SECTION FOUR:
PROGRAMMING FOR BETTER IMPLEMENTATION

This section focuses on the challenges of working with communities and households, hygiene promotion and selection and marketing of sanitation technologies. The practical implications of adopting a new approach which focuses on household behaviour change and investment, are significant and will be briefly reviewed here. It is not the intention of this section to provide detailed guidance on project level implementation but rather to highlight where the realities of working at the local level with households and communities, can impact on programmatic decisions. By reviewing what is now known about working effectively at this level the recommendations of Section Three can be seen in their right context.

Chapter 8 discusses the implications of the new approach in terms of how front-line units need to interact with both households and communities. The types of tools and resources they need to do this effectively are briefly discussed. **Chapter 9** briefly introduces some approaches to Hygiene Promotion – what is currently known about how to make it effective and how to organize it so that it achieves the maximum possible impact are also covered. **Chapter 10** talks about how to select and market technologies. For detailed implementation guidance the reader is directed to other sources; the information presented here is intended as an introduction for those professionals who do not have experience or knowledge about what has been learned about effecting sanitation and hygiene promotion and also to stimulate sector professionals to think about the wider programming implications of what is known in the field.

Chapter 8 Working with Communities and Households

8.1 The different roles for communities and households

The shift away from public construction of latrines to a more complete approach to sanitation and hygiene promotion places the household at the centre of decision making. But it also implies a strong role for the community in planning and management of interventions. While many of the needed changes will happen at the household level, in some contexts some decisions and actions may need to be taken collectively by the community. Such shared action may relate to:

- local decision making about the most appropriate range of sanitation solutions (communities may need to decide whether they are willing and able to manage shared facilities or whether they can all afford to invest in private household facilities);
- local management and oversight of the household actions as they relate to the communal environment (preventing discharge of household excreta in public places for example);
- management of solid wastes, sullage and storm water drainage;
- management and financing for operation and maintenance of facilities which impact on the shared environment (this may include operation of shared facilities such as drains, but might also include a shared commitment to support maintenance and operation

of household facilities such as latrines); and
- organisation of joint action to lobby service providers to perform at the margins of the community (for example, creating pressure for a utility service provider to operate and manage trunk sewers in an urban context, or lobbying for public support to regional operation and maintenance service providers).

There are a range of approaches to management of shared or community facilities including:

- direct community management through elected or appointed committees or other groups;
- delegated management to a trained member or members of the community;
- delegated management to a professional voluntary, private or public service provider.

Depending on the context (including whether the community exists in a rural or urban environment, and the type of technologies which are feasible) each community needs to work out the best way to approach issues of shared responsibility.

8.2 Building capacity at the community level

While there are often clear advantages to collective community action in sanitation and hygiene promotion, it is often challenging to provide the right sort of support to enable communities to reach their full potential in these new roles. As well as the need to build up specific skills (such as planning or book-keeping), communities may need support to overcome entrenched biases and internal conflicts, or they may need support as they begin to engage with other local institutions (such as local government bodies, field units of technical agencies, bankers, shop keepers, private suppliers of goods and services etc). Capacity building needs at this level will vary enormously, but will need to be addressed (planned for, financed, staffed and implemented), if collective action is to be successful.

8.3 Communicating Effectively

To achieve the vision of placing communities and households at the centre of behavour change, service providers and other support agencies have primarily to become expert at communication. Programmers may consider that the objective of working with the community is to:

- promote changes in hygiene behaviours;
- market and deliver sanitation technologies; and
- build systems of community management.

However, communities and households may have difference perspectives, and see a sanitation and hygiene promotion programme as an opportunity to engage with a wider social development process. It may often be preferable to organize work in the community in this way, so that a range of social objectives can be achieved by the community, with the proper priority placed on each.

Communication also has to be two-way because each of the areas of intervention above involve decisions to change how things are done within the house and within the community. Facilitators of hygiene improvement will not be able influence these decisions without a thorough understanding of the environment and contexts within which they will be taken. Households and communities have much to offer programmers in terms of providing the keys which enable changes to take place through joint effort.

