

COMPARING RURAL SANITATION CAMPAIGNS IN MOZAMBIQUE: LESSONS AND CONSIDERATIONS FOR ACHIEVING SUSTAINABLE RESULTS

Author: Antonio M. Mirasse
Country: Mozambique
Sector: Water, Sanitation and Hygiene

CHALLENGE

Introduction

This paper aims at reflecting on the rationale and success factors of the implementation of different approaches to community participation in water, sanitation and hygiene programs and community mobilisation for best practices in Mozambique.

The paper will serve as a means to document experiences gained during the implementation of the different approaches. That reflection will involve SNV Mozambique's WaSH team, the government's water sector and the implementing agencies of the "One Million Initiative" program (see below). With this reflection, it is expected that those who manage sanitation programs will be able to promote the delivery of effective messages to those who should change hygiene practices in order to improve their living conditions.

The described approaches or some of their combined styles are unique to the campaign held in the Initiative; therefore, the lessons learned will be shared and used as reference with other WASH programs.

Context

The Government of Mozambique launched a national sanitation campaign, starting in March 2008 until 31st of December 2008, aimed on the one hand at boosting the sanitation coverage from 36% towards the Millennium Development Goals target of 80%, and on the other hand at showing its commitment to collaborate with all initiatives to improve hygiene and living conditions in the communities. Under the campaign many activities were undertaken by government institutions and other actors in all provinces, districts and localities. Throughout the year, health authorities of each province and district, led the teams responsible for disseminating the messages within the communities.

In 2007 UNICEF started implementation of a rural water supply, sanitation and hygiene promotion program ("One Million Initiative" ~ OMI) funded by the Government of Mozambique (US\$6 million), UNICEF (US\$7 million) and Government of The Netherlands (US\$28 million) targeting 1.2 million people in the rural areas of 18 Districts in the Central Provinces of Manica, Sofala and Tete. At decentralised level the Water and Sanitation Departments of the Provincial Directorate for Public Works and Housing (DPOPH) and the District's Infrastructural and Planning Services are the implementing agencies are responsible for guaranteeing continued operation of the infrastructures and institutional arrangements beyond the end of the program (sustainability).

SNV decided to join forces with the UNICEF program, as an opportunity for leveraging both SNV's and UNICEF's contributions. In 2007 a Memorandum of Understanding (MOU) was signed between the partners SNV, UNICEF, National Directorate for Water (DNA) and the DPOPHs. Under the MOU, SNV's role is to strengthen capacities of local NGOs as well as to support local government institutions in establishing sustainable monitoring and evaluation tools to better serve the communities during and after the program completion.

CLIENTS

The Dutch Government grants the funding to the Government of Mozambique, in this case represented by DNA, who coordinates the program; UNICEF manages the funds needed to implement the program. The DPOPHs sign contracts with the NGOs, contractors and consultants, make the disbursements and assure sustainability of the infrastructures. The District Government, through its District Services for Planning and Infrastructure, work with the NGOs to organize the communities in a participatory approach to planning, implementation, and hygiene education.

The NGOs are mostly social entities that raise the awareness of communities around water, sanitation and hygiene practices and technologies. The contractors are construction companies responsible for drilling and equipping the water points. Consultants are employed for data collection and analysis in the program. One of those surveys is a baseline study, completed in January 2009, covering the three provinces, which complements and reinforces some of the 2007 population census's figures. Other consultants were deployed to undertake a study on sustainability of the new infrastructures and management systems.

The World Bank's Water and Sanitation Program (WSP) participates in the programme to identify and document the learning features, specifically to evaluate results and lessons learnt of the National Sanitation Campaign, but results are not yet available.

SNV advisors gave support to the NGOs and local government (DPOPHs and District) technicians on planning, report writing, monitoring of performance indicators, operations and maintenance, and organisational analysis.

