SANITATION AND HYGIENE
PROMOTION IN MADAGASCAR

The national context

The latest report from the Joint Monitoring Programme of the United Nations Children’s Fund and World Health Organization highlights revealing statistics on Madagascar’s sanitation and hygiene situation. Approximately 12 percent of the country’s population have access to improved sanitation, while 18 percent have access to shared sanitation that is unimproved, and 30 percent have access to other types of unimproved sanitation. Furthermore, 40 percent defecate in the open. Ensuring improved sanitation and hygiene for all remains a major challenge in the country, but innovations from local partners supported by the Global Sanitation Fund (GSF) are vigorously helping to transform this situation.

Through the national programme supported by the GSF, known as the Fonds d’Appui pour l’Assainissement (FAA), tens of thousands of actors are working hard to eliminate open defecation nationwide and improve sanitation and hygiene, especially for the poorest and most vulnerable. Together, and as part of the broader Diorano WASH coalition, local governments, community leaders, civil society, the private sector and other actors form a vibrant movement, drive national strategies and promote sustainable outcomes.

Centred on collective behaviour change, the FAA programme is guided by a people-centred, community-managed and demand-driven model. The programme provides the majority of its funds to sub-grantees – local organizations that implement community-led total sanitation (CLTS), sanitation marketing and behaviour change communication activities. In addition, the programme manages a range of cross-cutting activities supporting the work of these organizations. These include capacity building of and collaboration with a range of sector actors, advocacy and communications, learning and knowledge sharing, and monitoring and evaluation.

PHOTO: The GSF-supported Fonds d’Appui pour l’Assainissement (FAA) works through sub-grantees to implement community-led total sanitation (CLTS) activities in local communities, in order to achieve large-scale sanitation and hygiene results. Credit: WSSCC / Katherine Anderson.

1 Progress on Sanitation and Drinking Water – 2015 update and MDG assessment, UNICEF and World Health Organization.
Aiming for large-scale results

The FAA aims to help over 5 million people in 18,000 communities create the conditions to live in open defecation free environments, making it one of the first programmes of its kind to work at this scale. With the support of diverse partners the programme is vigorously approaching this goal, with 1.45 million people in 12,600 communities having achieved ODF status so far. This case study highlights the learning and innovation that have contributed to these strong results, helping to promote sustainable sanitation and hygiene in Madagascar.

2 These statistics also cover access to fly-proof latrines. Figures as of June 2015 have been provided by the GSF Executing Agency in Madagascar and are pending verification by the Country Programme Monitor.
The CLTS Journey

In rural Madagascar, CLTS is the preferred approach for eliminating open defecation, and these actions also drive overall improvements in sanitation and hygiene. CLTS was introduced in the country in 2008, following its success in Asia. The crux of the approach lies in creating an enabling environment in which communities become self-reliant and improve their own sanitation and hygiene situation without external help.

CLTS focuses on igniting change in sanitation and hygiene behaviour within whole communities, rather than constructing toilets through subsidies. The specific stages in this social awakening, or ‘triggering’ process include:

- **Pre-triggering**: facilitators visit communities to collect basic information and build rapport.
- **Triggering**, which includes three phases:
  - **Discovery phase**: With the help of a facilitator, a community meeting is held which analyzes the collective sanitation situation. The meeting also raises awareness of the fact that because of open defecation, people are unknowingly eating faeces, which has a negative impact on health and dignity.
  - **Ignition moment**: This realization provokes shame and disgust, and the community collectively makes an immediate decision to end open defecation.
  - **Action plan**: The community develops actions to be taken to become ODF and identifies natural leaders that can lead these activities.
- **Post-triggering follow-up**: These activities are aimed at supporting rapid ODF achievement, the sustainability of behaviour change and the scaling up of improved sanitation. The activities include various innovative approaches that will be presented in the next section of this case study.

Figure 1: Triggering Phases

Next Page: Triggering children in the commune of Mangarano, using the open defecation mapping tool.

