



# Civil Society WASH Learning Fund

Focus On Sanitation And Hygiene



Australian Government  
AusAID

These documents were compiled by Naomi Carrard of the Institute for Sustainable Futures, UTS with the assistance of Kajute O’Riordan from WaterAid in Australia. The three learning workshops were an Australian Government AusAID initiative, managed by WaterAid in Australia.



WaterAid/ Jon Spaul

## Focus On Sanitation And Hygiene

A high proportion of the AusAID Civil Society WASH Fund is allocated to sanitation (38%) and to hygiene promotion activities (20%), with 560,000 people expected to gain access to basic sanitation facilities. As part of this, organisations are focusing on building demand for sanitation and hygiene, adopting and adapting a variety of proven approaches to suit different contexts and respond to different community motivations.

### Highlights

Tools including Community Led Total Sanitation (CLTS), Participatory Hygiene

and Sanitation Transformations (PHAST) and sanitation marketing all feature in Civil Society WASH Fund activities, along with approaches that offer financial and other incentives for investment in sanitation. At the learning events, participants shared their experiences implementing various approaches, highlighting achievements, challenges and lessons learned.

Communities respond to different sanitation and hygiene triggers depending on cultural and environmental factors. Some learning event participants were focusing strongly on health messages to motivate behaviour change and investment in sanitation, while others found privacy and status to be more effective. Most learning event participants are aiming to

promote access to WASH services for the poorest households and communities. To do this participants discussed how best to ensure that sanitation facilities were both affordable and adequate, particularly in sensitive or challenging environments such as urban settlements, coastal regions or flood prone areas. Participants discussed whether the most basic toilets were able to achieve health outcomes, compared techniques for motivating households to upgrade facilities, and shared perspectives about subsidy and non-subsidy approaches to promoting sanitation.



## Participant Stories

### From School to Community Hand Washing: Plan International in Uganda

Plan Project Coordinator Jane Nyaketcho attended the Maputo learning event with John Nelson Opio, Assistant District Health Officer Environmental Health from Lira District Local government. John spoke about their efforts to promote hand washing in schools, and the importance of selecting a technology that could be replicated at home. He also shared his experience raising demand for sanitation, focusing on the links between sanitation, socio-economic development, education and health, having identified health as the message that resonates most with communities in his district.



**John Nelson Opio**

Assistant District Health Officer – Environmental Health from Lira District Local Government, working in partnership with Plan Uganda

“I work as an Assistant District Health Officer-Environmental Health with Lira District local government. We work in partnership with Plan Uganda. My core responsibility is coordination of all environmental health activities in the district. I also participate directly in WASH implementation sometimes and supervise Health Inspectors and Health Assistants implementing WASH activities on the ground.

One of the things that I’m proud of is the transformation that I’m starting to see in the field of environmental health. I have been working for many years, but there has been slow change from the traditional way of thinking. We would say ‘let’s provide a school with hand washing facilities – a big tank, maybe constructed of bricks or ferro-cement or plastic tanks or metallic tanks, about 100 litres, 200 litres, that is the target’. But usually what happens is that these tanks may not stand for a year, or even a month. The tap gets broken because the children like playing with the taps or the water, and once the tap is broken or damaged the school cannot afford to replace it. Even when they replace it, they will be afraid that it will eventually break down.

So now we are promoting the tippy tap made out of jerry cans, which were first used for collection of water or maybe cooking oil. These ‘waste’ items are now being transformed into a resource that people can re-use.

The tippy tap is easy to make and much cheaper to get, and because of this they are being made by children and used at schools, and now also in homes. Previously with different tanks and taps, even when the behaviour was learnt at school it was very difficult for hand washing behaviour to be supported at home or reinforced, simply because the parents couldn’t afford the kind of hand washing facilities with a tap used at schools. One of the challenges we saw in the community, was that affordability is a barrier to reinforcing behaviour change. Because if you want to change, but your behaviour cannot be reinforced, then it’s useless to adopt a new behaviour. Now with tippy taps children are able to practice hand washing at home too.

To raise demand for latrines, we’re focusing on the links between sanitation and health. The challenge for us has been raising demand for sanitation in rural areas where people are scattered. There is plenty of land around where people can defecate in private, so for these communities we reduce the message around privacy and instead focus on health, because for them

it’s not about privacy. You can defecate without anybody seeing you, but at the end of it all your faeces will see you, either through water, flies or hands. So rather than focusing on privacy we are talking about putting excreta in a safe place, isolated from people and water sources.

So Plan has embarked on promotion of the Community Led Total Sanitation approach in Uganda. They have trained our staff.

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This is one of the areas I am proud of because they have built the capacity of our staff, which means our staff should be able to continue this work after Plan’s program ends. We have Village Health Teams (VHT), which are the community level structure of the Ugandan national health system. Plan Uganda is engaging these groups in hygiene and sanitation promotion and a few of these VHT’s have been trained to promote safer defecation that isolates faeces from the community and environment. So far this is what we are doing with CLTS, the change is slow but we are beginning to see it happen.

