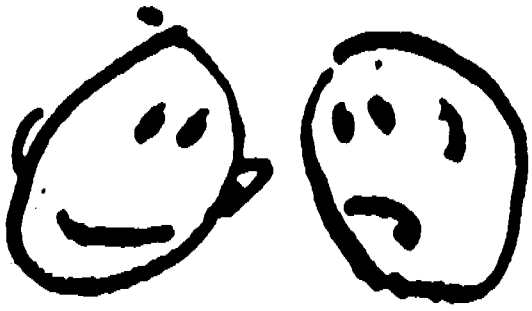
Water and Environmental Sanitation

Improved Programming
through
Communication, Mobilization, Participation



A programme approach on a new footing

IRC Water and Sanitation Centre **The Hague, May 1995**

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Executive Summary

The water and sanitation sector has faced repeated disappointments with the results of its interventions. The health, social and economic goals of too many programmes have been sidetracked. There are many reasons for this. Many projects are planned on the basis of preconceived, vague assumptions about behaviours needed in the community or family. These general assumptions, when transformed into project objectives, are often phrased in ambitious technical, rather than behavioural terms - number of water outlets per village, numbers of units to be constructed. Programmes then are forced to focus on service provision and become supply-driven, rather than oriented to behaviour or demand. Too much WES investment has been undermined by inadequate community consultation, advocacy, use, functionality and sustainability.

This paper moves beyond construction targets. It presents a framework for improved programming by the water and sanitation sector in both rural and urban areas. The approach is based on two-way communication and advocacy among politicians, policy-makers, key agencies, sector staff, service providers and communities about the content of WES and hygiene, as well as their roles as partners, with co-responsibilities. Through partnerships, it seeks to match optimally interests, potential contributions and responsibilities in a process of give and take. When applied, the approach will empower families to sustain changed behaviours and participation resulting in improved hygiene, continued functioning of facilities and sustainability of services. Its goal is improved health.

Thus, this strategy brings together the processes advocacy (political will), adult participatory learning, social mobilization (all partners), applied research, programme communication, community participation and application in the field, preferably building on existing systems. Elements of the strategy are:

** a **strong interpersonal communication** base for participation, advocacy, mobilization of partners, education at all levels;
** **management through teamwork**, bringing together technical and 'software' expertise in a process of flexible programming;
** **advocacy** to evoke an awareness of the importance of WES, the need for new approaches and co-responsibility among all partners;
** **social mobilization** with step-by-step planning, allowing for revision as needed;
** **reasoned decisions about emphasis** on advocacy, mobilization, communication, implementation and selection of hardware and the **level and types of community participation** which can be supported;
** **programme communication** emphasizing interpersonal communication both traditional and non-traditional;
** **hygiene promotion** to address essential, life-preserving behaviours and barriers to reinforcing these;
** **research** and learning at all stages: for planning, mobilization, implementation, sustaining behaviours and services;
** **monitoring and evaluation** based on behaviour-related **indicators** and benchmarks which obviously reflect the programme objectives.

The challenge lies with the effective operationalization of these elements. Implementation will differ in each situation. The proposed strategy starts with communities, their composition, perceptions, needs and knowledge. Then bottlenecks and gaps in human resources and skills must be identified, as well as opportunities which may be built on. This leads immediately to the prioritization of elements from among those listed earlier. Finally, these elements must be brought together, for example through structured advocacy activities, participatory planning and, importantly, capacity building for improved communication and programming at every level. Through this, communities, service personnel and leaders will be able to test their problem-solving approaches within the context of the on-going programme.

Introduction

1. The Water Decade, from 1981 to 1990, brought safe water and sanitation to 2.1 billion people. However, the challenge of the 'Decade' has not ended. Faced with increasing populations, higher levels of pollution, and resources which are stagnant or declining, the water and sanitation sector now has the task of bringing these benefits to another 2.2 billion by the year 2000.

2. Against that background, the Ministerial Conference on Drinking Water and Environmental Sanitation, held at Noordwijk, the Netherlands in March 1994, concluded that business as usual is no longer acceptable. It decided in its Action Programme that '...water supply and sanitation decisions must be based on a dialogue about the attitudes and needs of people in rural and urban communities, and on what they can manage, maintain and pay for. Behaviour at political and governmental level, as well as in the water supply and sanitation sector, must change as required.'

3. In line with the Action Programme of the Ministerial Conference, the proposed programme is aimed at developing the communication strategies and addressing the conditions required to enable the necessary changes in approach and behaviour at community, sector and policy level. It was developed under the general umbrella of the Water Supply and Sanitation Collaborative Council, through its working groups on "Communication of Information" (1987-1989), "Public Information and Promotion" (1989-1991) and "IEC - Information, Education, Communication" (1991-1993).

4. These working groups were led and supported by IRC, with additional support from UNDP's Global and Interregional Programme and UNICEF's Water and Environmental Sanitation Section. Since then, UNICEF and IRC have been working together, under the wing of the Collaborative Council, to start specific activities towards the general introduction of this thrust. It was welcomed by the UN Interagency Steering Committee for Water and Sanitation and taken by the Collaborative Council as one of the major activities of its programme, decided upon at the meeting of the Council at Rabat in September 1993.