Credit: FAA/FANO RANDRIAMANANTSOA
CLTS timeline

2011: CLTS Foundation, led by Kamal Kar, provides support to FAA and sub-grantees to improve the quality of CLTS activities and instil the true spirit of the approach in the minds of all actors

2012: CLTS standardized; follow-up support provided by CLTS Foundation on quality and scaling up

2013: FAA harmonizes its approach with the activities of other actors in the water, sanitation and hygiene sector

2014: CLTS incorporated into Madagascar’s national strategy

2015: CLTS incorporated into national ‘roadmap’, which provides a concrete plan on how to achieve national ODF status by 2019; FAA intensifies the sharing of its CLTS experiences with other countries

PHOTO: EQUITY IS A CROSS-CUTTING THEME ACROSS THE FAA’S WORK. THE GSF-FUNDED PROGRAMME WORKS TO ENSURE THE INCLUSION OF PEOPLE WITH DISABILITIES AND OTHER VULNERABLE GROUPS. CREDIT: WSSCC/KATHERINE ANDERSON
Key lessons learned and achievements

In the initial years of the FAA programme, very few villages achieved ODF status. Between the start of the programme in April 2010 and October 2011, there were close to zero ODF villages recorded. However, as the programme progressed, key lessons were learned and FAA’s CLTS strategy was developed to address the lack of results. Lessons learned included:

- Shifting the focus from processes and activities to results
- Accepting that the FAA programme does not have all the answers but rather has to learn along the way, especially from the communities themselves
- Moving from routine to strategic thinking. This includes strategically choosing villages where there is a likelihood of rapidly achieving ODF status, and supporting natural leaders and consultants from these villages. Once ODF status is achieved, these villages can be used as a means to trigger surrounding villages
- Moving from a top-down to a bottom-up approach that consists of local decision making, community participation and grassroots mobilization
- Shifting the focus from triggering one village at a time to an approach that first triggers whole fokontany3 and then communes
- Moving from one-size-fits-all solutions to context-specific solutions generated by communities. This can include a shift from relying on pre-defined latrine models to identifying and valuing emerging local technologies
- Moving from an internalized project mentality focused on a defined end date to building a movement that engages stakeholders at all levels, thereby providing more sustainable results
- Moving from the mentality that the programme can ‘do it all’ to involving all national stakeholders – from traditional leaders, to journalists to local mayors – to ‘do it together’
- Developing an approach that includes the most vulnerable

From October 2011 onwards, the programme began to record significant increases in ODF villages, as shown in figure 2. These achievements can be largely attributed to the lessons learned and changes in strategy. From June 2012 to June 2015, there was a close to twelve-fold increase in ODF villages, leading to a total number of 12,603.4 In addition, there are now more than 90,000 people involved in the sanitation and hygiene movement in Madagascar, an increase of more than 80,000 since 2013.5

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3 Government subdivisions that consist of groups of villages comparable to local parishes.
4 Figures as of June 2015 have been provided by the GSF Executing Agency in Madagascar and are pending verification by the Country Programme Monitor.
5 As recorded by the FAA in its 2015 presentation to the Water Supply and Sanitation (WSSCC) Steering Committee.
INNOVATIONS IN SANITATION AND HYGIENE BEHAVIOUR CHANGE

As the first GSF programme, the FAA was the testing ground for various approaches based on the essence of CLTS, which helped to drive the programme’s learning and sharing culture. Sub-grantees have utilized a range of approaches within local communities, sharing their challenges and success with the larger FAA team. Through FAA’s strong learning and sharing system, many of these approaches have been evaluated for their potential to be implemented on a larger scale, and some have become best practice, both within and outside of Madagascar. This case study highlights three best practice approaches evaluated and utilized by the FAA programme: Follow-up MANDONA, local and institutional governance and sanitation marketing.

**Follow-up MANDONA**

Inspired by CLTS triggering approaches, Follow-up MANDONA is aimed at helping communities speed up their achievement of ODF status and initiate the development of local governance mechanisms for sustainability. This approach is applied only after the initial triggering event in a given community. ‘Mandona’ is both a Malagasy word which means ‘push’ and an acronym which stands for the following:

- Motivate households
- Analyze the sanitation situation
- Normalize anomalies together
- Decide to act now
- Organize activities
- No-one is left behind
- Advance towards open defecation free status

**BELOW:** A local woman practices using a handwashing facility following triggering activities in the commune of Maroalipoty. Credit: FAA/FANO RANDRIAMANANTSOA
Principles of the approach include:

- Prioritizing increased awareness
- Prioritizing the emergence of new community actors (natural leaders, community consultants, community engineers, etc.)
- Prioritizing capacity building of actors as opposed to building infrastructure
- Prioritizing the recognition of community efforts
- Facilitating but not sensitizing
- Implementing the small, immediate and doable actions approach
- Never stopping work in a village without first helping it advance towards ODF status
- Respecting CLTS principles, which include: showing evidence in a participatory manner that the community is eating each other’s faeces; provoking disgust, shame and highlighting the negative impact on dignity; providing facilitation for the community to take collective action
- Never sensitizing or mobilizing the community to take any action related to sanitation and hygiene without first triggering the community

In addition to serving as a tool for post-triggering follow-up, it is also a powerful tool that can be applied in villages that were declared ODF but slipped back to open defecation.

**FIGURE 3: LINK BETWEEN TRIGGERING PHASES AND FOLLOW-UP MANDONA**

**Phase A: Self-analysis**
- Community looks for visible faeces in their environment
- People realize they are eating faeces
- This provokes disgust and shame and impacts on dignity

**Phase B: Capture the moment**

**Expected results:**
- Model latrine
- Potential natural leaders, champions, community engineers
- Collective advancement towards ODF status
- Action plan for what needs to be done
- Date for the next follow-up (if necessary)

**Phase C: Small, immediate and doable actions**

**FOLLOW-UP MANDONA**
Stages of implementation

1. Pre-MANDONA follow-up:
Together with a facilitator, the community analyzes the sanitation situation and agrees on the timeline for Follow-up MANDONA activities.

2. Follow-up MANDONA session, which consists of four steps:

   Step 1 – Initial community meeting
1) Participatory review of the community action plan developed during the triggering process
2) Participatory analysis of the progress towards the objectives jointly agreed within the community
3) Evaluation of efforts made thus far
4) Recognition of progress made to date, even if very minor

   Step 2 – Establishing a community model
In a participatory manner the community is encouraged to develop feasible and context-appropriate models for building fly-proof latrines and handwashing facilities, and cleaning open defecation zones through small, immediate and doable actions. In the case of fly-proof latrines, the facilitator identifies the owner of a non-fly-proof latrine and triggers her or him to realize that she or he is continuing to involuntarily ingest faeces. This normally takes place in front of the entire community, so that community members can be triggered as well. The facilitator then asks what small, immediate and doable actions can be taken to put an end to this situation.

   After the owner, possibly together with other community members, identifies the improvements – which can include producing a drop-hole cover, filling holes in the slab, distributing ash in the pit, discarding paper used for defecation and building handwashing facilities – she or he takes the necessary action immediately.

   Step 3 – Replication of the model
Once one latrine has been made fly-proof, it becomes the model latrine. The rest of the community is then encouraged to carry out the same actions for their own latrines straight away. To really mobilize immediate action, the facilitator asks all of the latrine owners how long it will take to bring their latrines up to the standard of the model latrine, and how challenging it would be to carry out the small, immediate and doable actions identified previously. The facilitator and community then agree on a timeframe for replicating the model latrine. The timeframe is relatively short, usually less than 15 minutes.

   Step 4 – Self-support
Once the deadline for improving latrines has passed, the facilitator invites the owner who built the initial, model latrine to support another household who has not yet been able to build an appropriate latrine. Other community members are thereafter encouraged to support each other, and this creates a ‘snowball effect’ – a second person supports a third person and so on, until all households have been covered. Throughout this exercise the facilitator will make a list of potential natural leaders and community consultants who can provide further support to households as needed.
Step 5 – Community feedback meeting
At the end of the Follow-up MANDONA process the facilitator provides feedback to the community on its new sanitation status and the remaining challenges to be addressed. A new action plan and deadline is agreed, and the facilitator encourages the community to establish a governance mechanism for managing activities and sustaining improved sanitation and hygiene.

