

Water, advocacy, sanitation and hygiene

Lessons learnt from Tearfund's global water, advocacy, sanitation and hygiene programme 2007–2012



tearfund

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Tearfund is a UK-based Christian relief and development agency working with a global network of churches to help eradicate poverty. Tearfund supports local partners in more than 50 developing countries and has operational programmes in response to specific disasters.

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Glossary

Biosand Filter: During the 1990s researchers led by Dr David Manz at the University of Calgary developed a small-scale slow sand filter with the ability to be operated intermittently, which made it more suitable for household applications. This filter has become known as the Biosand Filter (BSF)

Capability, Accountability and Responsiveness (CAR) survey: A framework developed by DFID that provides a means by which the governance conditions affecting a given sector can be analysed

Community-Led Total Sanitation (CLTS): A demand-led approach to improving access to safe sanitation, through raising awareness of the harm caused by open defecation (qv). The rationale behind the CLTS process is enabling communities to decide and achieve their own sanitation solutions once they have become committed to improving their sanitation practices collectively

Complex emergency: A humanitarian crisis in a country, region or society where there is a total or considerable breakdown of authority, which results from internal or external conflict and which requires an international response

Demand-led: A programming approach that reflects customer choice. A range of goods or services are made available on the open market at full cost (or subsidised cost) and the customer has the freedom to choose to purchase those that meet their needs and financial capacity

Hazard: A natural or man-made event or situation which could lead to danger, loss or injury

Knowledge, Attitude and Practice (KAP) survey: A KAP survey is conducted in a community usually as part of an assessment event. The survey focuses on hygiene habits and behaviours. Using participatory techniques, it serves to identify and understand the community's approaches to these issues and why community members may not be practising good hygiene

Open defecation (OD): Defecating in the open (whether behind a bush or building or on open ground)

Open Defecation-Free (ODF): The status achieved within a community when OD is no longer practised

Participatory Hygiene and Sanitation Transformation: A participatory method of raising awareness of the links between good overall health and improved sanitation practice. The method is very interactive, using numerous tools and techniques to help participants work out for themselves the links to good health and consequently change their personal hygiene practices

Risk: The combination of the probability of an event and its negative consequences

Stabilised soil blocks (SSBs): This technology helps preserve the environment by moving away from using burnt bricks in construction. Instead, building blocks are made from soil which is stabilised with a small amount of cement or lime and then compressed by manually operated or motor-driven machines

Supply-driven: A programming approach whereby goods or services are provided at no cost (or minimal cost) to the customer by the implementing agency. Customer choice is limited, and the choice of what and when to supply remains with the implementing agency

Transect walk: A walk around a village or area by community members and a facilitating team, to make observations related to the topic under discussion

Triggering: The process by which a community comes to the sudden realisation that open defecation needs to be stopped

WaSH: The term used when water supply, sanitation and hygiene promotion are programmed together as an integrated approach. This is the preferred method of working, because the three components are indivisible

Water Safety Plan (WSP): A risk assessment and risk management method of maintaining safe water quality, which considers the entire supply route, from source to mouth

Introduction

In 2012, the World Health Organisation (WHO) and Unicef's Joint Monitoring Programme reported that, although the MDG drinking water target was met in 2010, 783 million people globally remain without access to safe water and 2.5 billion lack access to safe sanitation. There are also huge disparities of access both within and between countries, with many countries in sub-Saharan Africa and Oceania off track for both water and sanitation targets.

Tearfund has long been involved in humanitarian water, sanitation and hygiene work. We recognised the urgency of meeting people's needs in this area within a short timeframe, but we also wanted to improve sustainability of this work and strengthen the link between relief and development. Tearfund was successful in gaining funding from the UK's Department for International Development (DFID) for the project, Capacity building to improve humanitarian action in the water, sanitation and hygiene (WaSH) sector, which was launched on 1 September 2007 and lasted five years. The countries covered included those affected by natural disasters – Myanmar (Cyclone Nargis, 2008), Haiti (earthquake, 2010) – and those affected by complex emergencies (Liberia, Democratic Republic of Congo, Afghanistan, Sudan [Darfur] and South Sudan).

The project's **five outputs** were:

- 1 Increased quality of WaSH service delivery (good practice; gender-, conflict- and HIV-sensitive; accountable to beneficiaries; and environmentally sustainable) in up to seven Tearfund operational programmes and up to 12 associated partner projects
- 2 Capacity building to increase the quality of public health education (PHE) service delivery of local government and civil society health institutions within each operational area
- 3 Low-cost, sustainable, innovative and contextualised alternatives for WaSH interventions researched, piloted and implemented
- 4 Improved policy environment and service provision at local and national levels, through increased advocacy by Tearfund and partners on WaSH issues at local, national and international levels
- 5 Lessons learnt, captured and disseminated to local and international non-governmental organisations (NGOs) and donors on good practice service delivery specific to water and sanitation interventions in fragile states and disaster-affected environments.

All interventions piloted sought to be demand-led and community-based, and to improve livelihoods as well as meet WaSH needs. Links were made with local and, in some cases, national officials wherever possible, to share best practice and to coordinate efforts. Furthermore, communities were empowered to approach officials directly to advocate for their needs.

Through seven case stories, this publication showcases the approaches used in implementing the various in-county WaSH projects, highlighting the successes and challenges. It concludes by demonstrating a clear link between learning from the case stories and the project's five outputs.

Water

Water supply using demand-led approaches in Afghanistan

Adapted from:



Burt M (2011) *Effective emergency WaSH response using demand-driven methods: case study from Afghanistan*. In the 35th WEDC International Conference, The future of water, sanitation and hygiene in low-income countries: innovation, adaptation and engagement in a changing world. Loughborough, UK: 6-8 July, 2011. Available at:

http://wedc.lboro.ac.uk/knowledge/conference_papers.html?cid=35

Burt M (2011) *Evaluation of a demand-led Biosand Filter programme in the complex emergency context of Afghanistan*. Tearfund, UK

The problem

Tearfund's WaSH programme in Afghanistan has focused on the provinces of Kapisa, Parwan, Jawzjan, Faryab and Kandahar, targeting 94 villages. These are all areas that have seen a high number of returnees as part of the United Nations High Commissioner for Refugees (UNHCR)'s Assisted Voluntary Repatriation to Afghanistan programme, which has placed an increased strain on already limited basic services. In each province, Tearfund conducted an assessment to identify the priority needs of the most vulnerable communities, in order to tailor the interventions appropriately. In all areas, WaSH needs were identified by the communities as being a high priority.

The approach: *Biosand Filters using a demand-led intervention*

To meet WaSH needs in the 94 target villages in the five provinces, Tearfund adopted a social marketing approach, systematically applying marketing principles to create demand and achieve specific changes in attitudes and behaviours for the good of society. The aim was to create demand for household water treatment and sanitation facilities, as well as improving hygiene behaviour.

