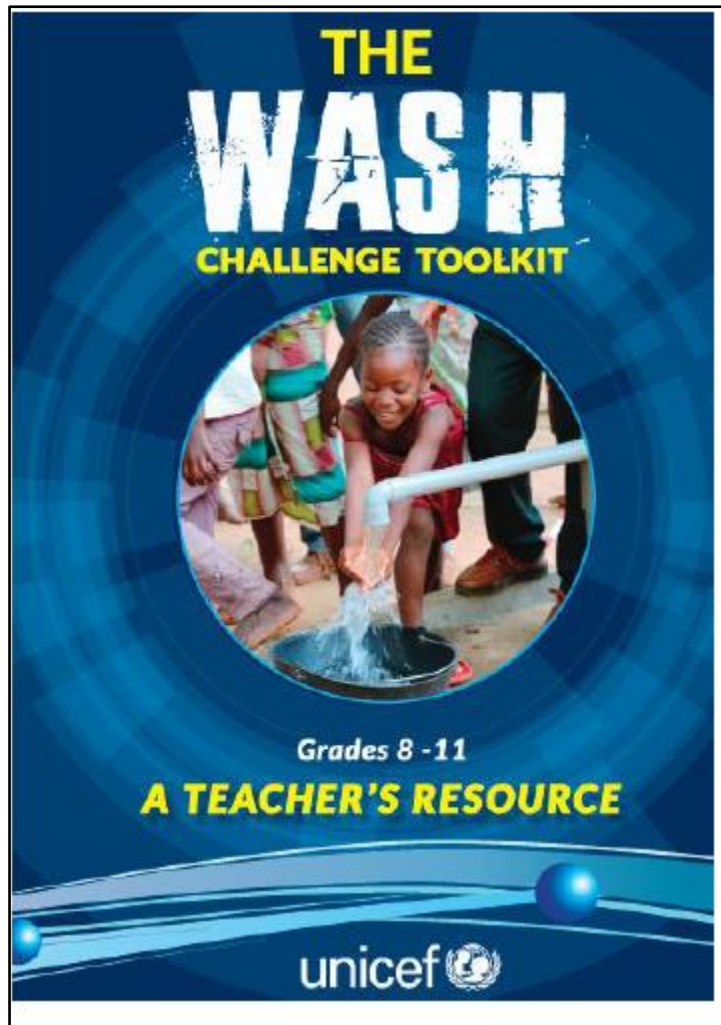
The WASH Challenge logo



The WASH investigators catch another unsuspecting viewer committing a WASH crime



Example of Bono Retsang utilising social media to spread WASH related messages



The WASH Challenge Toolkit





Learners taking part in the WASH challenge

Title of Report/Project: WASH Thematic report

UNICEF Office: South Africa

Donor Partner: WASH Thematic

Date: 18 March 2019

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Won Ki Hong, Planning, Monitoring and Evaluation Specialist, UNICEF South Africa

Email: whong@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

4. To what extent does the report meet your expectations regarding the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

5. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

6. Please provide us with your suggestions on how this report could be improved to meet your expectations.

7. Are there any other comments that you would like to share with us?

Thank you for filling this form!

Title of Report/Project: WASH Thematic report

UNICEF Office: South Africa

Donor Partner: WASH Thematic

Date: 23 March 2018

Commentaires du donateur sur le rapport

Vos commentaires nous aident à améliorer la qualité de nos rapports. Merci de bien vouloir répondre à ces questions concernant le rapport mentionné ci-dessus.

Merci de renvoyer le formulaire par courrier électronique à:

Nom: Won Ki Hong, Planning, Monitoring and Evaluation Specialist, UNICEF South Africa

Email: whong@unicef.org

**NOTATION: 5 indique le plus haut niveau de satisfaction
et 0 une insatisfaction totale**

1. Dans quelle mesure le contenu narratif du rapport est-il conforme à vos attentes? (Par exemple, l'analyse générale et l'identification des défis et des solutions)

5	4	3	2	1	0

Si vous n'avez pas été pleinement satisfait, pourriez-vous indiquer ce qui manque ou ce que nous pourrions mieux faire la prochaine fois?

2. Dans quelle mesure la partie du rapport sur l'utilisation des fonds répond-elle à vos attentes d'information?

5	4	3	2	1	0

Si vous n'avez pas été pleinement satisfait, pourriez-vous indiquer ce qui manque ou ce que nous pourrions mieux faire la prochaine fois?

**NOTATION: 5 indique le plus haut niveau de satisfaction
et 0 une insatisfaction totale**

Dans quelle mesure le rapport répond-il à vos attentes en ce qui concerne l'analyse fournie, y compris l'identification des difficultés et insuffisances ainsi que les solutions?

5	4	3	2	1	0

Si vous n'avez pas été pleinement satisfait, pourriez-vous indiquer ce que nous pourrions mieux faire la prochaine fois?

3. Dans quelle mesure le rapport répond-il à vos attentes en ce qui concerne les résultats?

5	4	3	2	1	0

Si vous n'avez pas été pleinement satisfait, pourriez-vous indiquer ce qui manque ou ce que nous pourrions mieux faire la prochaine fois?

4. Merci de nous communiquer vos suggestions sur la manière dont ce rapport pourrait être amélioré pour répondre à vos attentes.

5. Avez-vous d'autres commentaires que vous aimeriez partager avec nous?

Merci d'avoir pris le temps de remplir ce formula