



Quality in participatory sanitation programmes

Bjorn Brandberg, Swaziland

MUIR'S LAW: WHEN we try to pick out anything by itself we find it hitched to everything else in the universe

Summary

What could have become another sanitation failure turned out to become a turning point for improved sanitation in Malawi. It took place as early as 1987 but it contains all the requirements we today would like to incorporate in a participatory sanitation programme.

The experiences from Karonga show critical elements and wise strategies for sustainable community based sanitation. Of special interest is the importance of a simple and attractive technology. The SanPlat¹ system proved to be a solid foundation for one of the first participatory sanitation programmes in Africa.



¹ SanPlats are improved latrine slabs featuring maximum hygiene and child safety. SanPlats can be small or big, round or square, depending on the type of latrine where they are being installed.

Karonga sanitation programme

Karonga is the most northern district¹ in Malawi.

A different sanitation workshop

In August 1987 a group of senior district level Government officials from different sectors of the Karonga District

Administration, well dressed in suits and ties, arrived in Lilongwe, capital of Malawi, for a sanitation workshop: The District Directors of Public Health Local Government, Education, Agriculture, Public Works and Supplies, etc, including the Deputy District Administrator. They were quite astonished when on the first day they were presented with overalls and gum boots.

A multi sectoral strategic plan

During two weeks they were flooded with information about sanitation and developed their own multi-sectoral strategic plan for rural and periurban sanitation in Karonga. Their plan included a network of partnerships at both local- district- and national level. Each day after a lunch break they took off suits and ties to jump into gum boots and overalls and learn the trade practically, making SanPlats and building public VIP-latrines. At the end of the workshop they all felt like sanitation experts, knowing the trade practically as well as theoretically. They were convinced and committed.

Their plan built on the same strategy as the workshop, to make all leaders and eventually the families conversant with what sanitation was, theoretically as well as practically. Based on awareness, leaders at all levels should be able to make their own strategy for how to improve sanitation, hygiene and health in their respective environments, down to family level.

Filled with enthusiasm, the group returned to Karonga to implement their new plan. The District Administrator, who had not participated in the workshop, had different ideas and nothing happened...

Challenging the relatively rich to reach the really poor

One of the major challenges in sanitation is to reach the lowest income groups.

The group recognized early on that the programme needed to start in a relatively wealthy area where other problems were not overwhelming. This wisdom was not shared by the District Administrator who wanted to remedy his own political agenda using the project to inject some development in an area that had the most difficult conditions, including severe political and economical problems. Despite serious efforts, the population resisted. It simply did not work, as people felt themselves in conflict with Government.

In frustration the District Health Inspector started his own pilot programme to test the ideas from the workshop in a village he knew well. Soon neighbouring villages

started to complain. Why had they been excluded? The District Health Inspector explained that more villages should be included when more resources became available, but priority should be given to villages where the commitment was highest in terms of local contribution and coverage. Soon villages were competing to participate with increasing rates of coverage and community participation.

A few years later, the private sector was also making SanPlats for anyone wanting to build their own improved latrine. The programme had gained its own momentum.

SanPlats in Liwonde

The reason why the group from Karonga chose the SanPlat system as the basis for their approach was that it had been successfully used by Liwonde Integrated Agricultural Development Project in southern Malawi.

Also there, an integrated approach had been chosen. High coverage had been achieved by letting village health committees define their own minimum standards for improved latrines. The incentive to reach these standards was a SanPlat, but not free of charge. Each family had to contribute clean sand, crushed stone and water. The community had to contribute with a casting yard and a safe place to store cement and tools. The programme only contributed cement, a little bit of steel and trained labour for the SanPlat making, tools and moulds.

The impact of the programme was impressive. To become included in the programme, women carried SanPlats (35 kg) on their heads, through the bush, up to six kilometres claiming that the load was nothing compared to the firewood they were used to carrying.

What is quality in sanitation?

Quality in sanitation includes basic criteria like structural stability and hygiene (isolation of the contagious faecal matter from the environment). The change from a supply driven to a demand driven programme requires a balanced understanding of real and felt needs.

In addition to hygiene come motives like privacy and convenience. The implementation of the programme raises topics like delivery systems and partnerships, gender and cultural sensitivity

A different approach to technology

One of the fundamental questions is the approach to technology and personal creativity. Standardized latrine types designed by an engineer can be replaced with self explanatory building elements like SanPlats, which families could use to build their own latrines to their own taste.

