

LESSONS LEARNT FROM SANITATION AND HYGIENE PRACTITIONERS' WORKSHOPS: 2007 - 2011



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What works in hygiene and sanitation programming and what does not? Why, with so many good experiences and advances, are basic needs and challenges not met? What are our future priorities?

These questions were addressed in eight regional practitioners' workshops, held in four continents, where approximately 250 professionals shared their experience and research findings on sanitation and hygiene promotion between the period of 2007 and 2011. With over 100 papers delivered and deliberated upon, discussion in the workshops provided remarkable insight into hygiene and sanitation in WASH programming worldwide.

Of the eight regional workshops, seven were organised by the IRC International Water and Sanitation Centre with its partners. WaterAid Australia organised a hygiene practitioners' workshop in Melbourne, which was attended by IRC. This report highlights the commonalities and innovative thinking arising from the deliberations in all eight workshops. It underscores the urgent need to prioritise sanitation and hygiene in WASH programmes and details key intervention strategies that are helpful in improving governance and enhancing, for example, urban/rural programming, financing, and monitoring.

Sanitation and hygiene practitioners' workshops

East Africa practitioners' workshop on pro-poor urban sanitation and hygiene (29-31 March 2011, Kigali, Rwanda) hosted by the Ministry of Health of the Republic of Rwanda; supported by IRC, the German International Cooperation (GIZ), UNICEF Regional Office, WaterAid and the Water Supply and Sanitation Collaborative Council (WSSCC)

South Asia hygiene practitioners' workshop (1-4 February 2010, Dhaka, Bangladesh) co-organised by IRC, BRAC Bangladesh, WaterAid and the WSSCC

Community of practice learning workshop on hygiene promotion (June 2010, Melbourne, Australia) organised by WaterAid Australia

Seminario de intercambio de experiencias sobre gobernanza de servicios de saneamiento sostenibles en Centroamérica (1-3 February 2010, San Salvador, El Salvador) supported by IRC, Red de Agua y Saneamiento de el Salvador, Red Regional de Saneamiento de Centroamerica (RRAS-CA) and the WSSCC

Partnerships for sanitation for the urban poor: learning & sharing workshop (24-25 November 2009, Maputo Mozambique) hosted by Conselho de Regulação do Abastecimento de Agua; co-convened by the IRC, WSSCC and Building Partnerships for Development (BPD Water and Sanitation); supported by the CoWater Consultores in Maputo and the Water Sanitation Program in Mozambique

West Africa regional sanitation and hygiene symposium (3-5 November 2009, Accra, Ghana) jointly organised by IRC, the Resource Centre Network Ghana, UNICEF, West Africa Water Initiative (WAWI) and WaterAid; supported by the WSSCC

South Asian sanitation & hygiene practitioners' workshop (29-31 January 2008, Dhaka, Bangladesh) co-organised by IRC, BRAC Bangladesh, WaterAid and the WSSCC

Seminar for practitioners on household and school sanitation and hygiene in East and Southern Africa (19-21 November 2007, Moshi, Tanzania) supported by IRC, UNICEF East and Southern Africa and the WSSCC

1 Prioritising sanitation and hygiene

The health benefits of safe hygiene and sanitation are well acknowledged to substantially reduce diarrhoea, acute respiratory infections such as pneumonia and influenza, worm infestations and infections of eye and skin. Despite these benefits, safe hygiene and sanitation are not universally practised. For example, structured observations in 10 countries showed that on average only 17% of the people in the representative samples were washing their hands with soap after defecation (Curtis, 2010). While there is some evidence that intensive, well-organised programmes help

develop sanitation and hygiene behaviours which can be sustained for years after the interventions (Cairncross et al, 2005), the relatively low priority directed to sanitation and hygiene by national level actors and among donors is puzzling.

If the health benefits of sanitation and hygiene are to be secured, long-term programmes with sufficient resources and commitment are prerequisites. Sanitation and hygiene should not be reduced to a paragraph in health or water policies. Furthermore, it will need to be inscribed in the



political agenda that coverage is not enough: capital investment alone will not ensure sustainability. What matters are effective services, use by all, and universal hygiene practices that reduce health risks and prevent environmental contamination.

