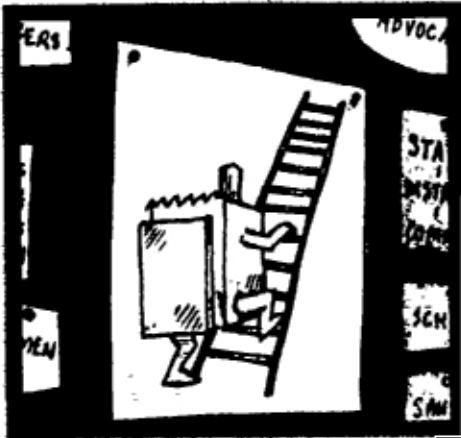
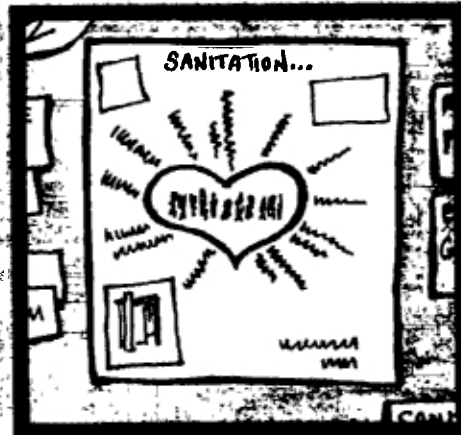


SANITATION

the missing link to sustainable development



Sanitation must be given a higher priority on the development agenda.



Sanitation systems, including technology and institutional arrangements, are critical elements of sustainable development.



Improving sanitation in rural areas must be a high priority.



Community participation is essential for successful sanitation programs.

Report from the Eastern and Southern Africa Region Workshop on Sanitation

Harare / Ma-vikadei, 25-30 October 1994



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This document is a report from a regional workshop on sanitation. It is also very much intended to be a tool for advocacy for sanitation promotion. It is therefore written as much for people who did not attend the workshop as for those who did.

Why? A number of the participants who attended the Eastern and Southern Africa Regional Workshop on Sanitation, held 25-29 October, in Harare/Mazvikadei, Zimbabwe stated they would be briefing decision-makers, persons in authority, colleagues, donors and others on what they had experienced at the workshop. There was both personal and a collective sense of commitment to actively promote sanitation and good hygiene behaviour to help ensure lasting health and economic benefits for the population of Region.

Improved sanitation is an important development goal, but historically it has received little attention and low priority. Every year, millions die and many millions more, largely children, suffer from diarrhoeal and other infectious diseases caused by poor sanitation. Much of this human loss and suffering, and its economic consequences, should be preventable.

Four main messages evolved from the workshop:

- 1** Sanitation must be given higher priority on the development agenda.
- 2** Improved sanitation is more than just technology and physical structures. Behaviour change and improved personal hygiene are crucial elements of improved sanitation.
- 3** Improved sanitation is a process, not a top-down decree. People must be meaningfully consulted and involved in sanitation programmes -- from planning to implementation to followup.
- 4** Participatory methods can be useful tools for encouraging involvement, developing consensus and creating commitment to action at all levels.

"Diarrhoea is currently the Third World's most common cause of death of children under five. The general belief that sanitation is an area where it is easy to make progress, because it is relatively low cost, is a myth that needs to be dispelled."

- Hon. Joseph Msika, Senior Minister, Government of Zimbabwe, in his opening remarks to workshop participants.

Improved sanitation must be an important goal if improved health and sustainable development in the eastern and southern Africa is to be ensured. Traditionally, it has been overlooked or given low priority, both globally and regionally.

This situation seems to be changing, however. At global level, sanitation promotion is being taken up as priority issue by the Water Supply and Sanitation Collaborative Council. At Regional level, the importance of the sanitation issue was recently highlighted in one of the resolutions adopted at the just-concluded Southern African Development Community (SADC)/UNICEF Joint Symposium on Implementing the National Programmes of Action and Achieving the Goals for Children in Southern Africa, held in Harare.

Improved sanitation was the theme of a regional workshop recently held in Zimbabwe and attended by UNICEF programme staff and Government officials from most of the countries in the Eastern and Southern African Region (ESAR). The workshop was organized by UNICEF ESARO (Eastern and Southern African Regional Office) and hosted by UNICEF Harare. It was sponsored by the Water and Environmental Sanitation (WES) Cluster of UNICEF Headquarters, and the Swedish International Development Authority (SIDA). In addition to the country participants from 15 ESAR countries, a number of global and regional resource persons also joined the workshop.