Disseminating the approach beyond the FAA
Conceptualized by the NGO MIARINTSOA, one of close to 30 sub-grantees in Madagascar, Follow-up MANDONA has been continuously refined and strengthened by the FAA. The approach has been shared with sector partners across Madagascar, as well as other GSF-supported programmes in Africa, notably Benin, Togo and Uganda.
Sustaining collective behaviour change through community and institutional governance

Local community governance
Sustaining behaviour change is one of the major challenges in the sanitation and hygiene sector. The FAA’s intense sub-grantee efforts and presence on the ground are difficult to sustain in the long term, and it is therefore possible that communities slip back to defecating in the open or carrying out other unhygienic practices. In addition, the need to achieve large-scale sanitation coverage and hygiene behaviours and the demand for minimum standard requirements for latrines, further accentuates the sustainability challenge. Within the FAA, the concept of local community governance emerged as one solution.

The aim of this approach is to effectively transfer the leadership and technical capacity for maintaining and sustaining sanitation improvements from the sub-grantee to the community and local governance structures. This includes both the technical and organizational know-how necessary to ensure the maintenance of facilities and sustainability of behaviour change.

The transfer of technical capacity is carried out through the Follow-up MANDONA process. During the last phase of Follow-up MANDONA, the community is encouraged to establish a mechanism through which all members of the community can support the collective maintenance and improvement of latrines. As this type of regular, self-organized and collective community work is a tradition deeply rooted in Malagasy culture, sub-grantees therefore build on existing structures and habits. During this process, the goal is for each household to evaluate their own sanitation situation and ask for or provide support as necessary, in order for the whole community to maintain ODF status. This is achieved through dedicating time to clean and make small upgrades to latrines, for example making sure there is a tight fitting drop-hole cover, ash is used in the latrine and water is available for handwashing. The collective sanitation and hygiene work is integrated into general community work that often occurs once or twice a month, known locally as ‘asam-pokonolona’.

Through this process, the aim is to solidify behaviour change and mobilize the community to gradually climb the sanitation ladder.

A system for monitoring the collective community work is put in place through a logbook that records household participation and a sanitation register that records all sanitation actions carried out in the community. The logbook is managed by fokontany chairmen. Sub-grantees continue to monitor the community work as a whole, until it becomes systematic. Once it does, they limit their involvement to monitoring the logbook. Sub-grantees never participate in the actual work involved in ‘asam-pokonolona’ – instead, they focus on advocacy at the commune and district levels to ensure that there is commitment to support community efforts.

Institutional governance
As part of the governance process, sub-grantees gradually hand over leadership responsibilities to local institutions, such as municipalities and local authorities, to ensure sanitation and hygiene initiatives become completely locally owned. This includes helping institutions enhance their technical, financial and organizational leadership related to sustaining ODF status.

Transferring technical leadership to local institutions is achieved through institutional triggering, which involves implementing the methods used in community triggering to ignite change at the institutional level. Transferring financial leadership involves carrying out advocacy activities targeting local decision-makers, in order to boost community financing for improved sanitation. In addition, transferring organizational leadership consists of helping institutions fully establish mechanisms that support community efforts.

Once these capacities have been transferred, sub-grantees hold ceremonies in which the torch is passed to local institutions. These institutions are then encouraged to support neighbouring institutions in their activities to sustain behaviour change and improve sanitation.
Sanitation marketing: low-cost approaches to technology improvements

The World Bank estimates that over 95 percent of the Malagasy population lives on less than $2 a day. This situation can be linked to the prolonged 2009-2014 political crisis that crippled the economy. Furthermore, the country is exposed to a number of natural hazards such as cyclones, floods and droughts, often leading to famine. It is within this context that the FAA has approached sanitation marketing, which applies social and commercial marketing approaches to increase supply and demand for improved sanitation facilities.

The FAA programme encourages people to climb the sanitation ladder by valuing local technologies, materials and skills emerging from the communities themselves, as opposed to imposing externally developed technologies. Such context-appropriate technologies are of particular importance in areas where climatic and geological factors threaten the sustainability of behaviour change. The FAA does not promote one-size-fits-all solutions but rather encourages a range of context-specific solutions developed within local communities. These solutions are continuously refined by sub-grantees, working across the country with engineers who emerge from within the communities during the programme activities. This process encourages people to improve their latrines through the use of affordable materials and skills, while ensuring that their facilities are hygienic and last.

The diverse sanitation marketing approaches cover everything from support to small-scale entrepreneurs to low-cost solutions implemented directly by the latrine owners. For example, communities are sometimes encouraged to collectively buy a bag of cement to smear the slabs of their latrines made of mud and manure, thereby making the latrines easier to clean. The FAA also considers handwashing technologies an integral part of sanitation marketing, as well as various other tools, such as an ash scoop that makes it easier to effectively distribute ash in the pits.