5. A special working meeting was held during the UNICEF Global WATSAN Meeting at Bangalore, India in March 1994, to which expert consultants with a long experience in similar activities in the water sector in India and other countries rendered their support. UNICEF WATSAN staff from 15 countries expressed their interest to embark on a mobilization activity of the kind described here, in the countries where they were stationed. In the meantime activities in Guinea Bissau have already started. Once agreement on the approach has been reached with other countries, the process to start activities in these countries will be taken in hand.

Justification

6. The water and sanitation sector has faced repeated disappointments with the results of its interventions. In too many programmes, efforts to achieve a high level of 'coverage' at considerable expense, have been undermined by inadequate design, functioning, use and sustainability. Health, social and economic objectives are sidetracked. The following are

observations taken from evaluations of actual WES projects, which unfortunately are all too common:

- Targets are met. However, wells and latrines have been constructed which benefit middle and upper income groups, not the poor.

- Sometimes as many as 60% of the handpumps are out of commission.

- Latrines were built but not used, except for storage, as the construction is sturdy enough to protect family valuables.

- The water and sanitation project has a high level of coverage but parasite infestation among children remains unchanged (80% to 100% depending on the location).

- Unsafe sources continue to be used for drinking while new, improved sources are often used for washing, for animals, for brick-making and construction.

- Irrational access: Some areas have multiple sources for few families. Others have one source with 60 to 100 families queuing for water.

- In one large scheme where the water and sanitation project has been under implementation for ten years, there are annual outbreaks of cholera at the end of the dry season/beginning of the rainy season.

- School and health centre latrines are filthy and have fallen into disuse.

7. There are many reasons for these resource-wasting problems. Some begin with project design. Many projects are appraised on the basis of preconceived, vague assumptions about behaviours needed in the community or family. These general assumptions, when transformed into project objectives, are often phrased in ambitious technical, rather than behavioural terms--number of water outlets per village, numbers of units to be constructed. Programmes then are forced to focus on service provision, becoming supply-driven, rather than oriented to behaviour or demand. This approach underemphasizes issues of functionality, effective deployment of project resources, selection of technology, use of water and sanitation facilities, sustainability and, most importantly, possible health impact.

8. Other problems relate to the implementation process. These include: failure to achieve commitment among key institutions and partners to the objectives and desired behaviours; slow and sloppy contracting and construction which does not take consumer demands or needs into account; failure to involve families in two-way communication and health education; failure in mobilizing agencies responsible for finance, construction, extension, education; failure in research and monitoring.

9. Often no effort is given to distinguishing between life-preserving (essential) behaviours and the means for achieving them, between the ends and the means. Even though there is overlap, the distinction is very important. If no distinction is made, then programming tends to aim at the means rather than the objectives. For example, the selection and organization of the means (wells with handpumps) may overshadow the essential behaviour (drinking safe water). If wells with handpumps (the means) become the objective, then options for

community participation are circumscribed from the start (eg. to site selection, O&M) and the programme communication has the additional burden of persuading people to use a new technology. Confusing means with objectives also tends to exclude low-cost options, exclude community-managed alternatives and exclude complementary activities such as upgrading springs and traditional wells, which can be more acceptable, faster and cheaper in some locations.

General Approach [1]

10. This paper moves beyond construction and coverage targets. It presents a framework for improved programming in the water and sanitation sector in both rural and urban areas. The approach is based, in broad lines, on the need for *two-way communication* and *advocacy* among all partners about the content of WES and hygiene, as well as on their role as partners, with co-responsibilities. These partners include policy-makers and politicians, key agencies, sector staff, the communities and sub-groups within communities. The approach also addresses *social mobilization* leading to planning and implementation with research and capacity-building of a quality that enables the government and communities to carry out their roles effectively. The approach acknowledges that *sustainability* in the longer term depends less on physical inputs, supply management or cost recovery mechanisms than on social, economic and political factors.

11. When applied, the approach varies with local conditions and existing resources. It is result-oriented, behaviour-oriented but not hasty. It enables the *empowerment* of families to *sustain changed behaviours* and real participation. The outcome of deliberate application of the proposed approach is improved health: consistent behaviours by families for improved hygiene, continued functioning of facilities, sustainability of services, and improved country programming.

12. The roots of this approach lie in the signal experience of the past decades in development communication, health education, community participation and participatory adult learning. These frameworks are often seen to be in conflict. The attempt here is not to resolve this conflict, about which much has been written beyond the scope of a short paper. Rather, it is proposed that these strategies can and should be complementary, fitting together in practice.

13. Successful programmes have been mounted in which social mobilization, communication processes and community participation are targeted at clearly defined behavioural objectives, through qualitative development of decision-making at the top and in communities which are served. Experience, in one way or another, in one location or another, exists.[2] However, it needs to be applied more systematically and on a larger scale in the WES sector. It is important to note that dissemination is by application of the processes, not by attempting to copy or 'replicate' projects in different contexts.

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[1] See appendix 2 which expands on the General Approach

[2] See appendix 2, page 1 for further discussion.