Interventions for sanitation and water supply are effective only if hygienic conditions and practices are achieved. In the Water, Sanitation, and Hygiene (WASH) sector, hygiene relates to a broad range of practices that are known to

provide greater health advantages. These are: hand washing with soap, safe disposal of human excreta, keeping drinking water safe from source to mouth, and using enough water for hygiene. As hygiene is context-specific, other hygienic practices for implementation may touch upon: food hygiene, control of animals around the home, disposal of the dead, cleaning of public places, control and use of waste water. The challenge therefore is not only to advance general hygienic conditions, but to also promote hygienic practices specific to the needs of communities and people.

2 Strategies for sanitation and hygiene

Traditionally hygiene and sanitation promotion has been didactic, which generally meant giving health talks and repeating health messages. Gradually, other strategies – community participatory approaches followed by social marketing – were developed, and after years of competition between advocates of each, general agreement on the significance of both in the sanitation and hygiene sector was reached.

In practice, there is considerable overlap and borrowing between social marketing and community strategies. For example, Community-Led Total Sanitation (CLTS) often uses social marketing techniques; while social marketing campaigns include community-based and face-to-face communication. In general, it has been observed that, social marketing approaches seem more applicable to the promotion of single practices, such as hand washing with soap. Community approaches and participatory processes are often found to be more appropriate for the promotion of multiple behaviour changes.

No matter which strategy is employed, sanitation and hygiene promotion requires motivation and demand creation. Therefore, introducing new behaviours and practices must be appealing, and not merely a replication of didactic health messages aimed at prompting behavioural change. Depending

on the local context, some drivers that may effect change include: nurture (the need to protect children), affiliation (the need to fit in with family or group, avoiding disputes), comfort (convenience, time, weather, privacy), attracting others (pride, cleanliness, gaining more votes, attracting brides/bridegrooms), disgust with the earlier behaviour (open defecation), dignity and responsibility, economics (saves money, makes money), and existing cultural beliefs (Curtis, 2010).

The following details the main strategies carried out in sanitation and hygiene programmes.

Mass social marketing is being applied to achieve behavioural change at scale. For example, the campaign for hand washing with soap is now being taken up, with local adaptations across 15 countries. These campaigns are usually organised in combination with mass media and the interpersonal promotion of the benefits to changing sanitation and hygiene behaviour. Other components employed include: conducting audience research; selecting appropriate channels and forms of communication; and putting to test innovative activities and messages for specific audience groups. The mobilisation of partners and public-private partnerships also figure strongly in social marketing.

Community-based WASH programmes and participatory approaches include total sanitation campaigns and Community-Led Total Sanitation (CLTS). These often begin with participatory activities and negotiation leading to the formulation of agreed multi-focus plans which are then carried out by an entire community or sub-group with support from field staff of an NGO or external agency. Training, capacity building and follow-up support for local groups are often prioritised in successful community programmes. Many interventions also support outlets for materials and know-how through SaniMarts, sani-centres and local entrepreneurs.

Community-Led Total Sanitation (CLTS) is an approach that seeks to put an end to the practice of open defecation through the safe disposal of faeces. Strategies for safe disposal may also include components of solid waste disposal and clean environments; home treatment of drinking water; hand washing facilities or improved food hygiene. CLTS enables communities to take collective decision to and actions against open defecation. Collective decision-making and action are often triggered by organising motivational participatory activities that provide baseline data on current practices of open defecation, mapping, transect walks (walk of shame), etc. Once communities are triggered to take action, the process is led by local government and, ideally, would involve all local institutions and households that use their own resources for the installation of sanitation facilities. Some programmes also provide significant financial rewards to villages that are declared as open-defecation free and/

or offer credit or subsidies to the poorest families within a community.