The need to take up the sanitation issue now is clearly a felt one. The sanitation workshop itself was a collaborative effort supported by UNICEF, the Water Supply and Sanitation Collaborative Council, the World Health Organization (WHO), the World Bank, the UN Commission for Human Settlements (UNCHS or Habitat), SIDA and the Norwegian Agency for Development Co-operation (NORAD). The workshop, in fact, was over-subscribed in terms of total participants, and a number of people who wanted to attend unfortunately could not attend due to lack of space.

The workshop had seven objectives (see **Annex A**) related to placing improved sanitation higher up on the development agenda, and "empowering" participants as stronger advocates for sanitation through greater understandings of the complexities and interlinkages of technical and behavioural elements

There was special focus on the following themes:

- * The way in which we think about sanitation needs to change, adopting a broader definition.
- * A range of options can be considered for sanitation programme planning.
- * Behaviour development and behaviour change are just as important, perhaps even more crucial, elements of improved sanitation as physical facilities.
- * There is resistance to change at all levels. Such resistances must be recognized and dealt with in sanitation advocacy and planning efforts.
- * Participatory methods can help involve people and create commitment in the sanitation promotion and development process.

The workshop was designed and run using participatory and visual methods. It was intended to be a "process" for participants, based on principles of applied adult learning. Succeeding activities complemented and built upon work done in earlier sessions, one-way presentations were kept to a minimum, and active participation and constant interaction was emphasized.

The workshop produced a collective commitment to action, as reflected in the personal plans of action developed by participants on the last day. (The plans of action were concrete sanitation promotion activities that participants, either individually or jointly, felt they could realistically complete within the upcoming six month period.) A synthesis of activities from these plans is presented in the section of this report entitled "Workshop Outcomes".

Other outcomes from the workshop include the provisional establishment of a follow-up mechanism (an ESAR sanitation/hygiene network, which will have its initial meeting next year, assuming that it is approved at the upcoming Planning and Management Team meeting for UNICEF Country Representatives), continued collaboration on sanitation promotion activities at global and regional levels, and draft guidelines for preparing country sanitation situation analyses (see **Annex C**).

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- III. Visualized Presentation on Behaviour Change, Behaviour Development and Empowerment
- IV. Sanitation Pie (or "What is Sanitation?") Exercise
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- VI. Sessions 6 and 10 - Successful Sanitation Initiatives
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Sanitation Must Be Moved Up On The Development Agenda

While access to safe water has improved globally over the years, there has not been a corresponding improvement in sanitation. As a result of poor sanitation, many children die each year due to diarrhoeal diseases. This loss of life should be preventable.

It is generally recognized that improved sanitation - the safe handling and disposal of excreta, and better personal and domestic hygiene - can produce major positive benefits for the health and prosperity of much of the world's population, including that of Africa. Yet today, nearly 2 billion people, or a third of the world's population, are without adequate basic sanitation. Given present trends 3 Billion people will be unserved by the year 2000.

The Burden of Poor Sanitation

Every year, 2.5 million children die from diarrhoea that could have been prevented by good sanitation, millions more suffer the nutritional, educational and economic loss through diarrhoeal disease which sanitation can prevent. Poor sanitation has led to the infestation of nearly a billion people, largely children, with a variety of worm infections, with corresponding costs in health and energy. Human excreta are also responsible for the transmission of schistosomiasis, cholera, typhoid, and many other infectious diseases affecting hundreds of millions. Heavy investments have been made in water supply since 1980, but the resulting health benefits have been severely limited by the poor progress in sanitation. Besides this toll of sickness and disease, lack of sanitation is a major environmental threat to water resource systems and a fundamental denial of human dignity.

Excerpted from "The Problem of Sanitation", a paper prepared by the Water Supply and Sanitation Collaborative Council's Working Group on Promotion of Sanitation March 1994.

Improved sanitation is important, but traditionally it has not been prioritized as a development issue. That situation is changing.

At global level, sanitation promotion has been taken up as a major theme by the Water Supply and Sanitation Collaborative Council. The Council has identified sanitation as an "unmet challenge", and is now working to identify barriers to improved sanitation and successful initiatives, develop strategies, and find solutions to the problems of sanitation.