Objectives

14. WES programmes should be understood as strategies for behavioural change. Communication is a social process, not merely materials or media utilization, which is meant to help bring this change about. The goal of improved WES programming is the achievement of sustained behaviours for improved health. It seeks to enable communities and families to develop hygiene behaviours essential for health, as well as to encourage their commitment to maintain these. It enables communities and planners to share and analyze their understanding of conditions while also testing possible problem-solving approaches immediately. The specific objectives of the proposed programming strategies are to:

- establish commitment within administrations to encourage community/user participation in planning, decision-making, implementation and management of projects which respond to specific water and sanitation requirements and behaviours --- and establish commitment among politicians and policy-makers at all levels to water supply and sanitation;

- build capacity and commitment among service providers and their institutions to operationalize plans through improved ways of communicating that respond to user and community cultures and behaviours, as well as to their specific requirements in the WES sector;

- facilitate partnerships between planners, implementors, communities and other stake holders through learning projects applying communication strategies and shared roles/responsibilities between planners, implementors and communities.

15. This approach does not seek to create entirely new programmes, but to support more effective implementation of current projects and programmes in both rural and urban areas.

Strategic Application

16. The challenge of the strategy lies not primarily in assessing or comparing various frameworks for behaviour change. The greater challenge is, within a specific situation, to operationalize effectively these frameworks with maximum complementarity. Implementation should not be partial or haphazard. *All essential elements* should be implemented, bringing together the processes advocacy (political will), adult participatory learning, social mobilization (all partners), applied research, programme communication, community participation and application in the field, preferably building on existing systems. If the fit among these elements is to be effective, then they should be developed as described in the following paragraphs.

17. For a practical partnership approach, the interests, potential contributions, perceptions and responsibilities of all stake holders must be matched as optimally as possible in a gradual process of give and take. For this, a *strong interpersonal communication base* must be built for participation, advocacy, mobilization of partners, education. Effective interpersonal communication is essential. In particular, changes in the private behaviours associated with water and sanitation are not provoked or sustained exclusively through use of the mass media.

18. The experience of the past decades has shown that behaviours, the things people do or can do to improve their hygiene status, need to be placed nearer the centre of planning and implementation in the water and sanitation sector. Thus, rather than only technical goals, WES programmes should *progressively define with communities, and promote, behaviours which are closely related to health and sustained development* in each situation. The focus on the behaviours, social processes and commitment seeks to ensure that the application of technology will actually improve the quality of human lives.

19. *Participatory planning and management through teamwork* should stimulate two-way communication and a process of flexible programming ('rolling blueprint'). Structured, periodic reviews with partners are needed for assessment and re-planning, which demands adequate flexibility in budgeting. Implementors must also improve communication with their own staff (and vice versa) leading to more effective implementation. Social science personnel should be brought on board as partners.

20. *Advocacy* aims to ensure the commitment of political and social leadership and prepare society at large for a particular water and environmental sanitation programme. It should evoke an awareness of the importance of WSS, the need for new approaches and shared responsibility among all partners. It encompasses a range of activities such as direct contact and negotiation, seminars, news-making events, ensuring regular media coverage, endorsements. Well-timed, periodic advocacy of new approaches is needed to maintain commitment.[3] A combination is needed of advocacy among national leadership and at the community level in localized projects. This has yet to become a feature of WES programming strategies.

21. The *social mobilization* process is concerned with bringing together national and local support - human, financial and technical resources. The mobilization may be around an idea (such as the dangers of unsafe disposal of excreta), around hardware (provision or upgrading of wells), and behaviour (use of safe water). Mobilization is often focused around a programme such as implementation of water and sanitation facilities, but must also include their maintenance and use to ensure good health. The elements of social mobilization are: identification of these ideas, behaviours, hardware such as latrines or wells; identification of the real costs of participation and hardware to the user and implementor; raising awareness of and demand for the programme, ensuring the delivery of resources and services needed for it; strengthening community participation for use and sustainability.[4] The 'identification' referred to above should not be based on arbitrary decisions by a handful of project leaders. It should be both 'bottom-up' and 'top-down'. It is important to involve all partners.

22. At various points in time, *reasoned decisions are needed about emphasis* on advocacy, mobilization, communication, and community participation, implementation and selection of hardware. In a given situation and at a given point in the life of a programme, emphasis will differ. There must be explicit decisions, with revisions as opportunities arise, about the *level and types of community participation* which can be supported. It should be noted that limiting involvement to site selection and to community labour in construction and financial donations

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[3] See McKee, Neill (1992). **Social mobilization and social marketing in developing communities: lessons for communicators.** Penang, Malaysia, Southbound.

[4] Ibid.

for pre-arranged works, no matter how desirable from the point of view of the water agency, is not real participation. It does not create partnership with the groups within a community, ensure that facilities are relevant, or that they will be used to ensure good health or will be maintained. This type of involvement is one-way and does not usually work.

23. *Programme communication* involves the identification of audiences with similar characteristics (segmentation); identification of specific delivery channels based on research and communication with all partners; and then, the development of relevant strategies, messages and programmes. It should emphasize: interpersonal communication, traditional and non-traditional; training to support two-way communication; sometimes mass media (taking into account the limits of mass media for two-way communication and behavioural change).