Not surprisingly, most families in Karonga chose to build improved traditional latrines as it was a technology they liked, which did not differ too much from what they were used to build.

The effectiveness of the delivery system for SanPlats was important. In Malawi and many other countries, the availability of small SanPlats permitted existing and functional latrines to be upgraded with no extra investments.

It proved to be a motivating factor also for construction of new latrines.

Demand driven Sanitation Promotion and Hygiene Education

Improved sanitation requires not only improved latrines, but improved hygiene and a strategy for how to reach the ultimate corner of the targeted area.

Progress in the beginning was slow. The spontaneous interest for sanitation was not there. But due to good personal contacts the first villages soon were involved and working. Local leaders and involved families would need to participate not only practically but also in developing plans on how to achieve total coverage. More and more villages were involved and inclusion of new villages was rather negotiated than planned and priority given to higher commitments.

A supply driven programme became propelled by demand.

Partnership with the community

A leader² should be an example to his community. Community participation was once known as a myth only, allowing programme officers to hand over their responsibility to the community. Today's demand driven programmes require close cooperation between the community and the programme officers.

The Karonga programme was an excellent example of how the communities, through training of leaders, were enabled to develop and manage their own local sanitation programmes. Minimal training support from the programme, supply of mould reinforcement (0.5 kg) and cement (10 kg per SanPlat³) proved that the system had all the conditions to become sustainable.

Gender and cultural sensitivity

Any sanitation programme has to build on the active participation of women. Women are the caretakers of the home and responsible for the education of the children. Any question about hygiene and health falls on the mother. The problem is that the African woman in most cases is not the decision maker, especially not when it comes to building issues and money. The question of building a new latrine or not is for her husband to decide.

To overcome this problem the Karonga sanitation programme opted for a no money solution. Families contributed in kind and not in cash. The wife herself could collect the required sand, stone and water for the SanPlat. In many cases the women even made the SanPlats themselves (which was relatively easy, as moulds and supervision were available⁴). The decision of the men was easy, as the project limited itself to upgrading the existing latrine. Very often even the men could see the big difference in quality between the new SanPlat and the old latrine, and if it was close to full it needed rebuilding anyway. The introduction of the SanPlat triggered construction of new and better latrines. Eventually the targeted villages had 100% coverage.

Sustainability and the private sector

Sustainability of any system eventually will depend on the private sector to pick up the idea.

In Karonga many private producer have taken up the idea of making SanPlats. UNICEF and NGOs have acted as middlemen facilitating the provision of moulds and commonly also material like cement and reinforcement for the SanPlats.

Thoughts for the future

Churches and schools

Generally governments have a limited capacity to carry out sanitation programmes on their own. Even NGOs have limited capacity and are not always seen as part and parcel of the community. They also have a tendency to disappear from the area once external funding has expired.

The religious organizations are part of the population. Together they form the largest and most sustainable network in the world. They also have a God given mandate to care for their neighbours, the sick and children. Together with the schools they will reach practically the whole community, and on top of that they are trusted as communicators even if their communication methods many times seem old fashioned.

Malawi at the time was a special country where the traditional and political leadership was strong. After the fall of the Banda regime the country has undergone considerable liberalization. The same process has recently taken place in many African countries. In parallel with that, and possibly as a consequence of that, the religious organizations have grown stronger.

Today it would be possible to reach both children and parents through a functional partnership between churches, schools and a supporting NGO in the background.

The private sector

The private sector can also be a guarantee for sustainability, provided there is a margin big enough for them to continue. The attitudes to private sector participation often need to be revisited.

Conclusions

The success of the Karonga sanitation programme has many explanations:

- Sanitation and Hygiene education was integrated with all sectors from the beginning. Officials from the different sectors had been sweating together and returned to their district with a shared commitment to make sanitation work.
- Priority was given to communities who could offer higher level of commitment in terms of coverage and in kind contribution. This triggered interest from other communities and the programme spread on demand.

- Local chiefs and individual families, often women, participated in training courses including planning, sanitation promotion and hygiene education. Many families even made their own SanPlats. All of them knowing all the secrets of the trade.
- The technology (the SanPlat system) proved to be both simple attractive and well adapted to local traditions and skills, allowing each family to build the kind of latrine they liked.