At regional level, the importance of sanitation has been officially recognized. It is a specific theme of one of the resolutions adopted at the Southern African Development Community (SADC)/UNICEF Joint Symposium on Implementing the National Programmes of Action and Achieving the Goals for Children in Southern Africa held in Harare, 24-25 October 1994. SADC's resolution states: "The SADC Secretariat, and the new SADC Programme Sector for CSPD (Child Survival, Protection and Development), is requested to examine the options, including those with proven success in the Region such as the Blair Latrine, for low-cost water and sanitation technology, and, on the basis of this, to promote standardization on the basis of appropriate, cost-effective technologies for urban and rural communities".

Sanitation promotion was the theme of a regional workshop held 25-29 October 1994 in Harare and Mazvikadei. The workshop, hosted by UNICEF Harare, was sponsored by the UNICEF Eastern and Southern Africa Regional Office (ESARO), with financial support from UNICEF Headquarters and the Swedish International Development Authority (SIDA). It was attended by UNICEF Project Officers, Government officials and representatives of

non-governmental organizations (NGOs) from 15 eastern and southern African countries, and headquarters- and regional-based staff from UNICEF, WHO, World Bank, UNCHS (Habitat), SIDA and the Norwegian Agency for Development Cooperation (NORAD). Fifty-one participants took part in the field trip and in the working sessions of the workshop, which were held at Mazvikadei (See **Annex B**). The Opening Session in Harare was attended by approximately 110 persons, including a number of SADC delegates..

The main purposes of the workshop were (1) to create greater awareness about the importance of sanitation and better hygiene behaviour as a means to improved health, and (2) to emphasize the need for increased future commitment and efforts to the sector. The workshop was designed to enable participants to become stronger advocates for sanitation in their own country environments through better understandings of disease transmission, behaviour change, technical options, constraints, communications channels, integration of technical and socio-cultural activities, and participatory methodologies for consensus- and commitment- building.

The timeliness and importance of the workshop and the need for collaboration was clearly demonstrated by the high level of regional and global officials speaking at the Opening Session in Harare. This session was attended by workshop participants, officials from Government of Zimbabwe ministries and departments, representatives from the donor community, and delegates from the just-concluded SADC Conference.

The Opening Session was chaired by the Regional Director for UNICEF ESARO, with the welcoming address being given by the Government of Zimbabwe's Senior Minister for Local Government, Rural and Urban Development. Guest speakers on the programme included the Chairperson of the Water Supply and Sanitation Collaborative Council, the Deputy Executive Director of UNICEF, the Resident Representative of the World Bank (Zimbabwe), the Director for WHO's Division of Operational Support in Environmental Health, the Government of Uganda's Minister of Education, and the Special Advisor to the UNICEF Dhaka Representative.

A common theme in all the speakers' presentations was the great concern that sanitation be elevated as a development priority to help ensure that the health and economic achievements made in Africa to date can be sustained in the future. A number of important issues were raised by the speakers -- the benefits of clean water and sanitation access by all, the importance of choosing the right technologies, the need for community, family and women's involvement in sanitation programmes, and the importance of working together on coordinated approaches.

Latrines alone cannot improve health. Improved sanitation involves both the safe handling of excreta and proper hygiene.

There are four transmission routes of disease from excreta -- fluids, fields, flies, and hands and fingers. Figure 1 shows that most latrine types, whether they are considered strictly hygienic or not, can break the fluids, fields and flies transmission routes. No latrine, however, can prevent the contamination of hands and fingers, the remaining potential transmission route. Here the only possible barrier is appropriate hygiene behaviours, including effective hand cleansing.