One of the things I think is critical for sustainability is understanding people’s way of thinking. Do people think that having a latrine is a necessity other than somebody demanding them to have it? If they begin to think that it is a necessity for themselves, no longer for the outsider like government officials or NGOs. This reduces demands for subsidy and an increase in self-reliance; then success is much more likely to be sustained. Our role should therefore be to empower, network and mobilise. People have the power to transform their community.”



## Adapting CLTS To Local Institutions And Culture: Ministry Of Health Public Health Engineering Division And SNV In Bhutan

SNV WASH programs in Asia focus on creating demand for sanitation and hygiene, strengthening the sanitation supply chain, improving WASH governance and creating local capacities for long term hygiene behaviour change communication. In each of the five countries where SNV is implementing Civil Society WASH Fund activities, they have adapted their approach to creating demand for sanitation and hygiene behaviour change to suit the local context and culture. In Bhutan, CLTS techniques are being incorporated into the existing Ministry of Health Public Health Engineering Division (PHED) program and adapted to suit local dynamics. Common CLTS approaches to motivate and sustain behaviour change such as shaming have been revised to emphasise positive reinforcement. Raj Kumar, WASH Advisor with PHED-SNV in Bhutan, spoke about the PHED-SNV approach.



**Raj Kumar**  
WASH Advisor, SNV Bhutan

“Having learnt lessons from the past of what didn't really work and also having had the chance to look around in other countries and see what is working well, we started looking at how to adapt the Community

Led Total Sanitation (CLTS) approach to the different household and village settings in Bhutan. We have extracted some components of CLTS and integrated them into PHED's existing approach called the Community Development for Health (CDH). The CDH approach is institutionalised through the curriculum of the Royal Institute of Health Sciences (RIHS), the only Institute in the country where the health workers are trained and would have gained health skills and knowledge in both curative and participatory preventative health care approaches. And now we are also trying to integrate demand creation approaches with greater involvement of communities and local organisations.

We are moving forward with zero subsidy approach. We don't provide any material subsidy and our main focus is on sanitation and hygiene behaviour change. We strongly believe that if people are convinced that investing in sanitation and hygiene is going to be beneficial for them (in other words, worth the investment), they will start mobilising themselves in terms of financial resources, in terms of labour resources and whatever it takes to improve their health, happiness and wellbeing. We do work on strengthening the sanitation supply chains, creating market linkages, broadening technology options and so on, so that when households decide to invest in sanitation they have access to information, services and hardware.

In the CLTS approach that was used in some countries, I think shaming was a big success. Whereas in Bhutan, looking at our local people, the context and the culture, people do not really respond positively to shame and we felt it could be a hindrance instead of a help. Communities have already contributed a lot in terms of developmental activities and they have really progressed. So we didn't want to make them feel ashamed and un-appreciated. What we do is, instead of shaming them, we are building upon what they have already achieved by themselves. We talk about the successes so far. We facilitate and help communities to realise

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For instance, in the CDH workshops we (together with the communities) look at how communities participate in the developmental activities and who were the contributing partners in creating success, and it is usually the communities themselves with the government. We reinforce and encourage this collaboration – it's a joint responsibility of the government, the local organisations and the communities. We also talk about how we can keep ourselves healthier and help the households visualise that when we are healthy we can work more efficiently and be more productive, our children can complete their schooling successfully. We try to relate our messages to everyday life and welfare. And our program helps the communities to visualise and realise the possibilities of improving everyday living, wellbeing and happiness.”



## Starting With Sanitation Rather Than Water Supply: World Vision In PNG And Solomon Islands

World Vision is implementing programs supported by the AusAID Civil Society WASH Fund in Mozambique, Zimbabwe, PNG and the Solomon Islands. In the Pacific, they are trialling an approach to build demand for sanitation, using CLTS and PHAST as hygiene promotion tools and asking that communities invest in sanitation facilities before World Vision moves forward to provide a water supply system. In this program, the water supply system serves as an incentive for communities to take action on sanitation, and the behaviour change tools ensure community members know why sanitation is important.



Napoleon Phiri  
Regional WASH Technical Manager, World Vision PNG



Phillip Kupo  
Program Manager, World Vision PNG

“In Madang Province PNG we are currently working in three communities to improve sanitation and provide water. We have

already completed training on hygiene using the PHAST methodology and most communities are now working on constructing toilets. We have set a target that 80% of households have toilets before we begin work on a community water supply. Our field officers are monitoring progress on toilet construction and currently we're at about 60%.