24. *Hygiene promotion* is also essential, not merely a desirable 'add-on' to a programme. Hygiene promotion is a primary vehicle for addressing essential (life-preserving) behaviours and barriers to developing or reinforcing these at the community level.

25. *Research and monitoring* is needed at all stages: for planning, mobilization, implementation, and sustaining behaviours and services. Research, to be productive, itself needs to be planned at an early stage, for the review and application of its results. There is a need to develop behavioural *indicators* and benchmarks which obviously reflect the programme objectives and to which there is common commitment. This may be a first step in planning--one that is fundamental to grasping objectives and the logic of this programming approach. Indicators should, of course, be revised as the need arises in the programme. The 'coverage' indicator might be useful as a guide for implementation. However, far more effective are indicators such as the number of families using an improved source, hand-washing, the proportion of family members actually using a sanitation facility, the sharing of decisions between men and women, the percentage water loss in the distribution system.[5] Participatory monitoring remains largely unexploited. This involves the development of indicators and then tools (such as checklists, guidelines, educational materials) used at many levels to measure and implement activities. These tools may be highly useful learning devices that improve peoples actions within the programme.

26. *Capacity-building* must have high priority at several levels. Managers need to be trained in methods of participatory development and participatory communication. There is often a lack of WES operators equipped with communication concepts and skills at the field level. This staff must be built up. Staff must also be willing and able to support and capacitize key community groups and committees related to WES. All of this requires training and orientation using relevant participatory methods (not traditional lectures) to stimulate effective interpersonal and two-way communication. A combination of classroom training with application in the field including communication components, is useful for technicians. Locating and strengthening quality training resources is a major challenge.

    Capacity-building is crucial for community groups and may include participatory training, opening of specific channels for communication between the users and implementors, or organizational support for community management of water and sanitation services. To build

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[5] Glennie, Colin. **Policy/strategy for action: effectiveness.** delivered at Ministerial Conference Drinking Water and Environmental Sanitation, 19-23 March 1994, Noordwijk, The Netherlands. p. 4.

capacity requires the sharing of responsibilities and recognition for these. For example, water committees should have clear responsibilities as well as decision-making power and recognition for their work.

Capacity-building includes having access to and using instrumental information. Demystification of technology is an example. The community needs to be empowered to decide on their technology depending on their capacity, financial resources, maintenance costs and the priority they assign to the service. They (men and the women in the communities) need to know how the technology works.

27. Preparation of education and communication *materials* should be grounded in research, target- and area-specific, linked to training methods. Materials must be prepared and tested at the field level. This can imply decentralized production with participation of users. Often communication, educational and training materials are prepared too early in the life of the programme, too hastily without even rudimentary pretesting and targeting, perhaps because the programmes want something to concrete to 'show' for their work.

28. The challenge of this programme lies with the effective operationalization of these elements. Implementation will differ in each situation. The proposed strategy starts with the identification of bottlenecks, gaps in human resources and skills, as well as opportunities which may be built on. This leads immediately to the prioritization of elements from among those listed earlier. For example, programming would usually begin with one or more of the following:
    - review of experience, evaluations, related experiences from other domains, field visits including participatory work with communities, identification of critical areas for research;
    - skills development among managers in participatory communication, training strategies, media skills;
    - development of indicators and monitoring approaches in which groups at all levels participate;
    - identification of practical technologies that respond to specific elements of demand in communities as well as the identification of possible strategies for implementing these technologies;
    - locating and strengthening training resources for communication methods and local materials development;
    - planning and initiating advocacy activities that are linked to the reality of communities and the interests of leaders.

    Finally, these elements must be brought together, for example through structured advocacy activities, capacity-building, participatory monitoring to enable communities and planners to test the problem-solving approaches within the context of the ongoing programme.

UNICEF-IRC Cooperation

29. IRC brings more than two decades of experience in support of innovation, communication and information in the water and sanitation sector. It sees its role as being catalytic, operating in service to and within the UNICEF country programmes and its current budgetary framework. IRC's potential role is supportive, assisting in the development of strategies and methods, and helping to initiate innovative actions, which enable the national water and sanitation sector to work more effectively with communities and policy-makers. Currently, IRC seeks to pursue a dialogue at the country level with a view toward operational collaboration, including the ways and means of raising the required resources.

30. In particular IRC, working together with UNICEF at the country level, may:

- *Collaborate in or initiate activities to raise commitment among policy-makers and political leaders.* General agreement on the overall approach is required at high policy levels, before the start of a programme with the ultimate objective of capacity building and empowerment.

- *Introduce strategies for improved planning based on two-way communication.* Emphasis can be placed on preparing planning sequences or designing learning projects which lead to national or regional programmes. These may have several components such as: situation analysis and research, advocating change, design of communication strategies, capacity- building, action projects, monitoring and evaluation.

- *Initiate capacity-building through participatory and field-based training utilizing relevant and replicable methodologies.* This may include introducing participatory planning and implementation methods. It also may include working with partners to identify new channels for communication, training plans by categories of workers, provision for training on a limited scale.