Acknowledgements

Many people contributed to make the Karonga project the turning point for improved sanitation in Malawi. I am especially grateful to the Principal Health Inspector Mr Bert Makumba who not only was the driving personality during the Lilongwe workshop but also the person who had the initiative to start "his own" pilot programme. DANIDA contributed with funding.

This presentation has been sponsored by LCS ProMotion, a manufacturer and distributor of SanPlat moulds who has provided moulds for the SanPlat demonstration at the conference.

For more information visit www.sanplat.com or contact the author.

- 1 A district in Malawi corresponds to a province in most other countries.
- 2 In Uganda (RUWASA 1991) the interpretation of a leader was expanded to include also other influential people: the educated, the employed and the relatively rich. This was a group considered as pattern setters, who were happy to try new and good things and were followed by others simply by example.
- 3 One bag of cement is enough for production of 5-10 small SanPlats, depending of the quality of the aggregate (sand and stone) and the workmanship.
- 4 At the time only conventional SanPlat moulds were available. The all-in-one mould for the 60x60 cm SanPlats, which is available today, makes do it yourself production still easier.
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BJORN BRANDBERG, SBI Consulting
 P.O.Box 131 EVENI, Mbabane
 Swaziland (Africa)
 Tel: +268-404-0067, 404-3243
 Fax: +268-404-0067
 E-mail: b.brandberg@mail.com

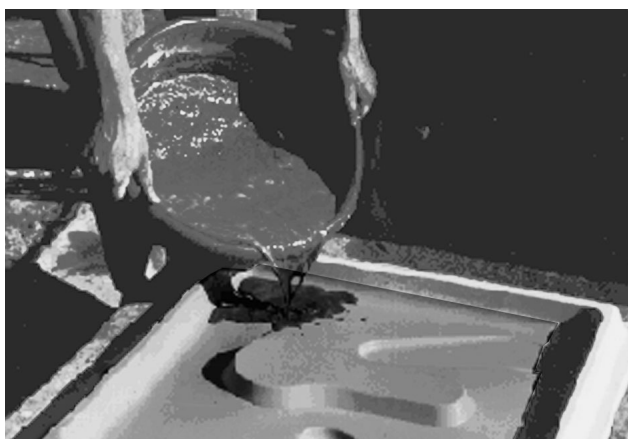


The all-in-one SanPlat Mould 60x60 cm

The ideal mould for making SanPlats 60x60 cm. For best results with minimal training.

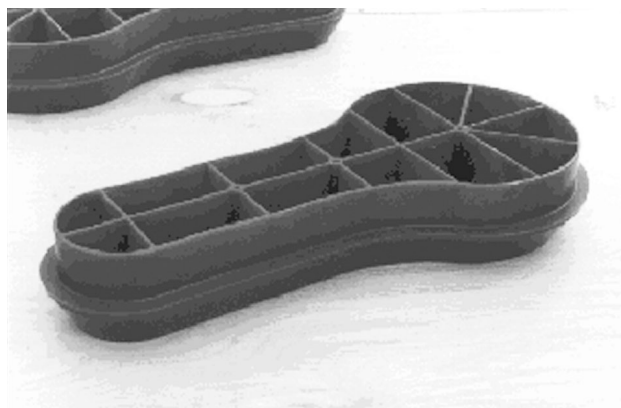


Appropriate moulds, manuals and training give ideal dimensions and hygienic surfaces



The small SanPlat 60x60 cm is easily made in an all-in-one plastic mould

For best results the first portion of concrete should be a cement slurry later much stiffer concrete (1+2+2 volumes of cement sand and stone) is added to absorb the excess water



The Drop Hole Mould 38x18 cm

This mould is ideal for the round dome shaped SanPlats but can be used for any kind of SanPlats. As plastic moulds are identical all the lids will be well fitting, avoiding problems with smell and flies.



SanPlat 60x60 cm installed in a demonstration latrine at a Trade Fair in Mzuzu, Malawi. The small SanPlat 60x60 cm can easily be installed in any latrine. The example shows a VIP latrine under construction.

For more information about these moulds contact:
 LCS ProMotion
 Flo 18, 46796 Grästorp, Sweden.
 Tel +46 514 40058, fax +46-514-40273
 E-mail: lcs@sanplat.com
www.sanplat.com