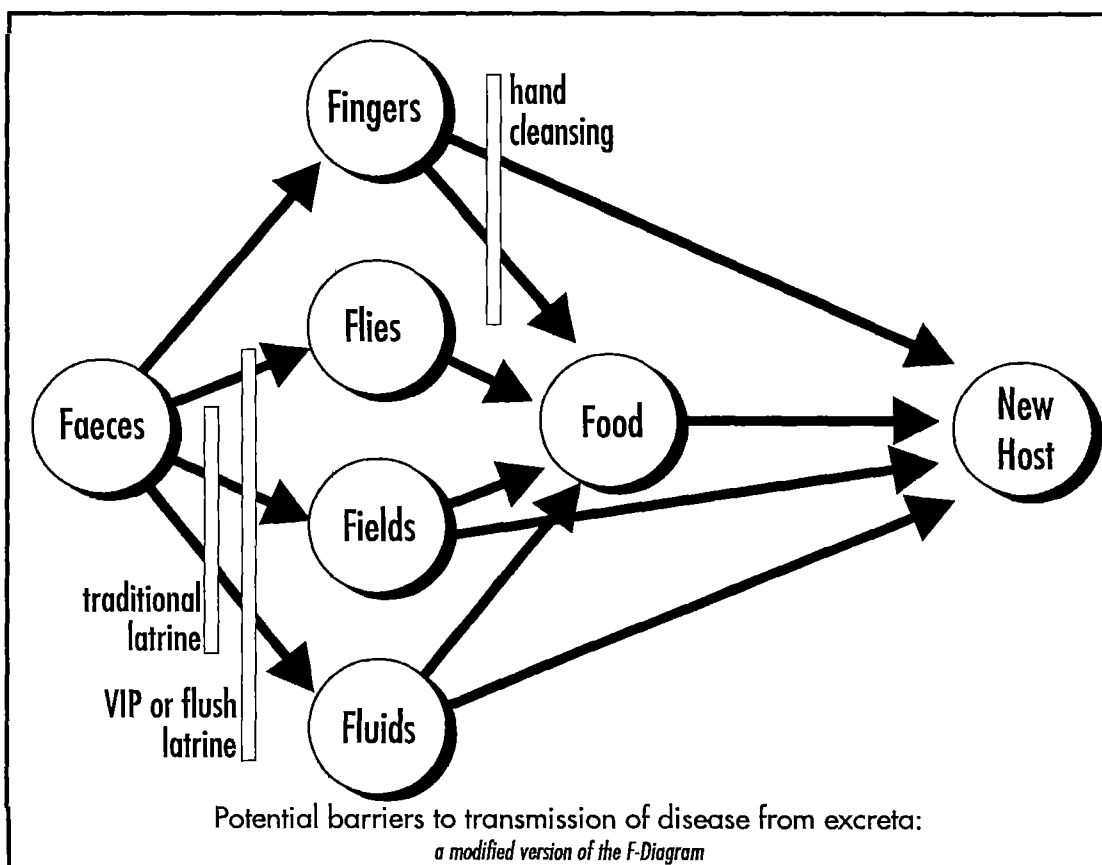


Figure 1. Source: Wagner and Lanoix, 1958, modified by Winblad, 1993

The promotion of improved hygiene behaviours, then, is an essential component of any sanitation programme, along with the appropriate integration of technology, advocacy, knowledge, understanding, consensus-building and participation. Only by successfully achieving all of these components can there be the demand created for sanitation facilities and the adoption of appropriate hygiene behaviours.

Implementation of sanitation programmes is not easy, however, for a number of reasons. There is lack of political will, there is lack of resources, sanitation is not popular subject, there are too few examples of appropriate technologies being successfully taken to scale, and sanitation promotional techniques are poor.

The Eastern and Southern Africa Regional Workshop on Sanitation held in Harare and Mazvikadei, 25-29 October 1994, was organized to address a number of problematic issues

surrounding sanitation and to foster commitment by participants to promote sanitation

The workshop had seven primary objectives, three that were general, and four that were more specific to workshop participants.