Marketing approach: radio

Since 2002, when the Afghan government opened up access to the airwaves, Afghanistan has witnessed a significant increase in radio stations. By 2008, the authorities had granted 80 licences for radio channels. A survey published in October 2007 by The Asia Foundation describes radio as a key component of Afghan life, with 54 per cent of Afghans using radio as the main source of information about what is happening in the country. The survey also reveals that 88 per cent of Afghan people said they owned a functioning radio.

Quaria-e-Surkh radio station in Kapisa province agreed to air public health announcements for free, on behalf of Tearfund. During the programme about Biosand Filters (BSFs), the radio station used its reach to inform listeners about the consequences of drinking untreated water and the importance of using BSFs to have clean drinking water. Initially, the BSF educational programmes were run during the day, but the marketing team soon realised this was missing the target audience of men, who were mostly at work during this time. Thus, the programmes began being aired after the evening congregational prayer, in consultation with elders of the mosque.

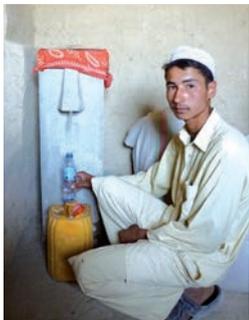


Murray Burt/Tearfund.

As most households collect drinking water from local canals, Tearfund facilitators held participatory discussions with the community to consider the most appropriate water treatment intervention. After considering various options with Tearfund, the community agreed to try Biosand Filters (BSFs). The choice of BSFs was based on the fact that the necessary materials and artisan skills were available locally so that filters could be manufactured locally.

As the BSF was a new technology, local artisans required special training. Tearfund, together with representatives of local Community Development Committees (CDCs), selected trainees based on criteria agreed jointly. Following training carried out in partnership with the Centre for Affordable Water and Sanitation Technology (CAWST), the trained artisans were provided with two Biosand Filter moulds each. Instead of giving subsidies, Tearfund signed contracts with the artisans and bought the first BSFs produced by the artisans.

Murray Burt/Tearfund.



Tearfund then used some of these BSFs to carry out demonstrations, and the rest were distributed to vulnerable families identified in consultation with community leaders. Within two weeks of the training, the manufacturers had started producing filters and sought to increase demand by holding their own demonstrations in mosques and schools, where mullahs and teachers promoted the product and explained the filter's health benefits to community members.

Over the four-year period, 2008–2011, 17,069 BSFs were produced and sold in Kapisa, Parwan, Jawzjan, Faryab and Khandahar provinces, and all buyers received training from the sellers on how to operate and maintain the filters.

Successes

A programme evaluation completed in August 2011 confirmed the following:

- BSF coverage had grown from zero to 24 per cent over a three-year period in the target areas.
- Of the filters surveyed, 91.7 per cent were shown to be effective in removing all *E.coli* bacteria, and users strongly believed that drinking filtered water from the BSF was having a positive impact on their health.
- Health improvements were a key factor in supporting the sustained use of the filters in 94 per cent of the households surveyed.
- Only 16 per cent of those with an operating BSF reported cases of diarrhoea in the previous two weeks, while 71 per cent of those without a BSF reported cases of diarrhoea over the same period.
- 70 per cent of respondents acknowledged the financial saving associated with improved health as a motivational factor in having a filter.

Based on the success observed in Kapisa province, the Afghan Ministry of Rural Rehabilitation and Development included BSF in the *National WaSH Implementation Manual* (MRRD, 2010), and is collaborating with Unicef to encourage other agencies implementing WaSH programmes to use demand-led, social marketing techniques which also promote sustainable livelihoods.

Challenges

Ensuring women participated in the BSF programme in Afghanistan was not easy due to cultural roles and norms, yet they were a major target in ensuring the proper use of the BSFs in the home. To overcome this challenge, Tearfund built strong relationships with local religious leaders and CDCs. This proved vital for acceptance of this approach in the community and, ultimately, to securing women's participation.

'My wife kept asking me to buy and use a Biosand Filter after she attended a public health education training workshop run by Tearfund. She said they had explained to them the advantage of using a Biosand Filter and its links to good health. Eventually, I decided to buy one of the Biosand Filters, believing that it would protect my family from water-borne diseases. A few months after I bought the filter, I noticed a change in my children's health as they did not suffer from the frequent diarrhoea they had in the past.'

Fazal Ahmed, 65-year-old religious leader, Kandahar

From the 2011 survey, selling the BSFs at a full-cost-recovery price was shown to be affordable for 55 per cent of the population who fall within the middle- to upper-income brackets. However, only 9.2 per cent of this section of the population had purchased a filter. This is due to a number of factors, including gender and cultural factors, unwillingness to pay, and lack of marketing and promotion. Results from the survey also showed that women were more likely than men to see the benefit of purchasing a BSF; 27 per cent of the women interviewed stated that their husband did not see a BSF as a priority. As husbands control the household income in Afghanistan, women accounted for 57 per cent of people who said they would like to buy a filter in those households that could in theory afford one.

Water Safety Plans at community level in South Sudan

Adapted from:



Greaves F and Simmons C (2011) *Water Safety Plans for communities: guidance for adoption of Water Safety Plans at community level*. Tearfund, UK. Available at:

<http://tilz.tearfund.org/webdocs/Tilz/Topics/watsan/Water%20Safety%20Plans/WSP%20for%20communities%20-%20main%20text.pdf>

The problem

The MDG target on drinking water stresses the need for sustainable access (*quantity*) to safe drinking water (*quality*), raising the question: how can communities be encouraged to take control of maintaining safe water quality, from source to point-of-use? This case story focuses on learning from Apial and Omdurman villages in the Aweil East Highlands in the Northern Bahrel-Ghazal state of South Sudan.

The approach: *Water Safety Plans*

The WHO's definition of a Water Safety Plan (WSP) is 'a comprehensive risk assessment and risk management approach to ensure the safety of a drinking-water supply that encompasses all stages in water supply, from catchment to consumer' (WHO, 2011). The WHO has focused application of WSPs at a national level, often for large-scale municipal water supply schemes. Tearfund has adapted the approach at the community level, to help communities understand potential hazards leading to water contamination, identify and develop solutions to minimise these hazards, and monitor compliance.

The WSP approach involves **four** basic stages:

- 1 Describing the water supply system
- 2 Analysing the water supply system to identify hazards which could cause contamination, assessing the risk and identifying control measures
- 3 Establishing a regime of monitoring and preventative maintenance
- 4 Managing the Water Safety Plan and controlling incidents of contamination.

In Apial and Omdurman villages in South Sudan, literacy levels are very low, so WSPs were developed using a community mapping exercise and presented in a pictorial format. Tearfund worked with the communities to develop pictures which (1) described their water supply sources, transportation methods and household storage practices, (2) identified hazards which could contaminate water at any point between the source and point-of-use, and identified measures to control the risk of these hazards, (3) described a regime for monitoring and preventative maintenance, and (4) outlined WSP management.



During the WSP process, improving the fencing around hand-pumps was one of the control measures taken by communities to avoid contamination with faecal matter from livestock.
Murray Burt/Tearfund.