More generally across the Pacific programs, the reason we have this 80% latrine construction target before we proceed with water supply is learning from experience. From past projects we found that whether in the Solomon Islands, Vanuatu or PNG, people were only interested in water supply systems, they were never interested in hygiene and sanitation. So we said okay, what do we do? When we give them the water supply system, they tend to run away from us, we don't get any of their attention. So we decided to increase the attention of people on hygiene and toilets, we changed our whole approach to WASH. Now we see water as more complementary to other WASH activities, so water becomes the last thing in the program. We work with a number of communities and those that achieve 80% toilet construction are first to receive water supply.

We're using both CLTS and PHAST as tools to stimulate demand, and adapting them to suit the communities where we work. So with PHAST, we select particular activities rather than going through the whole process. This is good for our staff too, they've gained more community engagement skills.

Another thing we're focusing on in PNG is engaging with the district government and supporting the formation of a district monitoring committee in our project site. It is made up of the district staff, local government and also community representatives. This group monitors and coordinates all of our activities within the project sites. This is important so that once the project is finished the district is able to provide ongoing support to the community, rather than the community relying on World Vision.

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There has been another benefit to this, in that the district monitoring committee has brought together all the communities that were involved in the WASH project. So sometimes one community might be experiencing a particular problem and another can provide advice based on their experience. There's sharing information amongst the communities themselves and they're able to support each other. That's one of the really good stories out of that process.”



WaterAid/ Jon Spaul



## An Incentives Approach: East Meets West Piloting Output Based Aid For Sanitation In Vietnam

East Meets West Foundation is piloting an Output-Based Aid (OBA) approach in Vietnam. The OBA approach has been promoted by the World Bank-administered Global Partnership for Output-Based Aid. Building on successful trials using OBA to promote water supply, East Meets West is now piloting an output-based approach for rural sanitation. They are working in three provinces in the Mekong Delta region of Vietnam in partnership with the Vietnam Women's Union. East Meets West Program Manager Minh Chau Nguyen and Ms Nhung from the Vietnam Women's Union attended the Dhaka learning event. Minh Chau spoke about their experience implementing the OBA approach.



Minh Chau Nguyen  
East Meets West Vietnam

"The Output-Based Aid approach is about trying to make aid more effective and more cost effective. We're aiming to improve basic services for the poor and make service providers more accountable. They have to make an investment first, taking the financial risk, and this provides a strong incentive for them to perform.

So the concept is you first make an agreement with the funder about the output you're seeking – in this case it's the Global Partnership for Output-Based Aid (GPOBA). Then you agree on a subsidy amount for that particular output. You have to pre-finance the activities in order to get that output. Once work is complete and GPOBA undertakes independent verification of quality, the service provider will get a reimbursement based on the amount of subsidy initially agreed.

For water supply in Vietnam we have two models. In the first model we are the service providers. We build the system then hand it over to the community. We take all of the financial risk to pre-finance it. After that we get USD 140 per household connected from the World Bank being disbursed to us in two tranches. The first tranche is upon the completion when we get 80%. We get the remaining 20% after six months of satisfactory service to the community and a water quality test.

In the second model we work with the private sector as the service provider, and East Meets West is the independent verification agent. We provide partial finance and partial reimbursement for the costs of the private sector delivering the service, also using the 80% then 20% model. Out of the USD 140 we get from the World Bank, we pass on about 60 per cent of the risk to the private sector. So the private sector has to partially take the risk. It's their money that is on the line and they own the system. They also build the system themselves and then operate it.

The OBA approach is based on household connections. So the operator can make more money if they get more households connected. We see many government built systems where they build the system and then people don't connect. So through this system the private sector will have the incentive to get people connected.

We've found this approach successful with water supply, so are now piloting it to promote sanitation. On sanitation we work with the local government and communes, our approach is very much a hardware approach. We talk to the commune and offer a rebate program of USD 20 per latrine constructed. We work with Vietnam's Women's Union as they're a mass grass roots organisation and are able to focus on other aspects like family welfare and targeting the right beneficiary, which is the women. They also target young children and the teachers.

They support women in finding pre-financing for latrine construction. Necessity creates invention, because they don't want to lose the opportunity for a rebate.