METHOD / SNV INTERVENTION

In the sanitation and hygiene promotion area, the "One million Initiative" program started in 2007, using the Participatory Hygiene and Sanitation Transformation (PHAST) approach, within the traditional Community Participation and Education (PEC), organised per community instead of per water point, in view to cover general sanitation and hygiene practices. With the launch in 2008 of the National Sanitation campaign the communities in the program area were stimulated to build latrines and improve hygiene practices.

Despite major efforts invested by the program in combination with the national campaign, latrine construction was not reaching the desired levels. For example, in the program area (18 districts) the target was 2,000 latrines per district each year, including school water, sanitation and hygiene. Since the initial phase of the program in 2007, the following results were obtained as per October 2008 in terms of constructed latrines: 19,661 distributed in the following way: Manica 8,208, Sofala 3,881 and Tete 7,572 latrines were built in almost two years. These results, although encouraging the program partners, were far below the targets, if we take into account that they were produced by 6 districts in each province in two years against the planned 2,000 latrines per district per year. It was felt that the chosen approaches were not resulting in massive behavioural change within the communities (as envisaged by the Government in the National Campaign and the Partners in the Programme). The reason could be that there was not enough involvement of the community leaders in mobilisation of their people.

Therefore, in October 2008 UNICEF decided to introduce Community Lead Total Sanitation (CLTS) into the programme. This is an integrated approach aimed at achieving and sustaining open defecation free (ODF) status. CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective action to become ODF, with entire leading role of the local leaders. In this program, formal government appointed leaders took the role, in some or all the cases using their formal power to impose the change. While the CLTS principle does not oblige community leadership to come from local authorities, it can be from activists or **natural leaders**:

Natural Leaders (NLs) are activists and enthusiasts who emerge and take the lead during CLTS processes.

Men, women, youth and children can all be natural leaders. Some natural leaders become community consultants, who trigger and provide encouragement and support to communities other than their own. So the essence of CLTS is about raising awareness and bringing behavioural change into the community.

"The process can precede and lead on to, or occur simultaneously with, improvement of latrine design; the adoption and improvement of hygienic practices; solid waste management; waste water disposal; care; protection and maintenance of drinking water sources; and other environmental measures. In many cases CLTS initiates a series of new collective local development actions by the ODF communities". (Kamal Karr et al, 2008).

"Triggering" is the starting stage, where awareness is brought about amongst the leadership or influential people of the community, called Natural Leaders. These are who will spread the message and show the need to do something.

At the same time that CLTS was launched in the communities, an award system was also introduced. This is a competition by which the communities may be awarded a prize when a latrine is built.

In this process, SNV's role focused on the strengthening of the facilitators' capacities in terms of training them how to trigger a change process, what the role of the facilitator is and how changes can be successful. Training sessions were conducted by SNV and UNICEF Officials.

The award system is a method that has been adopted with the conviction that, apart from creating incentives to the communities to build and use latrines towards a shared and common reward (water point or school class), the leaders show more ownership, as they are also entitled to an individual reward (bicycle, mobile phone, radio, computer equipment). Therefore, it was established that the CLTS facilitation should be carried out at all district administration levels to mobilise and organise the communities so as to attain the ODF status. Within a competitive process, the ODF communities receive a prize. The Administrative Post and District with the highest number of ODF communities and their leaders also receive prizes. Additionally, ODF declared communities received a sign-board which stands at the community's main entrance route, stating that: *"This Community is ODF"*.

The communities' candidature process for the competition started at the end of the CLTS training sessions, on the 21st of October 2008. Therefore, the facilitation of CLTS in the communities was combined with mobilisation for the competition.

SNV advisors were also involved in the elaboration of evaluation procedures and criteria, evaluation-team building at both district and provincial levels. SNV advisors were part of the evaluation teams in Manica and Sofala Provinces as well.