The primary water sources for the community in Apial village are shallow wells fitted with hand-pumps. During the WSP process, the community identified various water contamination hazards related to this water source. One hazard identified was the potential for pollution of groundwater as a result of poor drainage around the well head. The control measures identified for this hazard included fencing around the borehole to prevent livestock from contaminating the ground with faecal matter, repairing the concrete apron around the well head, improving drainage and keeping the area around the hand-pump clean. A regular monitoring and preventative maintenance regime was established which included daily inspections by the pump attendant, and regular cleaning of drainage ditches, repair of fences and sweeping the well-head area. Both men and women actively participated, sharing roles and responsibilities.

An example of the output of an earlier version of the WSP format, as piloted in South Sudan



In Omdurman village, during the WSP process, the community identified the hazard of 'dirty hands' contaminating water prior to consumption. The high risk associated with this hazard was confirmed by a Knowledge, Attitude and Practice (KAP) survey in which Tearfund found that only 30 per cent of homes regularly practised safe hand-washing at the five critical times (after defecation, after changing baby, before eating, before feeding baby, before preparing food). The price and scarcity of soap constrain regular hand-washing. During the WSP process, the community identified that the control measure for the hazard of 'dirty hands' would be hand-washing with soap or ash at the five critical times (after defecation, after changing baby, before eating, before feeding baby, before preparing food). Some women embarked on a project to manufacture soap locally and sell it in the market at an affordable price. However, this later proved to be uneconomical and ash became the preferred hand-cleansing material. The regular monitoring of hand-washing practice was carried out by the so-called WaSH Committee, of whom 50 per cent were women. Following the WSP process in Omdurman, a follow-up survey carried out two years later showed an increase in hand-washing with ash or soap, from 30 per cent to 57 per cent.

Soap-making (Interview with Veronica, Omdurman village, South Sudan)

What do you think are the challenges and constraints of making soap locally?

'Although making soap locally at home is cheaper and more reliable than buying soap from the market all the time, we still don't have the money and time. We have a lot of children to look after. We are burdened. Also, the scarcity and cost of ingredients like the paprika spice and scented plants in this area can be a constraint.'

Do you think that soap is an important commodity in the household?

'Yes! However, in our case in this village, it is not a priority because goat fat is more important to use for food than for making soap. Also, making soap means spending money which could buy food and yet it's not easy to get money here. However, it's not bad to have soap, especially for us ladies as it promotes good hygiene in our families.'

Do many people have soap in their homes?

'People here don't have money to buy soap and it's not easy to make money around here.'

What are your suggestions to ensure that every household has and uses a cleansing agent to improve hygiene practices in the community?

'I must act responsibly and be an example in my house and to the people of my community by promoting good hygiene practices. Unfortunately, this soap-making project was not as successful as we hoped it would be. If soap-making ever becomes a viable option, I would be the first to train other women in my community. Perhaps, once our livelihoods improve, we will be able to consider soap-making at the household level; in the meantime, I will continue promoting the use of ash.'

Successes

Where the WSP method was piloted, a survey in 2010 – two years after the first intervention – confirmed an 89 per cent increase in the number of people collecting water from a protected borehole rather than an unprotected surface water source, and a 27 per cent increase in the number of people washing their hands with soap or ash after defecation and before eating. These improvements cannot be attributed solely to the WSP process, but the increase in understanding about keeping water clean from source to mouth through the development of the WSP and regular action by WaSH Committees are clear indicators of success.

Challenges

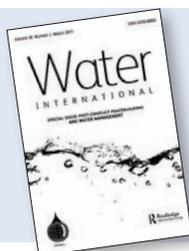
At the start of the WSP process with communities, plans around the WSP training were developed through conventional training methods and materials. However, following trial training with a WaSH Committee, low literacy levels within the target communities meant that the idea was not widely accepted. Instead, a more pictorial training was developed. This methodology proved successful, leading to community acceptance and ownership of WSP.

The WSP process enthused women from the village of Omdurman to trial home-based manufacturing of soap. Although this turned out to be uneconomical, it raised awareness within the community of the importance of washing hands at the five critical times (see above) with a cleansing agent. The community now uses ash as the preferred low-cost cleanser.

Advocacy

A step forward for women in WaSH projects: learning from Liberia

Adapted from:



Burt M and Keiru BJ (2011) 'Strengthening post-conflict peace-building through community water-resource management: case studies from Democratic Republic of Congo, Afghanistan and Liberia'. *Water International* 36 (2), Routledge: Taylor and Francis. Available at:

<http://www.tandfonline.com/doi/abs/10.1080/02508060.2011.561772>

The problem

'For fear of safety, they cannot collect water. For fear of stigmatisation, their families cannot remain in their community. For fear of repercussions, they cannot report their violation. In short, sexual violence has become one of the greatest threats to the security of any community.'

Wallström, 2009



Armen Kidd/Liberia WaSH Consortium

In Henry Town, Gbarpolu district, women have traditionally collected water from a small creek in the forest close to the village which is surrounded by dense vegetation. The site of this water supply makes women vulnerable to attack as they collect water. Evidence gathered during focus group discussions by Tearfund in January 2008 suggests that the incidence of sexual and gender-based violence (SGBV) in this location increased significantly during and immediately after the conflict.

'This is a mining town where men come and go. The forest surrounding the creek is a dangerous place for women and girls, and some have been raped when collecting water. It is especially dangerous after dark.'

Woman aged 59, Henry Town

Many men have a totally different perspective on collecting water from the creek and consequently are unaware of the danger the women face.

'I prefer the water that comes from the small creek in the forest close to the village. This creek is important for the whole town; our ancestors left it for us. That is why the water is very cool and clean. It gives you a natural taste of water if you are drinking it.'

Man aged 61, Henry Town

Due to the social stigma surrounding SGBV, many women are reticent to speak about their fears and the serious risks they face when collecting water each day.

'The water problem is on our shoulders, we the women. When my husband comes from the mining field, he asks for hot water to take a bath and water to drink. He does not care or know where the water comes from – all he needs is water. Even at night I have to go for the water when he needs it. I am afraid to collect water from the creek after dark. But imagine if I have a pump near my house, it would be a great help for me. This is why I want Tearfund and AEL to help us build a pump.'

Mother aged 40, Henry Town

The approach: creating 'safe' water points

In response to the risk of SGBV and other attacks for women and girls collecting water at the creek, four women began to advocate for the construction of hand-pumps in the town. They mobilised the other women from the town to join together to advocate through their local church which is a member of the Association of Evangelicals of Liberia (AEL). A specific request was submitted to AEL, a Tearfund partner, to help their community construct hand-pumps at safe locations. Using a number of participatory techniques and technical assistance from Tearfund, AEL helped the community explore the issues surrounding their management of water resources, including water sources, water uses and health impacts, as well as environmental, economic, social and gender considerations.