8.4 Selecting Community Level Tools

The type of community level interventions required will be determined by a range of factors. These include:

- **the types of behaviour that are to be changed:** for example where unhygienic practices are deeply entrenched in cultural norms a more intensive hygiene promotion programme would be needed as compared to a situation where personal hygiene is good but sanitary facilities are lacking – in this case more emphasis might be placed on marketing sanitation goods;

- **the magnitude of the problem and levels of awareness:** for example where the situation is very poor and people are already aware of its impact on health, there will be more focus on facilitating changed behaviours, whereas where awareness is low, the focus will be much more on promoting awareness of previously unknown risks;

- **the nature of the communities (rural/ urban) and technologies likely to be used:** for example in scattered rural communities where on-site technologies have been identified as appropriate, there may be less need for up front mobilization of community "organisation" for their installation than in dense urban communities electing to use communal latrines or condominial sewers. Conversely, in the first case, more work may be needed to help the community establish a viable long-term system for pit emptying and management of wastes, than would be needed in an urban community using condominial sewers emptying into a working main sewer line;

- **the institutional environment:** for example where the small scale private sector is likely to be a key provider of services, marketing and local support skills may derive from them, and additional community level interventions may not be required. Importantly, where hygiene promotion is emphasized there may need to be stronger involvement of health staff and a shift in roles for staff from technical water supply and sanitation agencies;

- **the skills available amongst field-workers locally:** what skills do field-workers (who may be located in government departments, NGOs or local organisations) already possess, and what skills do they have the potential to learn;

- **the nature of existing local organisations:** village development committees, savings groups, water user and tapstand committees, handpump/waterpoint caretakers and mechanics, agricultural and forestry groups, population and health committees already abound, and sometimes their number and demands tax a community's time and resources. Some of these groups could usefully place a priority on hygiene and sanitation. Linking into existing credit groups may prove a valuable means to channel credit and subsidies for sanitation—and ensure equity as well as accountability—without creating a separate effort; and

- **the availability of funds to support community level interventions:** resources will ultimately determine what interventions can be used at what intensity for how long. In general local participatory approaches will have higher costs than remote, mass media type approaches but are likely to be an essential element in achieving real change at the household level.

8.5 The Tools

Having identified the available resources and agreed on the objectives of community level interventions, generic tools and approaches can be selected and modified for use in the specific context under consideration. The tools commonly used in the water supply and sanitation sector include a full range from participatory planning and monitoring through to advertising and the use of mass media (**see Reference Box 13**).

Participatory Techniques[i]

A range of participatory tools/techniques can be used in hygiene improvement programmes. Commonly used tools include focus group discussions, neighbourhood social mapping; transect walks; and household/school hygiene self surveys.

Participatory Rural Appraisal (PRA), is a generalized description for a wide range of techniques especially aimed at involving community members in decision-making and self-assessment and in the development of stakeholder partnerships. PRA evolved through a simplification of conventional techniques for data collection and analysis. Community action planning, which requires active roles by community members, is well served by PRA techniques such as mapping of local problems and resources, wealth ranking, and similar tools. The "PRA" philosophy informs much of the thinking about participatory techniques in the sector and has been translated into a wide variety of contexts including urban slums.
Many of the elements described above have been refined for the use of the water supply and sanitation sector and the three the most commonly used combined approaches are:

- **PHAST** (Participatory Hygiene and Sanitation Transformation) which was developed in Eastern and Southern Africa in the mid-late 1990s. PHAST toolkits can be used at the local level to bring about behavioural changes in hygiene and sanitation.

- **SARAR** (Self-esteem, Associative strength, Responsibility, Action planning, and Resourcefulness) stimulates involvement in community-based activities of all kinds, not only by the more prestigious and articulate participants (such as community leaders or serious staff), but also by the less powerful, including the non-literate community members. SARAR is widely used in participatory water, hygiene, and sanitation programmes;

- **Methodology for Participatory Appraisal (MPA)** a selection of participatory techniques which have been refined and assembled for the participatory appraisal of projects and programmes.

Schools and Education systems
Use of schools, parent-teacher associations and children themselves, are increasingly recognised as powerful tools in promoting changed behaviours and greater awareness of hygiene issues. These channels, and specialized tools to utilize them, can be a key component in a communication programme.

Mass Media and Advertising
The use of mass media, and straight forward advertising can also play a role in hygiene improvement. These didactic interventions emphasize transmittal of messages to promote awareness, market products and transfer knowledge. When used well these approaches can play an important role in overall behaviour change but should usually be used in tandem with more intensive local marketing techniques.