- *Assist in planning research, monitoring and the utilization of research/evaluation findings.* Operational research is needed for improved technologies, needs assessment, indicators for hygiene behaviours, communication channels, segmenting groups for hygiene promotion, and clear, specific messages and materials. It includes planning for the utilization of research results, and capacity-building for improved monitoring which focuses on the community.

- *Initiate networking and information exchange* along the lines discussed at the Bangalore meeting, both to promote the approach described in this paper and to document and share lessons learned. Specifically IRC intends to create opportunities for sharing experience as a resource group and clearinghouse on communication related issues. This sets the stage for stronger networking within and outside the UNICEF family. This can help to build consensus on basic issues in support of national programme efforts, through pilot demonstrations and the development of training actions.

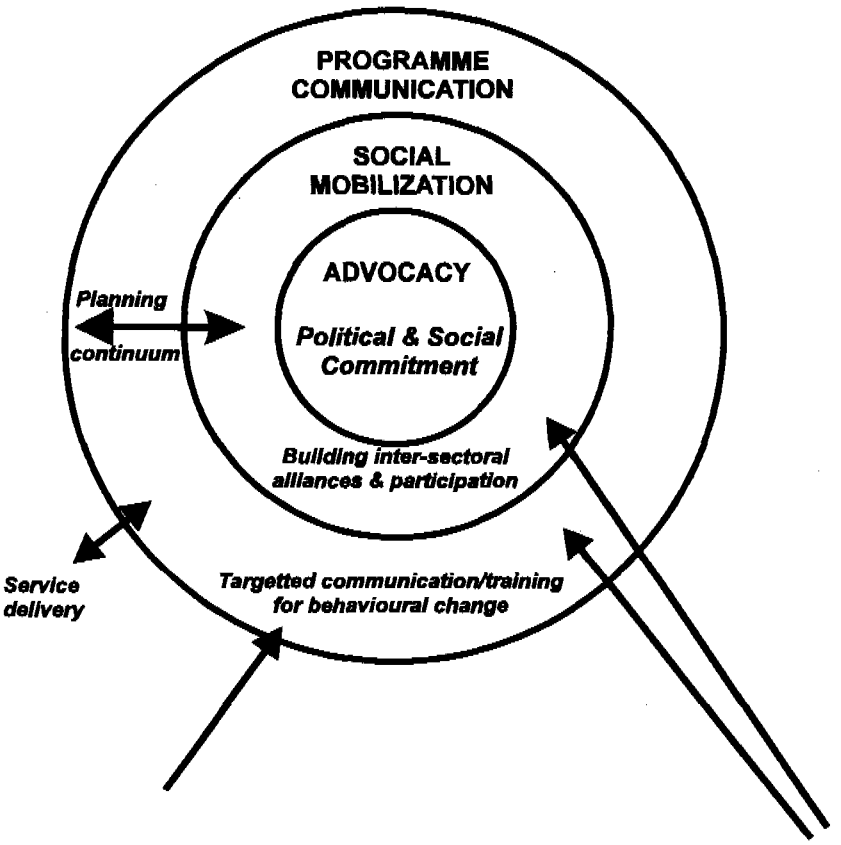
31. These activities are meant to link capacity-building and action on the ground. This allows rapid adjustment to local conditions with immediate feedback; it is meant to stay close to reality.

32. There are two options for IRC to be involved. For current programmes and projects which are already attempting to develop the approach outlined above, IRC can assist in the development of any of the programming components noted above. Where this approach is yet to be implemented, IRC may collaborate in the entire process of mobilization, capacity-building, and demonstrating this approach to programming. For this, the programme is proposed for an initial period of three years.

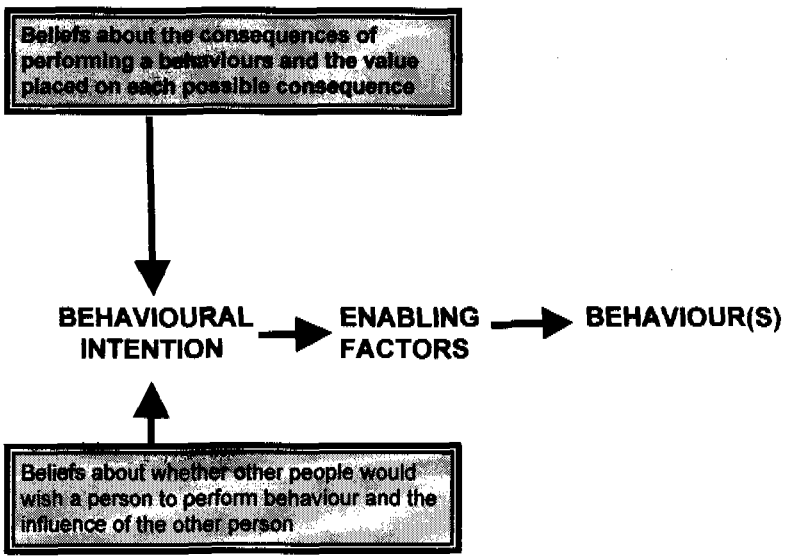
Expected Outputs in Three Years

- Enhanced capacity of middle and top management officials, as well as extension workers to apply communication strategies and methods for participatory approaches.
- Situation analysis and review which will include the assessment of needs and problems encountered with possible solutions.
- Jointly prepared programme design/strategy for improved WSS programming.
- Defined roles and responsibilities of all relevant partners.
- First results in selected locations testing the action learning process.
- Sharing of knowledge and experience in mobilization towards a partnership approach through communication.
- Ability among planners to use behavioural models in processes which optimize project and programme interventions.