'We are so far from Monrovia; people do not easily come here to see us, let alone to help us. Most towns in this country have three or four water pumps, but we have none. Why then should I not embrace such a good help? Indeed, I need help, and I appreciate this help very much. One good thing I believe is that, if we get these hand-pumps, it will reduce the running stomach (diarrhoea).'

Woman aged 59, Henry Town

Throughout this process, the women who initiated the process continued to advocate for women's views to be considered. Discussions about the risks faced by women collecting water from the creek and the ongoing SGBV issues within the community led people to realise the negative impact SGBV was having on individuals and families. Traditional gender prejudices were also challenged and slowly the community began to realise that gender inequality and gender-based violence were hindering women's participation in water resource management and obstructing progress toward local peace, security, reconciliation and development.

The Henry Town Community Development Council (CDC)¹ considered the women's views and guided AEL on siting the five hand-dug wells in safe locations in the town. During the hand-pump construction process, women played an active role in undertaking social impact studies to decide on the most appropriate and safest locations by carrying out transect walks and community mapping. These were carried out in conjunction with hydro-geological and environmental impact studies by AEL to determine the most sustainable locations for the wells. The women were also fully involved in construction by volunteering their time to collect raw materials and mobilise other community members to provide labour. The CDC appointed a water committee to oversee the operation and maintenance of the hand-pumps. As with the CDC, men and women are equally represented on the water committee.

As an additional part of this water resource management project, AEL mobilised community members to take responsibility for their own health and hygiene by training a team of community health volunteers to conduct hygiene and sanitation promotion and lead child health clubs.

¹CDCs are official bodies, linked to central government through District and County Development Councils.

Successes

The availability of safe drinking water, together with improved sanitation and hygiene behaviour, have resulted in observable health improvements for the community in Henry Town. Statistics from health centres in the area show a reduction in water- and excreta-related diseases of 48 per cent for adults and 30 per cent for children since the start of the programme in 2008 (Tearfund, 2009). Installation of the hand-pumps in the town reduced the need for women to collect water from the creek, as indicated during focus group discussions and interviews. Those consulted also reported a decrease in the incidence of SGBV; no rapes had been reported by women on the given route.



Anwen Kidd/Liberia WaSH Consortium.

In Henry Town, the full involvement of women's views, particularly in highlighting SGBV, helped bring about an equitable result in the siting of hand-pumps, providing a sense of security and safety for women during water collection and thus improving access. Women's participation in this WaSH project also brought about other changes in local institutions: recognising the important role women can play, the CDC responded by ensuring 50 per cent of committee members were women through the election that followed the WaSH project.

Challenges

Changing the elderly men's attitudes and cultural norms around drinking water from the creek, which was considered sacred, was a difficult task. To help overcome this, the aim was to increase men's awareness of the SGBV dangers women faced when collecting this water – an issue rarely discussed in the community. This helped open up discussions about the needs and wishes of the women and about the siting of alternative water sources within the town.

Amplifying Tearfund's work: improving the policy environment in Afghanistan and DRC

Adapted from:



Keiru BJ (2011) *Improving WaSH governance through advocacy: lessons learned from Afghanistan*. At the 35th WEDC International Conference, The future of water, sanitation and hygiene in low-income countries: innovation, adaptation and engagement in a changing world. Loughborough, UK: 6-8 July, 2011. Available at:

http://wedc.lboro.ac.uk/knowledge/conference_papers.html?cid=35



Williams M (2010) *Understanding the WaSH sector: how to carry out an analysis of the capability, accountability and responsiveness (CAR) of the water, sanitation and hygiene sector in your country*. Tearfund, UK. Available at:

http://tilz.tearfund.org/webdocs/Tilz/Research/Understanding_the_WASH_sector_web.pdf

The problem

Both DRC and Afghanistan are recovering from decades of conflict and have low capacity in government ministries and other implementing institutions. Both countries lacked integrated and updated WaSH policies with clear ministerial lines of responsibility and sufficient budgetary allocations. Improving governance of the WaSH sector is crucial to improving the service delivery pathway. Tearfund included advocacy in this WaSH programme as an important tool to help improve the policy, legal and regulatory frameworks.

The approach: *the CAR analysis*

Murray Burt/Tearfund.



DFID has developed a tool to assess a government's Capacity, Accountability and Responsiveness (CAR), to better understand the governance context in countries where it works. Tearfund adapted this tool to apply it specifically to the WaSH sector and for use by civil society. WaSH CAR analyses were carried out by policy officers in most of the programmes. This provided a means by which the governance conditions affecting the WaSH sector could be analysed, to improve understanding of the policy and political context and to enable the gathering of information from which an advocacy strategy could be developed.

Advocacy was included in all programmes in recognition of the key role the state has to play in WaSH service delivery. The aim was that an improved policy environment would allow for more effective and sustainable service delivery in the longer term. This case story highlights the changes that came about following the implementation of the in-country advocacy strategies, and the impact this had on influencing decision-makers and policies.

Advocacy at a local and national level in Afghanistan

Following the CAR analysis, the policy officer identified influential targets and allies within communities where we worked, in order to secure their support in contributing to the sustainability of the WaSH programmes. Meetings were held with the local government authorities and community leaders; there was also a focus on building strong relationships with religious leaders, businessmen and CDC representatives in the villages.

Capitalising on these good relationships established through the successes of WaSH interventions, Tearfund was able to facilitate field visits for government officials. The field visits increased awareness among state and local-level officials of the various low-cost, innovative and sustainable approaches for WaSH that could be considered in formulating or revising laws, guidelines and policies.



Murray Burt/Tearfund.

At a national level, Tearfund formed good networks and developed relationships with various WaSH-related government ministries, including the Afghanistan Ministry of Rural Rehabilitation and Development (MRRD), and with implementing partners such as Unicef. These relationships, coupled with the field visits, enabled Tearfund to actively engage with and influence the consultative process during the revision of the Afghanistan National Rural Water, Sanitation and Hygiene (WaSH) Policy 2010 and the *Rural water, sanitation and hygiene (WaSH) implementation manual (version 2)*.

As a result, Community-Led Total Sanitation (CLTS) – a new approach to sanitation pioneered by Tearfund in Afghanistan – was included in the Afghanistan National Rural Water, Sanitation and Hygiene (WaSH) Policy 2010, and the Biosand Filter as a household water treatment system was included in the Afghan Ministry of Rural Rehabilitation and Development's *Rural water, sanitation and hygiene (WaSH) implementation manual (version 2)*. In addition to this, Tearfund was a member of the Gender Taskforce formed to ensure gender issues were covered within the policy revisions. We were able to contribute by sharing our experiences of ensuring the inclusion of women in both our CLTS and BSF work.

Lobbying for a WaSH policy in DRC

Tearfund's CAR assessment in DRC highlighted the lack of current WaSH laws and policies. Tearfund's direct operational areas are in eastern DRC, far away from the national administrative capital, Kinshasa. Tearfund therefore began working with its local partner, the Evangelical Council of Churches (ECC) in Kinshasa, to begin a process of lobbying government authorities on the need for a comprehensive WaSH policy. The ECC is a relatively influential body in Kinshasa and has long-standing relationships with various government ministers and members of parliament. This provided a good platform to discuss the issues surrounding WaSH.