Marketing
Marketing in the water supply and sanitation sectors has long revolved around "social marketing" – where a range of tools are used in combination to target specific behaviours such as hygienic practices or the use of a particular technology. Once it is recognized that the most effective interventions in sanitation may be achieved through development of a viable sanitation business, marketing may become a major element of a hygiene improvement programme. New approaches which link commercial marketing of goods and services at the local level, with national awareness campaigns and hygiene promotion programmes, may be effective in stimulating the demand-side of the market. The challenge will of course be to match this demand-side support with suitable approaches to build up the supply-side business to ensure a ready supply of effective and appropriate goods and services.

8.6 Scaling Up

Scaling up successful experiences of working with communities is notoriously difficult. By its very nature this type of work is resource intensive – it requires a range of specialist skills, time and energy to build up real management capacity within most communities in a new and challenging field such as the management of sanitation. Most practitioners emphasise the need for a slow and steady approach. This seems to contradict the urgent need to scale up this type of work and roll it out to an increasing number of communities. Furthermore, the task may become progressively harder as the most challenging (remote, poor, socially divided or technologically challenging) communities are likely to be left to the last. Programmers can be proactive in ensuring that suc-

cessful pilot experiences are not translated into ineffective "generic" packages for scaling up by:

- emphasizing and planning for the fact that working at the community level always requires time;
- ensuring that capacity building of potential front-line units and partners is built in to every positive experience so that the number of skilled workers increases exponentially as time passes;
- working to ensure coherence between efforts in a range of social sectors so that front line units building capacity to organize education for example, can also contribute and reinforce community needs in sanitation management and vice versa; and
- allocating sufficient funds to this important aspect of sanitation and hygiene promotion.

Reference Box 13: Communications approaches

For: participatory tools and approaches

See: IRC. (1996). *The community-managed sanitation programme in Kerala: Learning from experience.* IRC, Danida, SEU Foundation, Kerala.

NGO Forum for Drinking Water and Sanitation. (1996) *Social mobilisation for sanitation projects. (Annual Report, 1995-1996.)*, Dhaka, Bangladesh.

Simpson-Hebert, M., R. Sawyer, and L. Clarke. (1996). *The PHAST Initiative. Participatory hygiene and sanitation transformation: A new approach to working with communities.* WHO, Geneva, Switzerland.

Sawyer, R., M. Simpson-Herbert, S. Wood (1998). PHAST *Step-by-Step Guide: a participatory approach for the control of diarrhoeal disease.* WHO, Geneva, Switzerland.

Srinivasan, L. (1992). *Tools for community participation.* UNDP/PROWWESS.

Ferron, S., J. Morgan and M. O'Reilly (2000) *Hygiene Promotion: A practical Manual for Relief and Development* Intermediate Technology Publications on behalf of CARE International

8.7 Programming Instruments

Selection of communications approaches to community and household interventions are best made at the local level in the context of projects and local investments. However where the skills and knowledge of those organisations and individuals charged with this interaction are weak, programmers may be able to influence the situation through a number of simple programmatic interventions including:

- Supporting institutional analysis at local level which enables realistic strategies for community intervention to be developed;
- Carrying out an overall assessment into the local-level constraints and barriers to hygiene improvement so that locally-tailored interventions can be designed appropriately based on a solid understanding of the demand side of the "market";
- Supporting participatory research into the most appropriate field-based tools and approaches;
- Directing funds to training/ research bodies to develop and disseminate locally-specific versions of generic tools;
- Providing funds for training of field-level generalists in the specifics of the hygiene improvement programme approach so that they can use their skills effectively; and
- Earmarking funds for national/ programmatic level elements of the communications strategy (such as mass media campaigns etc:
- Developing and disseminating manuals and guidelines for the development of local strategies;
- Providing adequate public funds at local level to support participatory planning, local capacity building and ongoing support to communities;
- Providing frameworks to support community operation and maintenance and the development of confederations of communities who wish to access support services for sanitation; and
- Funding training and capacity building for (a) community development organisations in aspects of hygiene improvement; and (b) technical service agencies in community development approaches.