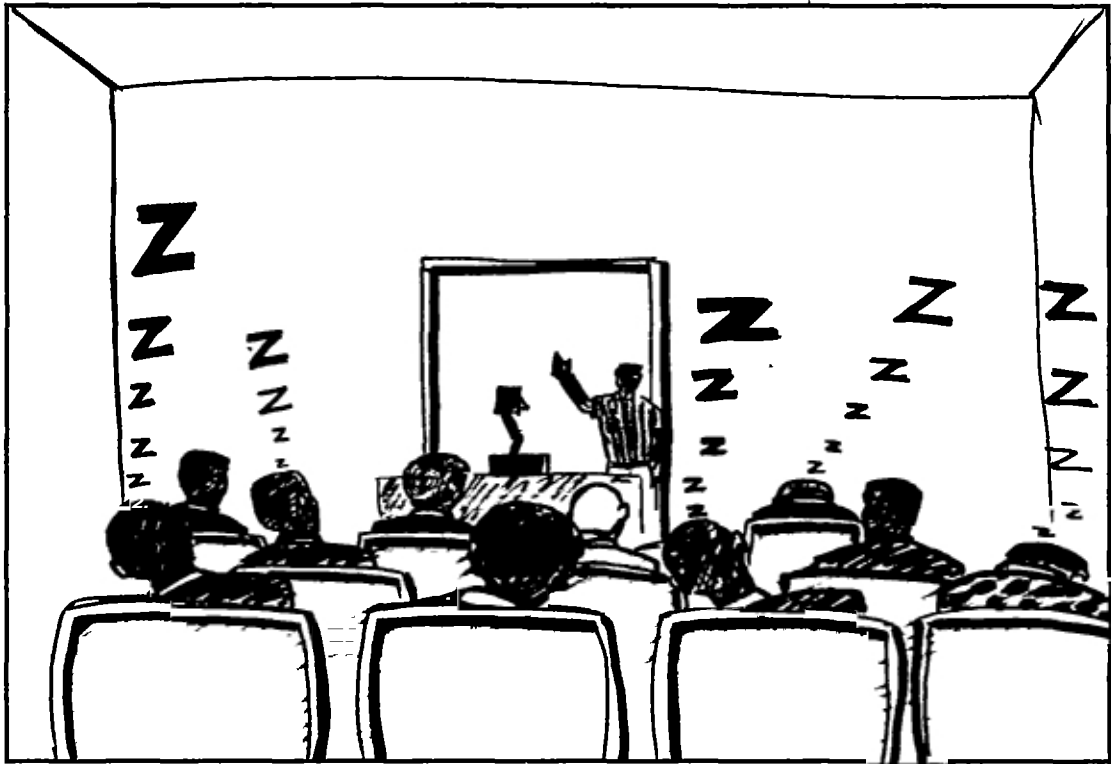
General:

- To initiate the process of placing sanitation higher up on national development agendas of Eastern and Southern Africa Region (ESAR) countries.
- To identify possible mechanisms for following up this process.
- To explore the use of participatory methods for consensus decision-making and programme planning.

For Participants:

- To develop greater understanding of key soft- and hardware elements of community-oriented sanitation.
- To develop greater understanding of the process of behavioural change.
- To develop greater appreciation for gender aspects when planning sanitation programmes.
- To establish new/renewed commitment to accelerated sanitation development in represented countries.

To reinforce the concept that participation is necessary at all levels, the workshop was designed to be participatory in nature, targeting especially the UNICEF officers and their Government/NGO partners present from 15 countries of the Region. The workshop programme is attached as **Annex A**, while the list of participants is attached as **Annex B**.



What the workshop tried to avoid!!

Workshop Organization and Methods

The core planning team for the workshop, comprising four workshop facilitators

Clifford Wang,	Consultant, Water and Environmental Sanitation, UNICEF Harare.
William Fellows,	Chief, Water and Environmental Sanitation, UNICEF Harare.
Neill McKee,	Senior Programme Communications Officer, UNICEF ESARO.
Ron Sawyer,	Consultant, UNDP/World Bank Water and Sanitation Programme.

and two resource persons

Therese Dooley,	A.P.O. Water and Environmental Sanitation, UNICEF Harare.
Letitia Obeng,	Senior Water and Sanitation Specialist, World Bank Washington.

designed the field trip and Mazvikadei workshop programme using the seven stated objectives as the overall framework of reference.

Participatory and visual methods and tools were used in all sessions at Mazvikadei to stimulate and structure discussions on various aspects of the sanitation problem in ways that would help draw out and capitalize on the wealth of collective experience shared by the group as a whole.

The Mazvikadei programme and schedule were always considered provisional, subject to change to allow for adjustments whenever necessary to respond to overall group dynamics and interests arising during the course of sessions. Regular comments and feedback from participants were gathered using several mechanisms to enable facilitators to monitor how things were proceeding.

Workshop Themes

The field trip and the working sessions of the workshop at Mazvikadei focused especially on the following themes:

- There is a range of options, both technical and behavioural that can be considered in sanitation programme planning. It is important that the right one(s), which are realistic and appropriate for the given situation, are chosen.*
- Improved sanitation may be achieved in phased increments. It is not necessarily best to impose a technology on people that is too high standard or more costly than they can afford. In fact, there are many examples of where that approach has failed.*
- The adoption of improved hygiene behaviours requires more than just knowledge. Understanding, internalization of knowledge, and positive action within a supportive environment are also important elements of behaviour development.*
- There is resistance to change at all levels. This must be recognized and dealt with in sanitation promotion and planning efforts.*
- Sanitation is more than just latrines. Sanitation involves many different hardware and software aspects, including technology, advocacy, resources, behaviour change, participation, etc., all appropriately integrated within the local context. If sanitation programmes are to be successful, they must achieve the correct balance of hardware and software components.*
- Improved sanitation is not just a rural problem. In peri-urban and urban areas, where population densities are greater and available space is less, the need to accelerate sanitation promotion may indeed be much more critical in comparison to rural areas.*

In terms of workshop process and various issues being highlighted, the main sessions of the workshop are briefly described below.