Working with schools Throughout the workshops, over 16 programmes with a school component were represented. School programmes on sanitation and hygiene develop hygienic behaviour among adults of the future generation and stimulate young people to influence the hygienic behavior of their families and community. School programmes focus on a wide range of issues that may include water supply and use, sanitation, worm infestation, personal and menstrual hygiene. The UNICEF has been a prime mover and innovator in this field and has been responsible for introducing water, hygiene and sanitation programmes in schools in many countries. In some countries, UNICEF-initiated WASH programmes had also been used to strengthen national government plans and programming. The success of the school WASH programme depends on enabling factors such as: teacher training, strong school management and effective education departments that take responsibility for the programme. There is a need for consistent inspection and enforcement by education and health officers to ensure that sanitation facilities are kept clean and maintained, with well-used facilities. In addition, school programmes should be developed within the framework of the overall water and sanitation programme of communities. This ensures that school programmes can help improve conditions and practices in households and communities. Similarly, community-based water and sanitation initiatives can support facilities and activities in local schools.

3 Implementing strategies better: management, capacity, roles

Focus on management, mobilisation and governance among partners

As with so many programmes, the most vulnerable features – the soft under-belly – of sanitation and hygiene services are management and governance. Towards the improvement of governance, the workshop participants provided examples on how multi-stakeholder coalitions or platforms contribute to strengthening accountability and transparency. Multi-stakeholder coalitions are typically comprised of four groups (i.e. local government, private sector, civil society, and households).

Government: In the context of decentralisation and sector-wide approaches, the role of municipalities and local government in sanitation and hygiene is crucial. To enable good management, complexity in governmental structures involved in sanitation and hygiene needs to be minimised and simplified, in parallel to carrying out capacity building activities at various levels (Peredo, 2009). Strong and ongoing capacity development for government personnel are required, as well as the introduction and application of tools that ensure transparency and accountability (Smits et al, 2010; McLeod, 2010).

Private sector: Private sector involvement and non-traditional financing opportunities for the WASH sector have increased in the more recent years. This is partly explained by growing confidence on micro-credit financing. Public-private partnerships (PPP) have attracted attention particularly in the context of campaigns for hand washing with soap. Experience in PPP has shown that maintaining partnerships between government and private companies is challenging especially where different interests need to be managed. Interestingly, the easier partnerships to sustain seemed to be those between government and associations of small soap manufacturers, or those outside the soap sector (such as with mobile phone providers) in which no particular soap brand needs be advertised or purchased (Bevan and Thomas, 2009).

Civil society: An extraordinary amount of labour in the WASH sector is provided by community-based organisations (CBOs) that range in size from small committees to nationwide organisations such as the Vietnam Women's Association. CBOs undertake very diverse roles in the sector, from being voluntary co-operants, to partners or fee-paid contractees. In the WASH sector, the most common volunteer group is known to be the Water, Sanitation, and Hygiene committees



(WASH committees). Among the major challenges faced by WASH committees include lack in capacity for its members to manage and carry out their responsibilities to sustain sanitation and hygiene conditions. It is often argued that WASH committees are assigned too many tasks – often by outsiders – posing challenges to effective implementation.

Another facet in civil society is the role played by non-governmental organisations (NGOs). NGOs have been prime movers and innovators in sanitation and hygiene through the promotion of appropriate technologies, participatory approaches and financial mechanisms (including micro-credit). Interesting NGO experiences in Bolivia, Guatemala, Honduras, Timor Leste and Southern Africa for example, reflect a general shift in national focus from the direct delivery of water and sanitation projects in communities, to more structured capacity development and support for municipalities and local government. As the NGO sector has grown rapidly, so have reflections on its quality, capacity, scope of governance and ability to empower local groups.

Rural and urban communities: To their subsequent regret, some planners still tend to assume that local communities and municipalities are homogeneous or are blank sheets (tabula rasa) onto which new programmes and fixed timelines can be inscribed. However each community has its own physical setting, history, politics and dynamics, leaders, culture and belief systems. Several papers noted that planning must be based on the recognition of these differences. For example, the Hygiene Improvement Programme (HIP) of the United States Agency for International Development (USAID) works with families who are often under considerable stress, caring for family members with HIV/AIDS. In this programme, field workers and the families they work with negotiate gradual changes that are easy for the family to achieve. Small and sequential hygiene steps called ‘do-able’ actions are implemented, which the families put to test for a fixed period of time, followed by a process of reflection with the field workers.

Another strategy found to be relevant for all community programmes is coercion, whereby policy allows for fines to be imposed against households without latrines. Whilst no consensus on the use of coercion in the workshops was reached, experience shows that coercion may result in rapid construction of household latrines, but not in well-used or well-constructed facilities.