Development Communication Model



MODELS OF BEHAVIOURAL CHANGE[6]



COMMUNITY PARTICIPATION
Selected activities among:
- mobilization
- agenda setting
- planning
- management
- implementation
- cost sharing
- evaluation

6 Development Communication Model from: Neill McKee, Social mobilization and social marketing in developing communities: lessons for communicators. Penang, Malaysia, Southbound.

Example of behavioural change model from: Hubley's BASNEF model (1988) in **Models on behaviour change: global programme on AIDS**. Geneva, Switzerland, WHO

APPENDIX 1

Insofar as key terms are subject to wide ranges of definition in development programming, a note is required on the terms **communication**, **advocacy**, **partnership** and **capacity-building** as used in this document.

Effective **communication** is the exchange of messages and concepts with a high level of reception, retention, understanding and acceptance. Channels are first and foremost personal contact, supported by various means.

Advocacy consists of the organization of information which is communicated through various interpersonal and media channels in order to gain political and social leadership acceptance. The purpose is to prepare a society for a particular WES programme. Advocacy, in this sense, is a necessary condition for effective programming.*

Capacity-building refers to activities which enable individuals and institutions to achieve agreed goals more effectively. The means may include training, reorganization of functions among staff or within institutions and development of improved processes for planning, decision-making and implementation of activities.

Community participation refers to the empowerment of people. The community must engage in some of the following: identify problems, decide how they can be overcome, make plans and seek solutions. It also involves capacity-building of communities to organize, manage and sustain services.

Partnership implies joint ownership of a programme and its activities. It includes joint responsibility and control in planning, implementation, management, cost-sharing, follow-up. Partners in WES programmes include primarily users and their communities, water agencies, NGOs, the private sector where they have a role to play, the various levels of government, as well as external support agencies.

Social mobilization is a process for planning and implementing a variety of mutually reinforcing communication activities to achieve specific goals. In our sector, the process is concerned with mobilizing human, financial and technical resources to support implementation of water and sanitation services that will benefit communities, largely through self-reliant and sustainable efforts.

Programme communication is the process of identifying specific groups and developing particular strategies, training programmes and/or messages for each group using various channels such as interpersonal communication, traditional and non-traditional, and mass media.*

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* p. 163, McKee, Neill. **Social mobilization and social marketing in developing communities: lessons for communicators.** Southbound, Penang, 1992.

APPENDIX 2

Past Experience

1. Social mobilization and community participation focused on commonly-agreed objectives are not new. Their rich experience in history includes many of the independence struggles of the last hundred years, the Gandhian movements for personal and group liberty, many of the programmes and movements for empowerment of the marginalized groups in Central and South America, the surges of voluntary mobilization such as student participation in national and local development efforts. Within planned development programmes, successes have been achieved in which various communication processes (adult advocacy, social mobilization, adult participatory learning) are targeted at clearly defined behavioural objectives.

2. There have been notable successes with social mobilization programmes in fields as diverse as: on-site sanitation, provision of universal primary education, nutrition education, oral rehydration, immunization, universal literacy, malaria eradication, dissemination of agricultural innovations for increased productivity. Well-known field experiences have been documented in Bangladesh, Egypt, Indonesia, Nicaragua, Sri Lanka, Tanzania among others. Mass mobilization is a feature of national development efforts in some nations with well-known examples including mass campaigns by China and Vietnam for enhanced health care and agricultural production.

3. At the global level, examples of such strategies are the guinea worm eradication programme and the *Facts for Life* key health messages as part of international advocacy campaigns on mother and child health. Linked with national advocacy, social mobilization and programme communication actions, good progress has been made in many countries. The National Plan of Action in operation in may countries in follow-up of the World Summit for Children is another example in which universal and hygienic water supply and sanitation coverage are among the targets for government action, supported by UNICEF and other agencies.[7]

4. In the WES sector, advocacy at leadership levels has successfully been mounted for social mobilization -- in on-site sanitation within Unicef programme in Indonesia, Bangladesh and Uganda and in water supply in India and Bangladesh. However, a combination is needed of advocacy among national leadership and at the community level in localized projects. This has yet to become a feature of WES programming strategies.

5. Participatory learning and community participation have also been successful in Water and Environmental Sanitation programmes, although usually on a somewhat smaller scale. These include activities for group formation, planning and mapping, rapid assessment, community management and financing and evaluation. Examples in Brazil, Colombia, India, Kenya, Nepal, Peru, Tanzania, Zimbabwe, among many others, were detailed in the PROWWESS publications and by IRC. The methodology has advanced rapidly for participation and mobilization with respect to gender issues in the sector, although not always matched by on-going field application.

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7 For more details see, McIntyre, Peter (1993). **Communication case studies for the water supply and sanitation sector.** The Hague, The Netherlands. International Water and Sanitation Centre (IRC).

