

Implementation Conference: Stakeholder Action For Our Common Future

COLLABORATIVE STAKEHOLDER ACTION PLAN (DRAFT)

Title: Diarrhoeal disease eradication in the Limpopo Basin through catchment management implementation

1. Background	
Relevant sustainable development agreement(s)	Dublin Principles – Catchment Management Principles Millennium 2000 Plan – Health targets ASDC Shared Water Course Protocol
Relevant components of the (draft) Johannesburg agreements	Bali document – Water and Sanitation targets
2. Content	
Goal(s)	Long term goal: reduce the level of incidence of diarrhoeal disease to developed country levels within 15 years (by 2015)
Outputs	<p>Phase I: (1-3 yrs)</p> <p>a) Set up participatory fora</p> <p>To be operational on primary (entire basin, 9 mio inhabitants), secondary, tertiary and quaternary (about 50.000 inhabitants) catchment scales. Using the opportunity that catchment management offers to harness a solution to the disease, working with communities and particularly women within communities</p> <p>Initial actions at the primary level</p> <p>Involvement of stakeholders at each level</p> <p>b) Set up Task Teams</p> <p>action orientated group, size defined by willingness to participate, and their possible contribution toward hygiene promotion and eradication of diarrhoeal diseases</p> <p>Case study at the quaternary level (50,000 people, location to be confirmed)</p> <p>Use an integrated approach: Participatory Health And Sanitation Training (PHAST):</p> <ol style="list-style-type: none"> 1) Hygiene education 2) Water Supply 3) Sanitation infrastructure 4) Provision control <p>Involving NGOs where possible, e.g. Mvula Trust in SA.</p> <p>Need to create demand through: community radio involvement in local language; through a running road</p>

	<p>show: media NGOs using videos on hygiene promotion; develop a play, translated and filmed on sanitation, water supply and hygiene;</p> <p>specific engagements with mothers of young children.</p>
Social, economic, environmental impact	<p>Social impact: Diarrhoeal diseases affect 20,000 people p.a.</p> <p>Affect morbidity rates, loss of work, training etc.</p> <p>Economic impact: Direct health cost SA Rand 2bn/ yr saving Indirect health cost: SA Rand 20bn/yr (over 15 years)</p> <p>Significant opportunity to develop human potential</p> <p>Environmental impact: Clean up faecal pollution of water systems (viruses and bacteria), and clean up associated organic pollution</p>
Contribution to: poverty eradication social inclusion and empowerment good governance gender equity	<p>Poverty Eradication: Increase human lives; Increase education levels and work opportunities</p> <p>Social inclusion: Augment community participation and gender empowerment project (DfID funded). Tackling diarrhoeal disease as a pilot issue although as a stand-alone project.</p> <p>Good Governance: Catchment management participation principle is based on good governance principles. Institutional arrangements, or catchment management institutions set up at a secondary level, they are promulgated but not operational.</p> <p>At the primary level: the Limpopo Basin Permanent Technical Committee set up to deal with issues common to all countries. SADC water sector is the coordinating unit</p> <p>Gender Equity: DfiD's project is focused on gender empowerment/ gender mainstreaming issues; focus on mothers of pre-school children.</p>
Work programme: steps Including timetable	<p>Now – IC: Invite all stakeholders</p> <p>Focus on the implementation of the Limpopo study (starting Nov)</p> <p>Funding: contact European Union (unit on Water & Sanitation). Need a concept document and to contact water rep in Pretoria.</p> <p>Workshop with GEM and key stakeholders: situational analysis at basin level; SWOT analysis with participatory approach (DATE?)</p> <p>Next step: transboundary level</p>
Beneficiaries (including location / scope)	Over 15 years: about 9 million people. Phase 1 would be the quaternary catchment
3. Organisational	
Who	20 NGOs at primary level (5 in each country). Lead