More effective forms of capacity building

A common theme that cuts across professionals in government, the private sector and civil society is the need for capacity building. There is disillusionment with one-off didactic training, general refresher courses, and a decisive move toward linking training closely to immediate action. A shift has taken place towards other forms of capacity building involving participatory learning strategies, exchange visits and learning alliances. Learning alliances are a series of connected stakeholder platforms designed to break down barriers to horizontal and vertical information sharing, which in effect, speeds up the process of identification and uptake of innovation.

Higher levels of participation

A key feature of many community programmes is participation. However there continues to be some confusion in the sector about the concept of participation as participation may mean so many things. Participation can take the form of attendance to a meeting or having community groups help carry out pre-set activities. At the more empowering end of the scale, participation can take the form of community groups demanding for their rights and entitlements or setting their own agendas and programmes for which there were several experiences reported in the workshops. To facilitate this type of empowerment, participatory planning frameworks such as the Participatory Rural Appraisal (PRA) and Participatory Hygiene and Sanitation Transformation (PHAST) are carried out as in the case of Africa and the Pacific. Quality is the key and a crucial challenge particularly in addressing larger scale efforts.

Keep gender on the map

Interestingly, the workshops that focused on hygiene promotion (South Asia 2010 and Australia 2010) had a stronger gender perspective than those dealing predominantly with sanitation. Three main issues were raised. Firstly, it is imperative that sanitation and hygiene promotion is a concern shared by men, women, and children, and not solely made the responsibility of women (GWA, 2006; Sijbesma, 2010). Others argued that hygiene promotion is of special concern for men and adolescent boys. In two experiences in Bangladesh and Nepal, promoting male involvement involves the use of short messages that emphasise the economic and status benefits derived from practicing hygiene and sanitation. Secondly, gender stereotypes continue to inform recruitment practice and staffing. Thirdly, noting that improved menstrual hygiene facilitates women's greater mobility and freedom, improving menstrual hygiene was considered significant in achieving women's human rights.

Technology challenges

Unfortunately, after decades of experimentation, there are few affordable technologies for on-site latrines in difficult areas (rocky soil, flood-prone and high water table areas). Ecological sanitation may be a solution for these difficult areas, although cost may be a challenge. Three case studies focused on ecological sanitation (ECOSAN) and all three

papers demonstrated that cultural inhibitions related to the storage and re-use of excreta can be overcome through effective projects. The case studies demonstrate that people can be motivated by the economic benefits of ECOSAN and that, as a technology, it may be a solution for high groundwater tables, flooding and loose soils

Improving the enabling environment

The workshops revealed a striking increase in attention being paid to the enabling environment which removes barriers and provides opportunities for new hygiene and sanitation practices. In communities, the enabling environment refers to, for example, cost and affordability, problem solving, strong mobilisation and promotion. Within projects, the enabling environment also includes the benefits of combining sanitation development with income generation opportunities. Another aspect that creates an enabling environment is through follow up activities that go beyond the formal conclusion of a project. This is to ensure that sanitation and hygiene practices that have recently been introduced become ingrained in the day-to-day practice and behaviour of communities. At the institutional level, creating an enabling environment requires simplifying institutional responsibilities, nurturing effective collaborators, appropriate budget allocation and understanding (and financing) the costs of software.