ECC participated in meetings held by the Ministry of Planning through the National Water Committee, and highlighted the need for a WaSH policy. The process proved difficult and slow due to the lack of political priority the government gave to WaSH. However, there was recognition of the need for a legal framework on water and, following much consultation, a first draft of The Water Code was produced in January 2010. The Water Code focuses on the equitable and sustainable use of water resources in DRC and does not cover sanitation or hygiene. ECC took part in the round-table consultation following the first draft, bringing to the table views from church leaders – members of ECC – from across the country. By October 2010, a final draft of The Water Code was produced.

At the request of the Ministry of Planning, Tearfund helped disseminate the final Water Code document in South Kivu between January and March 2011. Tearfund held three workshops to inform various stakeholders on the Code's significance and content. Among participants at the workshops were traditional chiefs, the mayor, local government authorities, the governor, the police, community-based organisations, including women's groups, and the media.

To date, the Water Code is still awaiting sign-off by the General Assembly and ECC continues to lobby members of parliament and the minister in the Ministry of Planning to push for it to become law.

Successes

In DRC, the non-existence of laws and policies relating to WaSH was a major barrier to improved service delivery that emerged following the CAR analysis. Tearfund partner ECC lobbied for a WaSH policy through its membership of the National Water Committee, which led to the Ministry of Planning drafting The Water Code, the regulatory framework under which a policy could sit. Though the final draft has not yet been approved by the General Assembly, this is a first step towards improving WaSH policy and planning in DRC.

In Afghanistan, Tearfund is an active member of the Unicef WaSH cluster and this, coupled with the longevity of our work in the country and the fact that we have shared learning from programmes, lent us the authority to work with the government and influence policy development.

In Afghanistan, programme learning from Kapisa led to the inclusion of Biosand Filters and CLTS in the Afghanistan National Rural Water, Sanitation and Hygiene (WaSH) Policy 2010 and the *Rural water, sanitation and hygiene (WaSH) implementation manual (version 2)*, enabling donors to increase funding to scale up similar demand-led WaSH interventions across Afghanistan. Following the revision of the WaSH policy in 2010, Unicef worked with the government to develop a national plan to implement CLTS across the country.

Challenges

In both Afghanistan and DRC, in-country WaSH policy officers were recruited as part of the programme. Advocacy was a new and different approach in Tearfund operational programmes, quite different from the ongoing programmatic and partner work. So, it was sometimes difficult to find national staff with the right skills, or to manage them alongside other programmatic staff. To help with this, advocacy support was provided remotely by staff based in Nairobi and the UK.

In both Afghanistan and DRC, carrying out advocacy activities was challenging due to the political environments, instability and security concerns. Many factors proved a hindrance to building relationships and carrying out constructive engagement, including: poor infrastructure connecting the national capital to the provincial districts, limited communication channels, contested and drawn-out elections, and the high turnover of government officials.

Sanitation

Showcasing sanitation through Community-Led Total Sanitation in DRC

Adapted from:



Greaves F (2010) *Adoption of Community-Led Total Sanitation: guidance for programming of CLTS in Tearfund-supported projects*. Tearfund, UK. Available at:

http://tilz.tearfund.org/webdocs/Tilz/Topics/watsan/CLTS_web.pdf

'We have the tools, the materials and the manpower required to construct latrines. We need nothing from outsiders. This is work that can be completed within one week!'

Village elder, Maniema province, DRC

The problem

Tearfund first piloted CLTS in DRC in 2010 in Kindu, Maniema province. This was identified as appropriate due to the area's relative isolation which meant that little external assistance reached communities there. During the CLTS process in Kindu, a total of six villages were 'triggered'. To date, two of the six villages have been declared as Open Defecation-Free (ODF). Based on learning in Maniema province, Tearfund decided to roll out the programme in Tshoko, a relatively isolated village near Tongo town in North Kivu.

The approach: CLTS

Most villagers in Tshoko are landowners and tenant farmers. Most of the tenant farmers have been displaced due to sporadic conflict in North Kivu and so have moved to rent land in more secure areas.

In Tshoko village, the tenant farmer population is approximately 1,128 people within 188 households. Before the CLTS programme, a Tearfund assessment showed that only about 20 per cent of the tenant farmer households owned a latrine, with the remaining 80 per cent carrying out open defecation.

Tearfund carried out an ability-to-pay survey on the community's capacity to build a latrine. Results of interviews indicated that most tenant farmers would be able to spend US\$ 6 or less on constructing a latrine. During the CLTS process, community members' ability to build latrines was based on their wealth, and resulting latrine models cost about US\$ 5.5 for a basic latrine structure, which was what most of the farmers could afford. To help the squatter community, Tearfund offered a small 'communal' tool subsidy to help them have equipment to dig the pit latrines, which brought down the overall cost.

In the past, another organisation had distributed latrine slabs; however, many community members had not used the slabs as they had not fully understood the importance of latrine use, nor had they understood the link between sanitation and health. Following the CLTS triggering, community members' understanding improved and they realised they could not lead healthy lives without building latrines. In many cases, the communities became enthusiastic about building their own latrines as they saw others building theirs, and many community members felt motivated to put their names on the waiting list to use the communal tools. As the community members began building latrines, those who had unused latrine slabs were able to put them to good use.

'I had a latrine built for me by an INGO in 2008. We did use the latrine but, as soon as it filled up, we did not know what to do with the latrine. I removed the latrine slab off the toilet and covered the pit. The slab has been leaning on a tree next to my house until Tearfund came along and taught us the importance of having a latrine through the CLTS process.'

Kabiko Muyoga, Tshoko village

Combining CLTS with hygiene promotion

In its CLTS approach, Tearfund also supported a Unicef- and government-led community sanitation and hygiene programme called *Village Assaini* ('Healthy Villages'). In Tshoko village, Tearfund used *Village Assaini*, which targeted a wider outcome than simply open defecation-free (ODF) status. This covered various areas of hygiene, including hand-washing with soap or ash, safe garbage disposal, use of dish racks and the use of clothes-drying lines.



A latrine constructed following the CLTS process in Tshoko village. Murray Burt/Tearfund.

Interview with Mrs Nyirakazimana, mother of seven and tenant farmer, Tshoko village:

'We live on a plot that does not belong to us. We are tenants on the land, and work on the proprietor's plantation to earn a living. Until Tearfund's CLTS training, we did not understand the importance of building a latrine. I can say that my community lived amidst the faeces but we didn't understand how it was affecting us. Tearfund's project has helped me discover that a family latrine is very important. My husband provided 4,500 Congolese Francs (US\$ 5) to buy the wood that we used to build our latrine platform. We had to be careful where we got the wood from because of the militia groups who constantly attack when one goes to the forest. Though US\$ 5 for us is a lot of money, it is an insignificant amount when I compare it to what we pay at the clinic when our children get sick. We have actually been able to make big savings due to our reduced clinic expenses every month. Practically speaking, my children are healthier now than they've ever been. My husband and I make sure that our latrine is clean, from the interior to the exterior. We are proud of our latrine!'