6. Thus, experience, in one way or another, in one location or another, exists. However, it needs to be applied more systematically in the continuing efforts to improve health through water and sanitation programmes.

Background to the Approach

Participatory adult learning and community participation

7. Participatory adult learning, as the term is used by UNICEF[8], and its application in community participation, has roots in the writings of Paolo Freire and Kurt Lewin among others. As the name implies, participatory adult learning focuses on the individual and small group. It is usually characterized by seeking behavioural change to improve the life of the adult or community through active learning, two-way communication (dialogue), creation of an awareness of challenges in life situations and opportunities to address these problems. Another element is membership, formally or informally, in a group or community. Difficult, although important, is the fact that the leader is a facilitator, not a teacher. Most approaches call for comprehensive change in the individual. Thus, for new behaviours to be sustained, a comprehensive change is needed in attitudes, norms, knowledge and behaviours. In our sector, participatory learning demands a supportive environment in social and physical terms.

8. Building from this learning theory are strong advocates of what could be called "real" community participation, where the community or groups within it set priorities, select their own goals/objectives, and manage and assess the process of change. However, no single participatory approach is suitable for all situations (for example, participation in design and decision-making, in management, in implementation and simply by giving assistance). Most professionals agree that the lowest levels of participation are insufficient to achieve sustained learning and change. For example, limiting involvement to community labour in construction and financial donations for pre-arranged works, no matter how desirable from the point of view of the water agency, is not real participation. It does not create partnership with the groups within a community, ensure that facilities are relevant, and that they will be used to ensure good health or will be maintained. This type of involvement is one-way.

9. Community participation, in the sense described here, is particularly appropriate for complex actions within the sector. This may include design and management of water supplies, implementation and sustaining of sanitation facilities. At the very minimum, water and sanitation programmes must take advantage of this thinking to (a) set up mechanisms for responsive two-way communication with the communities in which they work, (b) use participatory and field-based training for both technical and software personnel, and (c) ensure community input to monitoring/assessment. A conscious, informed decision is needed about the degree and type of participation for which resources will be used in a programme. The work of Deepa Narayan and Lyra Srinivasan provide good information about participatory training and evaluation methods. See Lyra Srinivasan's *Tools for community participation: a manual for training trainers in participatory techniques* (PROWWESS/UNDP technical series, 1990). The work of David Werner (*Where there is*

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[8] See, for example, the UNICEF (1994) **Communication for Development Learning Package** (draft), New York, NY, USA. v.p.

no doctor, Helping health workers learn) still provides excellent insights into the application of participatory adult learning to health provision and education.

Development communication[9]

10. Development communication provides another framework for programming in the WSS sector, through advocacy, social mobilization and programme communication.

Advocacy

11. Advocacy aims to ensure the commitment of political and social leadership to a particular water and environmental sanitation programme. The continuing commitment of politicians is essential in order to mobilize all parties and to ensure full participation of service providers. The New Delhi Statement stressed that the water and sanitation sector must be placed high on the political agenda, both nationally and globally: "Political commitment is essential and must be accompanied by intensive efforts to raise awareness through communication and mobilization of all sections of society."

Social mobilization and partnership

12. Partners in water and environmental sanitation programmes include men and women of the community, the various levels of the water agency, non-governmental organizations, the private sector where it has a role to play, the various levels of government and donor agencies and staff from related health and environmental sectors. Other allies may also need to be drawn in including religious leaders, teachers, business leaders and the private sector, media persons, cultural institutions, artists and entertainers.

13. *Social mobilization* requires step-by-step planning, allowing for revision as needed, to:
    - identify and reach common agreement on objectives (which may be ideas, behaviours, hardware) and the real costs of participation and hardware to the user and implementor;
    - raise awareness of and demand for the programme;
    - ensure the delivery of resources and services needed for these objectives;
    - strengthen community participation for use and sustainability.

    Identification of partners should be specific. This means identifying subgroups within communities, units and departments within ministries, culturally distinct ethnic groups and so on.

14. An important aspect of mobilization and communication activities relates to the service providers. Service providers must be committed to more participatory, two-way communication between themselves and policy-makers as well as between themselves and users at every stage. If they are to influence the behaviours of users, the implementors and technicians must, at minimum, be responsive to information, and must attempt to develop skills for new ways of communicating.

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9. In his book, **Social mobilization and social marketing in developing communities: lessons for communicators**, Neill McKee constructed a model for broad development communication with the alliance-building processes of social mobilization, advocacy and programme communication which also incorporates of social marketing research tools. This section draws on his development communication approach.

Planned programme communication

15. Communication for behavioural change can make or break the movement toward water and sanitation for all. Planned programme communication is one focus of the overall communication effort. It involves the identification of audiences with similar characteristics (segmentation); identification of specific delivery channels based on research and communication with all partners; and then, the development of relevant strategies, messages and programmes. The specific groups usually have different motivations for change. For example, in some places, target groups have been women who want improved sanitation facilities for privacy, mothers who are concerned with the health of their children, or male heads of families who are property owners for whom latrines raise property value or add to family status.