4 Urban poor

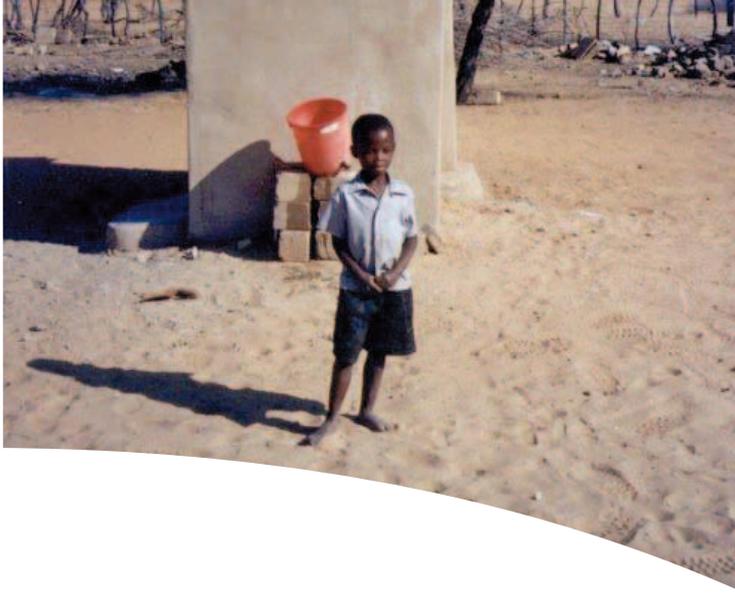
Three out of the eight regional workshops (Central America, East Africa and Southern Africa) focused on sanitation in towns and cities, especially slum areas. Many cities and towns are subject to rapid, often unplanned growth resulting in the expansion of large informal slum settlements. While coverage is higher than in most rural areas, the vast majority of the people living in slum settlements in African and Asian towns and cities use on-site sanitation, usually pit latrines. Major challenges are the lack of space and oftentimes, the poor quality and maintenance of toilets. For example, this may include overflowing toilets during rains, pollution and pit emptying. Standard rural interventions cannot be transplanted to urban settlements because of its diverse and transient populations, lack of land tenure, weaker local leadership and sometimes, the absence of active community groups (Verhagen and Ryan, 2008; Potter, 2009; Henning and Nyawira, 2011). In Central and South America, while sewerage is becoming more common nowadays, access by the poor still remains a great challenge (Smits et al, 2010).

In Dar es Salaam about 60% of the population use pit latrines, which are mostly left in unsanitary conditions or are found to be non-operational (Natty, 2011). As in many countries, the institutional environment is complex. In this case, four Ministries and several local authorities have assumed the responsibility for sanitation. An added complication is that

household latrines and their maintenance are considered to be outside the domain of the government. In cities where there exist a small and affluent minority connected to a piped sewerage system, poor and informal settlers are left to struggle with pit latrines (Gugu and Hucks, 2011).

One response to these problems has been through the construction of group toilets or public, pay-and-use toilets, sometimes with additional services for bathing or clothes washing. For example, three projects in Kampala combined social marketing with innovative financing and income generation (Nambembezi, 2011; Numwagaba, 2011; Tumwebaze, 2011). Financing, as will be discussed in the next section, enabled local manufacturers and entrepreneurs to construct and operate public toilets. In Kampala, approximately 110 public toilet blocks were constructed, and 45 were renovated. In Kigali, the private Rwanda Environment Care has implemented large ECOSAN public pay-and-use toilets in crowded public areas in the capital city. Public willingness to use and interest to learn about ECOSAN facilities, while fertilizer residues are being marketed, is found to be positive (Dusingizumuremyi, 2011).

Unfortunately the issue of final sludge disposal and reuse in urban sanitation continues to be neglected. If raw excreta remains untreated and disposed in the environment, efforts



to increase toilet coverage to facilitate improved sanitation and hygiene behaviour are defeated. Further, as the primary benefactors of on-site latrines, urban poor households are expected to pay for pit and tank emptying. Ironically, it is owing to this system that the urban poor end up paying much more than the rich. In Dar es Salaam, for example, poor households with pit latrines that are emptied by hand (coverage of approximately 4 million people), currently pay 22 to 280 times more than those with access to piped sewerage (only 7% of the population) or households located close to where the vacuum trucks are stationed (Natty, 2011). Perhaps not surprisingly, urban sanitation interventions, where sludge and wastewater problems are more visible, tend to focus more holistically on the entire span of the sanitation chain – the facility, transport, treatment and disposal/reuse of waste – and hygienic practices (Awuah, 2009).

Recommendations emerging from the workshops that discussed urban sanitation tended to focus on improving institutional settings and financing. With respect to both the Central America workshop in 2010 and the East African workshop in 2011, both emphasised the importance for improvements in local government and capacity development of government and staff (Smits et al, 2010; IRC, 2011). Discussion in these workshops pointed out for the need to simplify current institutional settings by proposing for the issue of sanitation to be treated as a separate institutional entity, as well as facilitating improved coordination among organisations that implement sanitation-related projects in a given area. Several recommendations linked to increasing public commitment, financial support for construction and pit emptying and improved regulation were also offered.