Field Trip, Tuesday 25 October 1994

Intended Purpose of Trip: Study of ongoing projects and thinking of sanitation as a broad range of activities, rather than just latrines construction.

The first day of the workshop was devoted to field trips. Participants were divided into four groups, with each group visiting a different district. The projects visited vary in type, so each group was exposed to one approach currently being carried out in the area of sanitation. The visits were organized by Zimbabwe's Ministry of Health and Child Welfare, Mvuramanzi Trust and UNICEF Harare.

The field trips were to:

Shamva District (area-based programme)

Goromonzi District (disease (schistosomiasis) control programme)

Murewa District (integrated rural water supply and sanitation project)

Chegutu District (NGO (Mvuramanzi Trust) project)

Participants were given the opportunity to meet with project implementors, community-based extension staff and community members. When viewing the projects and talking with people, they were asked to keep the following six questions in mind:

1. What is the process of planning and implementation being followed? Specifically, how is/was the project planned? Who is/was involved?
2. How is the project organized at community level?
3. What are the main technologies promoted and how appropriate are they?
4. What elements of the project ensure sustainability, and what elements may render it unsustainable?
5. What elements of the project make it locally acceptable or unacceptable?
6. What are the roles of men, women and children in the project?

Opening Session, Wednesday 26 October 1994

Intended Purpose of Session: Formal opening of the workshop and promotion of improved sanitation as an important development issue meriting much greater attention.

The Opening Session was the formal opening of the workshop. High-level officials from the Governments of Zimbabwe and Uganda, the Water Supply and Sanitation Collaborative Council, UNICEF, WHO and the World Bank stressed the importance of improved sanitation and the need to have the sanitation issue placed much higher on the development agenda.

The Opening Session was chaired by **Cole Dodge**, Regional Director, UNICEF ESARO. The programme, the speakers and selected quotes are provided below.

Welcoming Address, by **Hon. Joseph Msika**, Senior Minister, Ministry of Local Government, Rural and Urban Development, Government of Zimbabwe

"... Diarrhoea is currently the Third World's most common cause of death of children under five. However, the general belief that sanitation is an area where it is easy to make progress, because it is relatively low cost, is a myth that needs to be dispelled..."

... There is a natural tendency for water sector activities to proceed at a faster pace than sanitation activities. Hence it may not be possible to achieve our sanitation targets by the year 2000. I am reliably informed that this problem is not unique to Zimbabwe..."

... One of our major challenges is to find ways of creating the same demand for improved sanitation as for improved water supply. In one of my informal discussions with some of my officials, I was alarmed to learn that we may need to increase our present efforts in sanitation by three- to four-fold to achieve the same pace as water supply. I only hope that this was a gross exaggeration, or else we have to seriously start work on this discrepancy now!!!"

Opening Address: "Accelerating Improvements and Increasing Impact in Water Access, Sanitation and Hygiene -- A Regional Perspective", by **Dr. Richard Jolly**, Deputy Executive Director, UNICEF New York

"... There are additional challenges that are widely recognized, including

- a lack of standardization of technology in many countries, remaining biases towards high-cost approaches, cost-inefficiency and, in urban areas, low rates of cost recovery;*
- relative neglect of the costs and modalities of operation and maintenance;*
- a frequent lack of involvement of communities, households and women in the planning and operation of water and sanitation schemes;*
- shortages of trained personnel;*
- poor coordination among external support agencies; and*
- inadequate attention to institutional issues resulting in unclear lines of responsibility among Government agencies, and between them and non- governmental partners..."*

... (on sanitation) We must go further and we have to go together..."

Keynote Speech: "Accelerating Transition: Guidelines for Future Activity in Sanitation", by **Margaret Catley-Carlson, Chairperson**, Water Supply and Sanitation Collaborative Council, and President, Population Council, New York

"... Everyone in this room is committed to having Africa play a larger role in the expanding horizon of hope. Everyone would like to see African families earn a larger share of this new wealth, to increase the dignity, prosperity and potential of their members..."