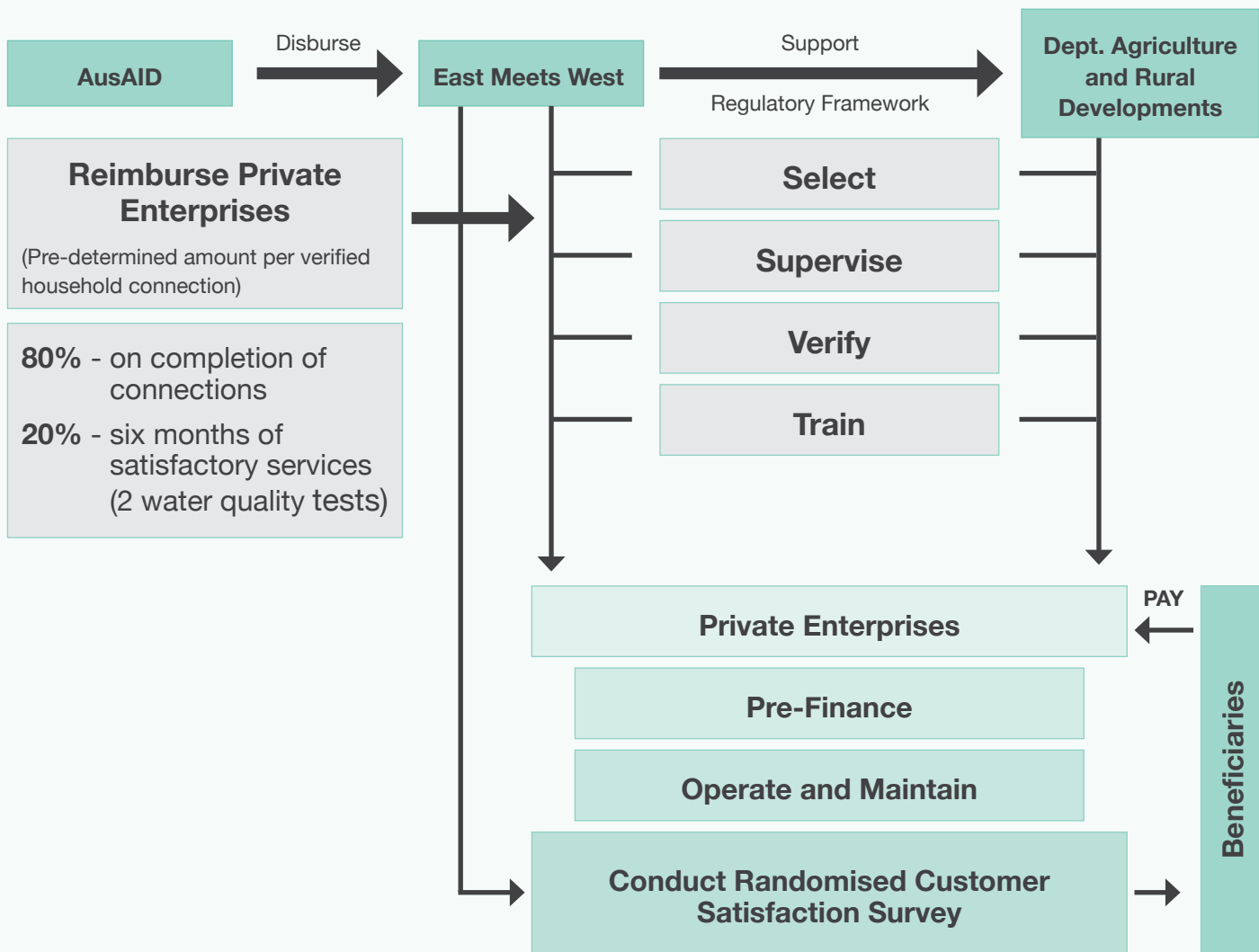
So they come up with all sorts of innovative financing mechanisms. They mobilise savings groups to support female headed poor households to build a latrine. They also have their own micro-credit program linked to the Bank of Social Policy, a government bank that provides loans for small infrastructure and water supply and sanitation connections.

We talk about sustainability and I think there's a lot of research that points to the fact that ownership matters, whether you're talking about private ownership, government ownership or community ownership. In this approach we build private sector ownership to help promote sustainability."

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### Output-Based Aid (OBA)



### Messages For WASH Sustainability

Demand is a prerequisite for sustainable WASH. In the past it was assumed that if there was a toilet people would use it, however this has proved untrue. Working to build demand is fundamental – a perceived need for a toilet is essential for achieving health outcomes and sustainability.

There is no one size fits all for raising demand for sanitation and behaviour change. CSOs need to develop a toolbox of approaches to draw on then adapt them to suit different physical, social, cultural and environmental contexts. Monitoring and evaluation is critical to assess whether an approach is working well or causing problems and this will inform continual learning and adapting.

Every community responds to different motivations, start by understanding what drives people and then design an approach to sanitation and hygiene behaviour change. For raising sanitation demand, a breadth of motivators are possible, including disgust, health, status, privacy, economic savings, monetary or other incentives.

Once demand is raised, people will look for their own creative ways to take action to improve their sanitation and hygiene situation.

Sustainable behaviour change requires a supportive environment. Work to strengthen the enabling environment, building on any existing institutional capacity, skills and means to address hygiene and sanitation, often located within the health sector.

Working with children and school groups is an effective way to engage communities and prompt long term behaviour change. When working with children and in schools, it is important to ensure that behaviour change practices taught in schools can be easily replicated at home.