5 Financing and reaching poor people

One of the biggest challenges in implementing high quality sanitation services is the delivery and effective use of adequate financing. While there is limited research on sanitation financing and programme effectiveness, the landmark study by Trémolet (2010) on on-site household sanitation programmes in Bangladesh, Ecuador, Maharashtra (India), Mozambique, Senegal and Vietnam offers valuable insights that help address these issues. An important finding of the study validates the importance of software investments and the need for subsidies. Although software costs represent only a small portion of total costs for improved sanitation and hygiene, these are fundamental to ensuring that sanitation programmes are able to operate at scale.

Financing mechanisms

Trémolet (2010) states that providing access to credit seems to be a very effective way to promote household sanitation, for example, through revolving funds and savings groups. This credit also leverages household investments. In a similar vein, Smits et al. (2010) noted that, micro-finance organisations are

capable of facilitating on-site sanitation in many rural areas of Central America by spreading payments over time for very poor people.

Case studies on programmes in urbanised Kampala highlighted the significance of credit mechanisms for the private sector. Financing mechanisms included revolving funds for landlords and micro-credit institutions that provide access to special loan terms for manufacturers of parts and for entrepreneurs to construct and operate public toilets. Income generation possibilities for the construction and maintenance of household toilets – the deployment of local masons, briquette making, plastic weaving using collected polythene bags littered in the environment – were also presented. In these cases, sanitation marketing was combined with micro-financing and public-private partnerships to facilitate increased access in private sector products and services (Nambembezi, 2011; Numwagaba, 2011; Tumwebaze, 2011). In the Central American workshop, interesting experiences on financing were described. For example, sanitation marketing

approaches and public financing for wastewater treatment were used to support households in investing and upgrading their own sanitary installations (Brussee et al, 2010).

In many developing countries, governmental resources are meagre and with decentralisation processes, the transfer and use of funds at intermediate and local levels remains a challenge. A question remains on what type of financing options are available for other technologies. Or, would it be possible to develop a pro-poor sewerage, for example?

Rewards and prizes: Financial rewards or prizes for achieving total sanitation have led to a rapid increase in communities achieving open defecation free (ODF) status. These communities are largely found in Asia. However financial rewards can also be subject to corruption and can lead to rapid construction without ensuring sustainable toilet use (Trémolet, 2009; Demedeme and Nutsugah, 2009). As an alternative to financial prizes, some projects provide awards in the form of technical assistance or resources for other community priorities upon the achievement of ODF status (Sijbema, 2008).

Subsidies or not? After eliminating subsidies for household latrines, some countries in Asia, for example, India and Bangladesh, have reinstated subsidies but only for the very

poor households. By contrast, in Africa, household toilets are not usually subsidised. Contrary to some current thinking, Trémolet (2010) recommended that targeted, small hardware subsidies may help reach the very poor and should be included in programmes. Similarly, for pit emptying activities in urban areas, subsidies can be created by increasing the tariffs for the rich who have access to sewerage services, to create a fund that makes it possible for the poor to reap the benefits of sanitation facilities and hygienic behaviour. However these subsidies will need to be disbursed carefully, preferably through transparent processes and consensus building with the active involvement of community and independent monitoring bodies.

Understanding the cost: Overall there is a lack of understanding of the full costs associated with, and the various financing modalities that cover the full spectrum or parts of the sanitation chain (the sanitary unit itself, the sewer systems, wastewater treatment) (Awuah, 2009; Brussee et al, 2010). Moreover there is little information on the costs of hygiene promotion. This may partly be explained by ad hoc planning and low resources dedicated to hygiene promotion and sanitation programmes. This issue is being addressed through IRC's WASHCost project which seeks to examine and surface the life-cycle costs of water and sanitation facilities.