Successes

In Tshoko village, the introduction of CLTS following the annual harvest meant the tenant farmers had access to enough financial resources to buy materials to construct their latrines. Tearfund recognised the importance of timing, to ensure the CLTS triggering happened when communities had access to sufficient funds.

Many of the most vulnerable people such as the elderly, widows, disabled and sick were not able to afford even the cheapest low-cost structures. In Tshoko village, Tearfund ensured the Community Development Committee identified the most vulnerable groups, pooled together financial resources and materials as a community, and constructed latrines for them.

Challenges

In complex emergencies, there are different socio-economic dynamics within communities, which can slow down demand-led approaches as no construction subsidies are provided to communities. In Maniema, though a total of six villages were triggered during the CLTS process, only two have attained the ODF status; the rest are still in the process of attaining it.

In complex emergencies, many communities do not have access to livelihoods and therefore have low financial capacity. In Tshoko village, giving farmers access to communal tools was a good subsidy as this was not related to an individual and acted as an incentive for the whole community to be part of the sanitation and hygiene initiative.

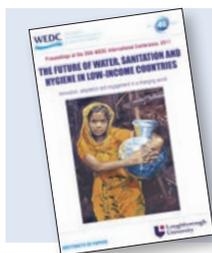
Before CLTS, the tenant farmers did not see the need to invest in infrastructure due to their status as 'squatters', as ongoing insecurity due to sporadic attacks from rebel groups was a constant threat. Through CLTS, Tearfund helped turn these negative attitudes around by linking the ownership of latrines to the short-term benefits of better health and financial gain (eg as a result of fewer visits to health centres).

'Having a latrine is something to be proud of! Now, when my visitors come and need to relieve themselves, I have a latrine where they can go. I no longer feel ashamed and embarrassed.'

Mrs Noella, Tshoko village

Saving the environment in Darfur, Sudan

Adapted from:



Katsi L (2011) *Use of stabilised soil blocks for latrine construction: experiences from Darfur, Sudan*. At the 35th WEDC International Conference, The future of water, sanitation and hygiene in low-income countries: innovation, adaptation and engagement in a changing world. Loughborough, UK: 6-8 July. 2011. Available at:

http://wedc.lboro.ac.uk/knowledge/conference_papers.html?cid=35

The problem



Darfur experiences high temperatures and some areas are quite dry. Murray Burt/Tearfund.

Tearfund's report, *Darfur: relief in a vulnerable environment*, looks at the issue of environmental degradation and how this is linked to the conflict and the relief response (Bromwich, 2007). One of the specific problems highlighted is the increase in livelihoods such as brick-making and charcoal-making in internally displaced persons' (IDP) camps, which is placing unsustainable demands on natural resources due to deforestation. Among other things, the report recommends that alternative building technologies and energy sources should be introduced. These findings influenced our WaSH interventions in Darfur and led to the introduction of a stabilised soil block project to provide an alternative to burnt bricks in latrine construction.

The approach: stabilised soil blocks

In 2008, Tearfund piloted the use of low-cost, environmentally friendly technology through the use of stabilised soil blocks (SSBs) in its construction work, including latrine construction. The advantages of using SSBs over burnt bricks include:

- Conserves water and firewood used in kilns during the fabrication process
- Reduces labour costs during construction due to the amount of time it takes to build using SSBs
- Produces a finish which is aesthetically pleasing and attractive and so does not require plastering.

The use of SSBs started in Beida (West Darfur) and in Ed Daein and Kass (South Darfur) and was used in the construction of latrines in schools, mosques and clinics. Tearfund purchased 20 machines to make SSBs; it distributed 12 in West Darfur and eight in South Darfur, and partnered with local technical colleges to train local communities on SSB fabrication. Tearfund supplied the colleges with materials, such as the suitable soil and cement, and the colleges gave students a chance to fabricate blocks as part of their practical work. Tearfund then bought from the colleges blocks which met quality standards for latrine construction. By the end of 2011, more than 99 community members had been trained in SSB fabrication and 39 latrines and 53 classrooms had been constructed using SSBs.

Latrines provide a place for girls in schools in Darfur

Hymani Isaac, an 11-year-old girl, is one of 1,000 pupils attending the Basic School for Girls in Garsila town in West Darfur. As well as building latrines, Tearfund has established a Health Club in Hymani's school, which meets weekly to learn hygiene and health messages through songs, drama and interactive learning. Hymani is a member of the School's Health Committee which the children and teachers formed to implement the lessons they were learning. Every week, they make a presentation during the school assembly and they are responsible for refilling the hand-washing container and ensuring that the latrines are kept clean.



Murray Burt/Tearfund.



The blocks at the top of this image are SSBs, while those at the base of the picture are burnt bricks. Luckson Katsi/Tearfund.

Successes

During the implementation of the SSB programme, Tearfund advocated for the use of SSBs at WaSH cluster meetings led by the Department for Environmental Sanitation and Unicef. The reception given to this technology among members of the cluster was encouraging. In Geneina, West Darfur, one member of the cluster has implemented an SSB programme based on Tearfund's learning, to build schools and shelters. There are ongoing discussions with other INGOs to encourage the use of SSBs as a possible environmentally friendly approach in their programmes.

Challenges

During the piloting of the SSBs technology in Darfur, the lack of skill transfer by graduates from technical colleges was a major challenge. Most graduates were not able to use the knowledge they had acquired after leaving college due to the unavailability of SSB machines in the local market. For the future, incorporating SSBs into a livelihoods programme needs to be considered; a business model should be piloted to make this technology more sustainable.

The scarcity of cement at the local market and its high cost in Darfur is a challenge in the promotion of SSBs. Although not much cement is needed to produce SSBs, it is a key ingredient in ensuring the good quality of bricks. According to Bromwich (2007), locally available lime to make pozzelana cement should be considered as a possibility, which would reduce the large-scale importation of materials into Darfur. However, this remains a challenge, due to a lack of funding and capacity required to pilot this methodology.

Curing the blocks is labour intensive. This process involves watering the blocks for a minimum of seven days and covering them with grass or leaves to protect them from direct sunlight due to the weather conditions in Darfur. Access to leaves and grass is a challenge, especially when large numbers of blocks are being cured or in areas where fodder and grass are scarce.

In some communities in Darfur, access to suitable soils for making SSBs is problematic. Good SSBs are produced from soils which have a high sand content; this technology is therefore not a viable option in all areas of Darfur.