8.8 Practical Examples from the Field: What will the community do?

A key challenge for sanitation and hygiene promotion professionals is to see how activities and community management organised around hygiene behaviours and sanitation hardware can and should be linked to existing community and government structures. In Kerala, a Dutch-government-supported sanitation programme, resulted in significant improvements in hygiene conditions in a number of villages. Subsequently the approach was adopted across the state, through pressure exerted by village panchayats (local government organisation) on the state government. The strength of the initial project had arisen in part because it took explicit notice of existing structures and provided a clear role for the panchayat while also taking explicit action to support target groups in the community, including women who wished to become masons and technicians.

In another Indian project; the Uttar Pradesh Rural Water and Environmental Sanitation Project (SWAJAL), communities in the mountainous parts of Uttar Pradesh, were empowered to plan and construct their own water supply and sanitation systems. Groups from some villages traveled to the plains to purchase pipes and other materials, in some cases these journeys were undertaken by women-members of the Village Water and Sanitation Committees (VWSC) who had previously never left their villages. Swajal also published a quarterly magazine for participating villages which served as a news and communication tool in a dispersed rural area. While the specific community-empowerment support-mechanisms set up in Swajal were clearly effective, there were some problems because the institutional link to local government was not clarified. The government of India subsequently took a much clearer line while rolling out some of the lessons from Swajal, in specifying the connection between VWSCs and Panchayats.

In situations where water supply and sanitation institutions are stronger, it may be more challenging to develop local community-level capacity, unless the capacity of the utility itself is strengthened in this regard. In El Alto, Bolivia, a major investment of time and resources went into supporting the private water company as it developed the condominial model for sanitation in the city. Input from a specialized support organisation, the Water and Sanitation Program, was needed to build capacity for social mobilization, community contracting, participatory planning and monitoring, and in general to enable staff to work more effectively with communities.

In Burkina Faso, the Programme Saniya, used a combination of local radio and face-to-face domestic visits, coupled with the transmission of messages in a traditional social event called a djandjoba, to communicate well-crafted hygiene messages to carefully identified target audiences. In Zimbabwe, ZimAHEAD make use of the existing structure of Environmental Health Technicians of the Ministry of Health who establish Community Health Clubs which become the focus for communication and capacity building. In Mozambique the National Sanitation Programme took a low key approach to sanitation marketing, relying on word-of-mouth and the impact of fabrication centres located in peri-urban localities to generate demand. In central America a partnership with private soap manufacturers gave governments access to commercial marketing skills for public health messages.

Key to any successful communication is clearly understanding of what is to be communicated (what key practices shall we try to change?); who is the target audience; and what are their existing communication habits and practices. From this type of formative research tailored communication strategies can grow.

Case Study Box 6: How shall we work with communities and households?

The description of the origins of the Clean Kerala Campaign is inVan Wijk-Sijbesma, C. (2003) *Scaling Up Community-managed water supply and sanitation projects in India* presentation to the IDPAD Water Seminar, IHE, Delft, The Netherlands, May 12-13, 2003

The Swajal Pilot Project is described in various publications. A useful starting point is WSP-SA (2001) *Community Contracting in Rural Water Supply and Sanitation: The Swajal Project,* India Water and Sanitation Program

The El Alto experience is well documented on a dedicated website at **www.wsp.org**

For an introduction to the programme, and information on the costs and benefits of the approach see Foster, V. (n.d.) *Condominial Water and Sewerage Systems – Costs of Implementation of the Model Water and Santitation Progam,* Vice Ministry of Basic Services (Government of Bolivia), Swedish International Development Cooperation Agency.

Programme Saniya and ZimAHEAD are described in Sidibe, M. and V. Curtis (2002) *Hygiene Promotion in Burkina Faso and Zimbabwe: New Approaches to Behaviour Change* Field Note No. 7 in the Blue Gold Series, Water and Sanitation Program – Africa Region, Nairobi

The handwashing partnership in Central America is described in detail in Saadé, C., Massee Bateman, Diane B. Bendahmane (2001) *The Story of a Successful Public-Private Partnership in Central America: Handwashing for Diarrheal Disease Prevention* USAID, BASICS II, EHP, UNICEF, The World Bank Group

Notes for Chapter 8

i Much of this section draws on Brian Appleton and van Wijk, Christine (2003) Hygiene Promotion – Thematic Overview Paper IRC International Water and Sanitation Centre