6 How to monitor and measure

Traditionally sanitation is monitored for coverage by counting the number of facilities constructed. This provides misleading data as traditional monitoring practice does not take into account actual use, nor facilities that fall out or are no longer in use (due to filled pits, bad maintenance, flooding and so on) (Pezon et al, 2010). Monitoring must be of good quality to be useful. An example of improved monitoring systems is through the more recent introduction of formative monitoring where problems in programme execution and field activities are identified, followed by a process of searching for solutions that seek to mitigate challenges, redress these, and improve the quality and governance of programmes. In Maputo for example, 'block leaders' (the lowest tier of the municipal administration) who had received training through a WSP managed programme visited and, importantly, re-visited households to monitor their latrines. According to Hawkins and Muxímpua (2011), constant visitations and monitoring resulted to the spontaneous and consistent upgrading of households facilities in three densely populated neighborhoods in Maputo.

Monitoring hygiene behaviours is difficult. To monitor practices, some projects continue to rely on self-reporting, that is, asking people to report on their own sanitation and hygiene practices which often result to highly optimistic findings. Demonstrating this Curtis, Danquah et al (2009)

showed that self reports on hand washing with soap resulted to findings that were two to three times higher than findings drawn from household observations. Household observation is a monitoring practice that examines ways by which a particular practice is carried out by household members. As household observations require for researchers or field workers to visit the study site, carrying this out is often very costly. A third and cheaper (but more limited) approach to measuring practices makes use of indicators by conducting spot checks of physical conditions. During spot checks, questions such as – Do toilets shown signs of use? Are they clean? Are materials for hand washing organised and used? Is stored water protected? – are addressed.

Another group of monitoring methods, which deserves greater attention, is those that employ participatory approaches. If done correctly by well-trained facilitators, validity and objectivity of data arising from participatory monitoring approaches are achieved through a process of cross checking. In some approaches (such as the Methodology of Participatory Assessment), local groups quantify qualitative information with the use of rating scales or mapping (Sijbesma, 2010). Data drawn from this process of quantification can be used to address immediate problems and to compare progress between communities, making it possible to potentially manage change better.



It also appears that some donors are still interested in health impact studies – that is, measuring the impact of hygiene promotion on health. These studies are difficult, expensive and often give equivocal results, which explain why the World

Bank and London School of Hygiene and Tropical Medicine recommend against health impact evaluations of field projects (Cairncross & Valdmanis 2006).

7 Where do we want to be?

The workshops and papers point to several recommendations where efforts and resources should be concentrated in the next three to eight years.

Firstly, the switching and sometimes contradictory trends in the sanitation and hygiene programmes should give way to a more consistent, reflective, longer, and well-monitored efforts. Sanitation and hygiene programmes should also be based on a holistic framework that covers a broad geographic scope so that issues of sustainability and scale are addressed. More intensive focus should also be directed to the poor and slum dwellers in towns and cities.

Secondly, greater attention should be given to priorities integral to good management, such as intensive supervision, intensive field contacts and capacity building. Good management also requires placing accountability and transparency mechanisms on the agenda. A decisive shift towards establishing partnerships between local government, civil society, the private sector and community members

and developing the capacities in ways that facilitate responsiveness to a specific situation are key to improving management.

Thirdly, we need to vastly expand our knowledge base by carrying out research on the specific challenges and problems already recognised in the different sanitation and hygiene strategies. We should also accelerate our efforts to expand this knowledge base by applying practical monitoring tools and using innovative tools that study behavioural change.

Lastly, future programmes are more effective when these are informed by the best of the past – learning from and building on existing and viable strategies and institutions – as opposed to focusing on the creation of new ones. The same goes for scaling up strategies where the application of participatory approaches, social marketing and community approaches have proven to be useful in advancing sanitation and hygiene practices and conditions.

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LESSONS LEARNT FROM SANITATION AND HYGIENE PRACTITIONERS' WORKSHOPS: 2007-2011

What works in hygiene and sanitation programming and what does not? This report brings together the important lessons learnt from selected workshops on sanitation and hygiene organised by IRC with the support of the WSSCC and other partners in the sector. Based on selected presentations and engagement in workshops spanning the years 2007-2011, it captures the most pressing issues faced by today's practitioners working on sanitation and hygiene. This report details the commonalities and innovative thinking arising from IRC and its partners' engagement in all eight workshops, and gives insight into key intervention strategies and collective action that may be taken in advancing sustainable delivery and access to improved sanitation and hygiene conditions.

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