Hygiene

High five! Children as agents of change in Haiti and Myanmar



Refer to Tearfund's International Learning Zone and WaSH case studies:

<http://tilz.tearfund.org/Topics/Water+and+Sanitation/Case+Studies.htm>

The problem

In post-disaster contexts, schools and other learning environments normally close down and WaSH-related issues and illnesses need addressing to prevent the outbreak of diseases such as cholera. In the school context, various learning techniques can be adapted for children to promote good hygiene practices. Children can act as agents of change, to influence positive hygiene behaviour change in their families. Tearfund's public health education (PHE) programmes have included working with children through Child Clubs in schools and Child Friendly Spaces (CFSs)² in emergencies. This case story highlights the impact Child Clubs have had in Haiti in an emergency context and Myanmar in a school environment.

The approach: *importance of Child Clubs*

Child Clubs held in schools or in CFSs encourage the development of pro-social behaviours for children, including enhanced self-esteem and hope. Tearfund's post-disaster child health clubs work with children in constructive ways, drawing on their own capacities and on the strengths and assets of their communities. Under the supervision of an adult, children are provided with a safe environment in which they can play, socialise, gain lifesaving information and express themselves. By participating in arts and crafts, games, cooperative learning, team-building activities, drama, structured educational lessons and sports, children are helped to come to terms with their experiences and learn about ways to maintain good hygiene practices. Research by Curtis and Cairncross (2003) shows that hand-washing at critical times – including before eating or preparing food and after using the toilet – can reduce diarrhoea rates among children under five by almost 50 per cent. Research has also shown that hand-washing with soap can reduce the incidence of acute respiratory infections (ARIs) by about 23 per cent (Rabie and Curtis, 2006). Pneumonia and diarrhoea are among the leading causes of child deaths globally (Lancet, 2012).

Child Clubs in Haiti

Following the January 2010 earthquake in Haiti, Tearfund ran 104 Child Clubs in and around the town of Léogâne, which is approximately one hour's drive from Port-au-Prince and which was the epicentre of the earthquake. The clubs had an average combined attendance of 5,060 children twice weekly, at a time when most schools had not yet reopened. The clubs were a place that offered psychosocial support through various recreational activities, as well as useful information on disaster risk reduction, hurricanes, earthquakes and hygiene promotion. The children were taught songs about various illnesses and how to avoid them, which many of them would then go home and share with their families.

²Child Friendly Spaces are widely used by many agencies working in emergency situations or in areas of continuing crisis to provide temporary activities and support for children.



In setting up the clubs, Tearfund used an approach which ensured they were owned by the communities. Each club was run by two community volunteers with guidance provided by one community mobiliser. For each club, Tearfund provided recreational kits as well as training for community mobilisers and volunteers. Tearfund also encouraged parents to host the clubs in their home compounds. As an incentive, and to ensure a hygienic and safe environment, a latrine was built for every household hosting a club. When schools reopened, the Child Clubs wound up and children re-entered the school environment. Currently, the Haiti education system has a hygiene education component implemented in the school curriculum.

'I love the clubs! I never miss coming! Most of all, I love playing football; it's the best game ever! But on the more educational side, I think I like the information on hygiene. It has helped me and my family improve our health. Before, we did not know that keeping our compound clean can help reduce mosquitoes which cause malaria.'

Robinson, 14 years old.

A parent's perspective: Darlous's story

Nestled among the steep hills between Léogâne and Jacmel in central Haiti, Darlous's village is a 30-minute uphill walk from the nearest town of Tom Gato. Landslides, following the earthquake in 2010, caused devastation; many schools, homesteads and buildings were destroyed. Before the earthquake, Darlous, a 23-year-old mother of two was a small-scale farmer growing bananas, but her source of income was destroyed and she has yet to find another way to make a living. Darlous's family is one who agreed to host a Child Club. Darlous shared her views on the importance of the clubs for her community. 'After the earthquake, many children were traumatised,' she said. 'Many of them were afraid because a lot was destroyed. My family thought of how best we could help our community. We do not have much, but we thought it would be good to assist by donating the space for children to come to learn and play twice a week.'



Spreading hygiene messages: child-adult learning in Myanmar

In Myanmar, Tearfund has been working through its local partner, World Concern, to run child health initiatives in the school environment. Learning good hygiene practices in the school environment has not only boosted child-to-child learning, but also child-to-adult learning, improving hygiene practices both in school and in the home. Hand-washing with soap is one of the practices being promoted in schools and this has had a positive impact, as illustrated by these beneficiary stories.

Child-adult learning: Ma Mi Pyone's experience

Ma Mi Pyone, a mother of three, lives in Mon state in Myanmar. She is happy that her daughter has taught her what she has learnt about hygiene from school. 'Personal hygiene, washing hands, diarrhoea prevention and the good use of sanitary latrines are the topics she gives us information on. There have been a lot of changes in my life as well as in my family, especially healthwise. Before I had the knowledge, I did not wash my hands before eating. I also didn't know much about personal hygiene and my children got sick often and especially suffered from diarrhoea. Now my children do not suffer from diarrhoeal diseases since we are now using pit latrines properly and we are drinking boiled water. We have all learnt about hygiene from our eldest daughter who has learnt from the Child Clubs in school. We are a very happy family now!'



Child-adult learning: Nang Shang Lar's experience

Nang Shang Lar is a 36-year-old mother of four and lives in Narshio village in Northern Shan state, Myanmar. She is married and her husband farms on a paddy field far from where they live; he is only able to come home once every two months. Her eldest daughter goes to a nearby school in the village where she has learnt about hygiene issues – knowledge that she has shared with her family. 'My daughter recites poems and sings songs around hygiene when helping me around the house. I have noticed that she now washes her hands after using the toilet and before eating food. She taught me and her sisters the benefit of washing hands through songs, pictures and poems. At first, it was awkward, since in my culture children are not taken seriously by adults when they speak. It is almost two years now since my daughter began teaching us the lessons around good hygiene and I have already started seeing a difference in my family's health, with reduced incidence of diarrhoea.'



Dr Peter Nay Win/World Concern Myanmar.

Successes

The Myanmar context is a good example of how children can act as change agents in communities, as they are able to replicate learning from the school environment at home and encourage others to follow good practice.

In the Haiti context, Tearfund learnt that getting the community involved in setting up Child Clubs, by encouraging community members to host the clubs, was a good approach that ensured a wider reach, even into remote areas. Community members' hosting the clubs meant they took responsibility for them and had ownership of them.

Challenges

Child Clubs normally attract a large number of children of different ages. After the Child Clubs were wound up in Haiti and children were reintegrated back into the school system, many young pre-school children did not have the opportunity to continue with the activities that the clubs offered. There is therefore a need to involve and encourage community structures that can support younger pre-school-age children as Child Clubs are phased out in emergency contexts.



Children attending a child club at a home in Haiti. Bilha Joy Keiru/Tearfund.

Conclusions

The following five key conclusions relate to the **project goal, purpose and outputs** and have been drawn from in-country learning as illustrated in the case story summaries.

When implementing WaSH programmes in disaster-affected and fragile states, it is vital to consider broader and underlying issues in order to avoid prolonging the emergency, creating secondary disasters and reinforcing harmful stereotypes.