FAA sub-grantee Caritas developed a sanitation marketing approach using an alternative financing mechanism. The approach involves village saving schemes and in-kind payments such as a bag of sweet potatoes, beans or tomatoes in exchange for products and services to improve their latrines. This approach is strongly consistent with Malagasy culture. Furthermore, Caritas works closely with small-scale masons and entrepreneurs to test the market and together with community members and village engineers, they find creative and affordable technological solutions.

A non-negotiable principle, applied across all FAA activities, is that sanitation marketing must never compromise the focus on collective behaviour change, led by the community members themselves. The FAA’s support to the marketing of local and appropriate technologies is therefore initiated only after a village has achieved ODF status.
In many respects the FAA programme is a trailblazer, achieving a level of scale that is almost unprecedented in Africa. This level of achievement naturally presents challenges, for example around sustainability and reliable, consistent monitoring. Regarding slippage, or households returning to previous unhygienic behaviours, the FAA and GSF in general accord great importance to verifying how communities appear to slip back to open defecation, and why. A number of internal studies have therefore been commissioned in Madagascar, both as part of and in addition to standard GSF procedures. Three recent studies by the GSF Country Programme Monitor, the programme’s Executing Agency and the Programme Coordinating Mechanism all reported slippage, but at different rates. Differences in findings seemed to relate to definitions of ODF – reverting to open defecation versus adhering to the programme’s very strict fly-proof latrine criteria7 – and to methodological differences.

While this discrepancy in monitoring data is a serious issue and one that the GSF is urgently working to address and learn more about, the findings do not take away from the FAA’s success in mobilizing thousands of villages and hundreds of thousands of people to change their sanitation and hygiene behaviours. While these internal studies have highlighted some issues in households’ adherence to the strict fly-proof criteria, they also show that in the majority of villages, open defecation is no longer widespread. Some studies show that close to 90 percent of all villages that were declared ODF by the FAA have remained as such, and even the most critical study found that in close to 50 percent of all villages surveyed there was no evidence of a return to open defecation.

The growing experience of GSF-supported programmes in monitoring and evaluation shows that adherence to ODF status over time is not linear, but rather a ‘two steps forward, one step back’ type of process. In this regard, slippage should not be considered, nor monitored as, a ‘yes’ or ‘no’ matter but rather as a sliding scale. This does however pose additional challenges in terms of the complication and expense of recurrent monitoring.

The FAA’s strong focus on the three innovative approaches described in this case study is very much in response to the aforementioned challenges regarding slippage and sustainability. By simultaneously strengthening its monitoring and evaluation systems the expectation is that the FAA will be able to monitor the exact impact of Follow-up MANDONA and other sustainability-oriented approaches, village by village. This is both in terms of countering ODF slippage and continuing to ensure that large numbers of communities move towards improved sanitation and hygiene.

7 These are: the pit has a tight-fitting drop-hole cover that prevents flies from entering; if it is a wooden slab, there are no cracks or holes between planks to allow flies to enter; ash is distributed in the pit after each use in order to eliminate odor and fly larvae; damp parts of the latrine and objects soiled by faeces are covered in ash; materials used for cleansing after defecation are safely discarded; and a handwashing station is present.
GLOBAL SANITATION FUND
INVESTING IN BEHAVIOUR CHANGE TO COMBAT THE SANITATION AND HYGIENE CRISIS

The Global Sanitation Fund (GSF) invests in behaviour change activities that enable large numbers of people in developing countries to improve their sanitation and adopt good hygiene practices. Established in 2008 by the United Nations Office for Project Services (UNOPS)-hosted Water Supply and Sanitation Collaborative Council (WSSCC), the GSF is the only global fund solely dedicated to sanitation and hygiene. The GSF supports national programmes that are community-based and government-supported. Across these countries, a diverse network of stakeholders, including households, local governments, community-based organizations, NGOs, academic institutions and local entrepreneurs, form vibrant sanitation and hygiene movements. Together, they help create the conditions for tens of millions of people to live in open defecation free environments and access adequate toilets and handwashing facilities.

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