OUTCOME

The expected outcome results were that with the new approaches the PEC NGOs are equipped with a sustainable tool to raise and maintain awareness for good hygiene practices. People in the communities having gained awareness of the risks of not using a latrine, preferring open defecation, would consciously build and use durable and hygienically acceptable sanitation facilities. The expected impact was that sustainable access to basic sanitation and hygiene would be provided to a large number of people in the program area.

Within a period of two months (November to December), with facilitation by the NGOs and District technicians, 159 communities were triggered, involving 74 activists selected from the communities, 5,200 latrines constructed, 34 declared ODF, meaning that 26,000 people were involved. Triggered communities were automatically eligible for subscribing to the award, but only those communities could enter into the competition, that had a potential to complete the latrine construction by the time of evaluation. If this approach would have been used

from the beginning of the programme, it would have meant that 62,400 latrines could have been constructed, in stead of the 19,500 built until October 2008.

Comparing outcomes of two systems		
System:	National Sanitation Campaign and One Million Initiative	CLTS and award system
Period	Early 2007 – Oct/2008 (20 months)	Nov – Dec 2008 (2 months)
Total Latrines built	20,000	5,200
Latrines per month	1,000	2,600

During the evaluation the following situations were found in the competing communities:

- Households with latrines built, clean, but not in use;
- Households with latrines built, partially used by family members;
- Families declaring that they had built latrines to win the competition;
- Communities where leadership applied coercive techniques (enforcing), to make households build their latrines so they would not have lost the prize.

Even though, some questions arose on the figures achieved, as to whether they reflect a change in people's behaviour in terms of latrine usage and hygiene practices and decrease in diseases, or if it reflects eagerness to win prizes. CLTS focus is about transmission of awareness and bringing behavioural change in the community, change that is meant to last longer in the people's habits.

LESSONS LEARNED

The ceremony



The two approaches combined (CLTS and prizing) brought good results in terms of achieved numbers. However, to learn more on their impact, we would have to analyze results in separate pilots. CLTS was run together with the awards system in the same communities. There are no communities where CLTS was implemented without award system that

could be observed in terms of achieved results. On the other hand, the process lasted only two months, too short a time to draw representative conclusions. Nevertheless, it became evident that both approaches need community leaders' high commitment and involvement to make it work.

When awards are the target, people in the community no longer talk about hygiene or health/diseases, but winning or building to win the prize. The main challenge of this system is that government programs at present cannot afford to make extra funds available to sponsor the prizes for all districts of the country where decentralisation of funds for rural water supply is being implemented. This

approach can hardly be replicated in other areas unless external funds are made available.

Secondly, even if such funds were easily raised, the message of CLTS should focus on improvement of people's health, avoidance of diseases and cutting contact with excreta and allow a space for recognition rather than winning a prize. Alias, the program coordination team and other partners are now aware of that fact and have changed the name from awards to recognition system, and have decreased the values of goods to be offered to the ODF communities and leaders.

One Leader said at the awarding ceremony: *"Next year my community will win again and I will use all means to enforce that every household has a latrine"*. Perhaps in some areas of the country there is no need for much effort to make people change the way they behave with excreta. Just the fact that you make them realise that, although they go far from home to defecate in the bush they remain in contact with the faeces, will make them ashamed and change the attitude. But in other areas, other factors (geology, resources etc.) may be the reason why people don't have ideal sanitation facilities.

Thorough planning is crucial to determine the sustainability of each approach. Ideal procedure would be to pilot separately each new model and approach and study its results and usefulness. In the group of 18 districts it would be possible to select communities for testing of the new approaches.

A planning matrix to take into account many aspects in the choice of approach would look like the following:

	Behaviour	Soil characteristics	Urbanization	Leadership	Lack of resources
CLTS					
Awarding					
CLTS + Awarding					
PHAST					
Other campaign					

One question that arises with this example is whether the government can sustain the award system for the rest of the country without a special funding like the UNICEF one. But symbolic recognition diplomas/certificates can be afforded by the government or partners like SNV.