16. In the WSS sector, programme communication should emphasize: interpersonal communication, traditional and non-traditional; training to support two-way communication; sometimes mass media (taking into account limits of mass media for two-way communication and behavioural change). Two-way communication is essential. Without it, programme activities can veer toward irrelevance, imposition, manipulation.

17. The development of effective hygiene promotion[10] is also essential, not merely a desirable 'add-on' to a programme. Hygiene promotion is a primary vehicle for identification of key behaviours and barriers to developing new behaviours at the community level. It should be based on communication with communities and careful research. Adult learning derived from this thinking is active, but within a planned or directed learning experience. In this it differs from the thrust of participatory adult learning. Educational materials and messages for this work must be specific to the locality which implies decentralized production.

18. Programme communication usually yields more rapid results in some programmes such as family planning, ORT, immunization or latrine implementation, than with complex objectives such as the consistent use of water to improve family hygiene. In the WSS sector, health promotion as described here may be most easily applicable to essential behaviours that have immediate life-preserving implications such as washing hands before hand-feeding a baby, or washing hands after defecation, changing sources or modifying sources where cholera is present.

Similarities and weaknesses

19. There are similarities in both frameworks (participatory adult learning and social mobilization/marketing). Furthermore, some of these common elements are strangely forgotten or sidetracked in project implementation. These include: planning and formative research; monitoring which keeps an 'ear to the ground'; sufficient training of good quality for service providers; development of materials which are area/audience specific and are grounded in research; implementation of hardware as a tool, not as the main target of the project or programme.

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[10] The strategies of hygiene education and health promotion are based on a group of theories and strategies. With roots in the work of Skinner and Hebb, these include social learning theory, diffusion of innovations approach (Rogers), precede/proceed (Green), communication/persuasion model (McGuire), reasoned action theory (Fishbean), applied behavioural analysis. The theories variously emphasize the need for a supportive environment, change agents, influence of peers and antecedents-behaviour-consequences leading to sustained change in behaviours.

20. Another commonality is that the frameworks, if not operationalized sensitively and with common sense, can have little result or even a negative result. For example, marketing and social mobilization approaches have sometimes denied the need to maintain honesty or the need for real understanding and input into the character of the change. When this happens, the results can be dramatic. Directive sterilization campaigns and mass evacuation of populations for hydroelectric projects are extreme examples of this. An infamous example where commercial enterprises crossed the line of honesty is the marketing of weaning food.

21. Participatory learning approaches, on the other hand, sometimes avoid the problem of directiveness of interventions, in other words, the fact that the intervener has an agenda and ideas about what should be done. For example, what happens if you, as an advocate of participatory approaches, are working exclusively in the WSS sector and the community is interested mainly in activities for improved income? Participatory approaches can also suffer from insufficient emphasis on the mobilization of institutions and political structures.

Notes on Strategic Application[11]

22. *Management through teamwork.* Structured, periodic reviews with partners are needed for assessment and re-planning. This will allow for the needed flexibility in advocacy and mobilization of various partners and facilitate decision-making and local planning. This demands adequate flexibility in budgeting. Social science personnel should be brought on board as partners with technical and management staff to address the needs of users and bridge the gap between technical know-how and social know-how.

24. *Conscious, reasoned decisions are needed at various points in time about emphasis on advocacy, mobilization, communication, and community participation, implementation and selection of hardware.* In a given situation, emphasis may differ. For example, when it is fairly easy to mobilize institutions around certain issues and the delivery mechanisms are in place, or nearly so, to achieve physical targets, then emphasis might be placed on behaviour, individual and community. This might involve various institutions and groups in asking and answering questions such as: Is the hardware relevant? How does it reach the intended audience? What does that audience feel about this? How is the distribution of benefits determined? Is value, belief and behaviour attendant on the achievement of targets? Or, for example, are latrines seen as a status symbol only...not as something to be used?

    Where, on the other hand, there is little cooperation among institutions around an agreed objective and low level of delivery capacity, then there is a danger that effective adult learning will result in frustration as there is little delivery capacity. Here emphasis must be placed on both aspects, and, at a certain stage, relatively more emphasis is needed on research, capacity-building, pilot work, delivery of suitable hardware.

25. There must be explicit decisions, with revisions as opportunities arise, about the *level and types of community participation* which can be supported: agenda setting? management of change? selection among hardware inputs to ensure relevance? monitoring of implementation? deciding on access? site selection? contributions in short-term and long-

[11] These notes on strategic application elaborate on the paragraphs 17 - 25 of the document.

term? All service providers must understand and support these approaches; many providers and all communicators must be trained carefully to implement them.

26. Research: To support effective planning and implementation it is important to have well-prepared needs assessments and research and hygiene behaviours, norms and knowledge, into consumer preferences, among different groups, both qualitative and quantitative. Too frequently indicators, when they have been used, have been related to the objectives of the programme, but incompletely or even in a misleading way. For example, the proportion of cost recovery can be misleading as an indicator if the poor do not have access to service (that is, coverage of specific groups and cost recovery are both needed). It is important to develop an agreed set of indicators, which may be refined over time, to monitor these and to set mechanisms for utilization of the results.

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