In Liberia, gender disparities can be a huge barrier to developmental progress and can lead to gender-based violence. In our work in Liberia, we sought to address these issues both through the outcomes of the WaSH project and in the way that the community were engaged in the project:

- Women's requests for hand-pumps in town were heard, which led to the full participation of women in the WaSH project. This subsequently helped drive improvements in the Community Development Councils; women's membership of these councils grew to 50 per cent.
- Changing attitudes and cultural norms was a difficult task. To help overcome this, men were first made aware of the dangers women faced when collecting water – an issue rarely discussed in the community. This helped open up discussions on the needs and wishes of the women and the siting of hand-pumps within the town.
- Female beneficiaries reported that the installation of hand-pumps in the town helped reduce their exposure to violence: at the time of review, no incidents of rape had been reported along the forest walk.

Environmental degradation in Darfur has been exacerbated by the conflict and subsequent relief efforts. And, if this problem is not tackled urgently, competition for scarce resources could be a driver of further conflict. Through our WaSH programme in Darfur, we sought to innovate to prevent additional environmental degradation:

- Stabilised soil blocks were piloted which used less water and firewood in their production and which were also cost-efficient and aesthetically pleasing to beneficiaries.
- Evidence of the benefits of this approach to protect the local environment during a time of excessive strain was shared within the UN WaSH cluster and was adopted by another INGO.
- However, it was clear that the same approach is not suitable in every location. Some communities did not have access to appropriate soil types or to the leaves and grass needed for curing, or lacked access to even small quantities of cement. Alternative forms of innovation would be required in different locations.

During the recovery phase of disaster response and during complex emergencies, it is important to engage with existing civil society structures through participatory processes to build local capacity and increase the likelihood of sustainability.

Such participatory approaches have long been accepted as best practice in development work, but are less common in relief work. However, inclusive participation remains equally important for sustainable and long-term outcomes.

- In Haiti and Myanmar, local homes and schools were used to host child health clubs, rather than setting up new structures. This enabled a greater involvement of local adults, and individual feedback found that children were effective in encouraging a change in attitude and behaviour within their own homes.

- In both Afghanistan and Liberia, time was taken to engage with local development committees, and build relationships with traditional and religious leaders as a means of increasing ownership of decisions. It also opened up opportunities to ensure that the views of marginalised members of society, including women, were integrated into decision-making.
- With low literacy levels in South Sudan, a pictorial approach was used within Water Safety Plans, which increased communities' engagement during the development of their WSPs. Survey results two years after the programme showed an 89 per cent increase in the number of people collecting water from a protected borehole rather than an unprotected surface water source. There was also a 27 per cent increase in the number of people washing their hands with soap or ash after defecation and before eating.

The use of free distributions and subsidies needs to be considered carefully and may only be appropriate at limited stages of the relief-to-development cycle. Where possible, demand-led, livelihood-based approaches to WaSH should be considered early in disaster response and during complex emergencies.

Limited income for many households in complex political and disaster-affected environments creates a form of vulnerability and dependency. Relief efforts can reinforce this through free distributions. However, the use of no- or low-subsidy approaches is possible, as demonstrated through the CLTS programme in DRC:

- It was important that the introduction of CLTS coincided with the annual harvest and that CLTS triggering happened when communities had access to sufficient resources to build latrines. It could also only be introduced in areas where other NGOs were not doing subsidised work.
- Vulnerable groups such as the elderly, widows, disabled and sick were identified by Community Development Committees. They pooled financial resources and materials as a community and constructed latrines for these vulnerable groups.
- Communities were helped to understand the link between better health and financial gain (due to spending less on medical treatment), and this proved a motivational factor in promoting the need for and proper use of latrines.
- In this programme, providing communal tools acted as an incentive for the whole community to be part of the sanitation and hygiene initiative.

In Afghanistan, the use of demand-led, social marketing techniques proved an efficient way of promoting Biosand Filters as a viable household water treatment system. A small subsidy from Tearfund was given for marketing and training artisans. A survey carried out showed positive results:

- Health improvements were a key factor in supporting the sustained use of the filters in many households. Only 16 per cent of those operating a BSF reported cases of diarrhoea, compared with 71 per cent of those without a BSF in the same period.
- 70 per cent of respondents acknowledged that the financial saving associated with improved health was a motivational factor in having a BSF.
- It was often the women, as primary water collectors and care-givers for the sick, who advocated within their household on the need for a BSF. However, men control the household expenditure; this raised barriers to the full assimilation of the BSF as a household water treatment option in at least 46 per cent of the sample population surveyed.

In addition to increasing access to WaSH directly in specific communities, advocating for an improved enabling environment for WaSH at a local, national and global level helped projects to have greater impact and be more sustainable.

Recognising the role of the state in delivering WaSH services, advocating for an improved policy environment was a key component of this project, and led to Tearfund being able to influence policy and regulatory developments in DRC and Afghanistan. This represents good progress for planning and policy in WaSH, and implementation will be critical for ensuring that communities experience the full benefits in the longer term.

- In DRC, the non-existence of laws and policies relating to WaSH is a barrier to establishing effective service delivery pathways and does not encourage donor alignment with government processes. Tearfund's partner, ECC, raised these issues with the Ministry of Planning as part of ongoing advocacy work which contributed to the drafting of The Water Code. However, the final draft of this legislation is still awaiting sign-off by the General Assembly.
- In Afghanistan, arranging field visits for provincial and local-level government officials to the Tearfund BSF and CLTS programmes helped influence national policy and practices. This led to the inclusion of BSFs and CLTS in the revised Afghanistan National Rural Water, Sanitation and Hygiene (WaSH) Policy 2010 and the *Rural water, sanitation and hygiene (WaSH) implementation manual (version 2)*, enabling donors to fund similar demand-led WaSH interventions, whilst aligning with government policies.
- However, engaging with government officials and ministries was not easy. In both Afghanistan and DRC, there were many hurdles to implementing advocacy, including uncertain political environments, poor infrastructure linking the provincial towns to the capital city, instability and security concerns. It can be a slow process but this does not negate its importance.

Building in time for all practitioners to come together to share learning and experiences on an annual basis proved a success and provided space for cross-fertilisation of ideas, which improved quality across the programmes.

The purpose of this global project was to increase the capacity of Tearfund operations, local partners and local government services, to support improved access to potable water, sanitation and public health education for grassroots communities. While every activity and output contributed to this purpose and the overall programme goal, the annual forum provided the space for learning and enabled the cross-fertilisation of ideas between organisations, countries and continents. The annual activity planning which happened at the end of each forum ensured that new ideas for good practice WaSH service delivery specific to fragile and disaster-affected states permeated to the target grassroots communities in every country.

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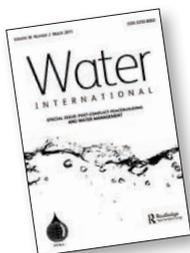
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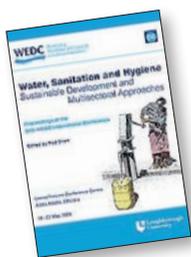
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