

CHC Site Recommendations & Rationale

Ward 2:

Community: Edgerton 20, combined with Lucingwini

Rationale: Poor water quality; presence of communal agriculture and rain water harvesting projects and limited access to a clinic.

Notes: the size of Corinth, quality of water and latrines, and overall development/organization make this a less than ideal site to pilot CHCs. The size of Edgerton 20 is also not ideal (typical size of CHCs are 50-150), but when combined with Lucingwini, we feel this would be appropriate for 1 CHC.

Ward 4:

Community: Nongingqa, possibly combined with Magqagqeni

Rationale: Only community nominated by councilor; poor water quality; majority of households with homemade pit latrines; lack of household gardens; limited access to a clinic and engagement of Facilitator in communal activities.

Ward 5:

Community: Sidadeni

Rationale: Poor water quality; majority of households with no latrine (use bush) or homemade pit latrines and highly qualified/capable Facilitator.

Notes: both Thonjeni and Gwinjindlini are appropriate sites in regards to standard of living and water and sanitation facilities, but the nominated facilitators were not up to the standard required.

Ward 6:

Community: Diphini

Rationale: Poor overall water quality and/or management of safe water sources; majority of households have homemade pit latrines; centralized location and highly qualified/capable Facilitator(s).

Notes: Both Magcakini and Mafabela were appropriate sites for CHCs and this was the most difficult decision of the entire group as all Facilitators nominated by the Councilor are capable and would make outstanding CHC Facilitators. The decision was made to choose Diphini based upon its centralized location within the Ward, allowing more communities to learn from their participation and eventually join the project.

Ward 7:

Community: Mvumeni

Rationale: Poor overall water quality and/or management of safe water sources; majority of households have homemade pit latrines; location near a clinic; centralized location within the Ward and the quality/capabilities of nominated Facilitators.

Notes: Scelweni would also be appropriate, but according to Municipal officials, the water problem (unused communal standpipes) facing this community is set to be resolved and the nominated Facilitators were not up to the standard required. Ngqokozweni has an advantage over both communities with access to safe water and clean/safe toilets and a very active community overall, which is the reason this site was not selected.

Ward 8:

Community: Engunjini

Rationale: Poor overall water quality and/or management of safe water sources; majority of households have homemade pit latrines or no latrine and presence of Home Based Caregivers.

Notes: Kwa Senti was originally chosen by those conducting site visits due to the overall water quality, availability of quality/safe latrines and due to the abilities of the nominated facilitators from Engunjini, who were not up to the standard required. However, after the Councilor submitted two additional potential Facilitators from Engunjini, who were interviewed on Wed November 26th, it was decided to pilot CHCs in Engunjini as there is more room for growth and support from the Councilor. The same applies to Driefontein, although Driefontein has access to more communal projects than either Engunjini or Kwa Senti.

Ward 13:

Community: Blema

Rationale: Poor overall water quality; majority of households have homemade pit latrines; limited access to clinic and strong communal engagement in farming/gardening.

Notes: Both Teekloof and Mahobe were identified as being too small and dispersed for CHCs to be effectively implemented for this pilot project, although the standard of living is similar to those of Blema.

Ward 15:

Community: Longkloof

Rationale: Poor water quality; majority of households have homemade pit latrines; limited access to a clinic; active presence of agricultural NGO (Lima) and prioritized community of the Ward Councilor due to overall lack of development activities.

Notes: Ironlatch is similar in status to Longkloof and the nominated Facilitator is capable, but the councilor indicated his preference as Longkloof. Rondedraai is a small, isolated community where exposure to CHC activities might be limited.

Ward 17:

Community: Kwa Gijima

Rationale: Poor water quality; majority of households have homemade pit latrines; limited access to a clinic; additional social problem of land use and management and generally underdeveloped community.

Notes: Both New Clydsdale and Hopewell would work well as CHC sites and should be considered for future CHCs, but it was determined that the overall developmental advantages offered to these communities were greater than that of Kwa Gijima.

Ward 18:

Community: Skhulu

Rationale: Only community nominated by Councilor; poor water quality; majority of households have homemade pit latrines and limited access to a clinic.