... It is commonly said that demand needs to be created for sanitation. Demand already exists. People need access to knowledge, technology and resources...

... Privacy and the dignity of women are the main reasons given by poor people for wanting to invest in sanitation in slum urban areas or rural areas...

... It is wrong to imagine that simply through the construction -- or even the use of latrines -- that health conditions will improve. Hygiene habit is the issue. Sanitation is not more latrines. It is introduction of a new way of life through education, behavioural change and personal hygiene practices..."

Presentation on World Bank activities and the importance of inter-agency collaboration, by **David Cook**, Resident Representative, World Bank, Zimbabwe

The importance and need for donor coordination in the sanitation sector, along with all other sectors, was emphasized. When donor coordination is weak, a number of development problems result:

"...Fragmanted projects with inconsistent objectives, disbursement procedures and institutional arrangements..."

...Government loss of control, and donor-driven programmes...

...Excessive reliance on external technical assistance...

...Weak financial management...

...Implementation problems..."

In the integrated sector approach, where Government takes the lead in preparing a sector-wide strategy, there is local implementation through a long-term institutional framework, and donors play a supportive role is the desired model.

Presentation on WHO activities and challenges for improved sanitation, by **G. Sam Ozolins**, Director, Division of Operational Support in Environmental Health, WHO Geneva

... Improving hygiene behaviours, such as hand washing, disposing of the stools of young children and preventing the contamination of drinking water, often is not part of any sanitation programme, but it is equally important for improving health! ... Increased latrines coverage and improved hygiene behaviours, together, can help break the faecal-oral cycle of infection...

... By raising the profile of sanitation as a valid and absolutely essential developmental priority, this workshop will take not just a "small step for mankind" but a great leap forward in the interests of the health and future welfare of millions of people. Moreover, to the extent that this new sanitation profile can be embellished with innovative techniques, procedures and collaborative arrangements among our respective organizations, our work here this week will take on even greater significance of long-term sanitation development..."

Presentation: "Bangladesh Experience in Water and Sanitation Development -- A Miracle on the Way", by **M. Mujibul Huq**, Special Advisor to the UNICEF Representative and former Cabinet Secretary Bangladesh

"... It is estimated that 25,000 metric tons of human excreta are deposited every day in Bangladesh in the public domain. This pollutes the immediate home surroundings and water bodies. Bathing of women in the contaminated water also contributes to reproductive tract infection. About 85 percent of all children are infected with worms. This also affects the nutritional status of these children..."

... In the last few years in Bangladesh, a silent sanitation revolution has been taking place. This is built on lessons learned, on new innovative ideas and on vision. It derives its inspiration from the high level of political commitment and the participation of people at the level of communities..."

...What Bangladesh could do despite heavy odds, Africans can certainly do as well, and even much better, whether they are in the east or west, south or north. Miracles do not happen these days, but are made to happen, and I know that Africans can make it happen on this continent..."

Presentation: "The Importance of Water and Environmental Sanitation Education in Schools", by **Hon. David Pulkol**, Deputy Minister, Ministry of Education and Sports, Government of Uganda and Chairman of the National Council for Children of Uganda

"... Today's children are tomorrow's decision-makers and parents. Water and environmental sanitation education today is a small, but vital, investment towards ensuring the health of, and the fundamental basis for socio-economic development of, future generations..."

... Recent surveys in Uganda, which has a hygiene education programme in schools, show that 80 percent of students surveyed answered hygiene questions correctly. However, although knowledge is a necessary and important part of behavioural change, it is not in itself sufficient. Hygiene behaviour goals need to be set and surveys need to be undertaken that show improvements in hygiene-related behaviour, such as students observed using latrines and washing hands..."

Session 1: Field Trip Reports, Wednesday 26 October 1994

Intended Purpose of Session: Identification and examination of principal components of community-oriented sanitation programmes through reflection on field trip visits.

Tool: Field trip collage.

Each of the four field trip groups was instructed to visually illustrate the various components of the project it visited using the field trip questions cited above as a guide and giving emphasis to organizational and process elements.

Results were presented and discussed in plenary.

See **Attachment I** for details.

Session 2: Sanitation Options, Thursday 27 October 1994

Intended Purpose of Session: Examination of the range of technical options and unhygienic/hygienic behaviours.

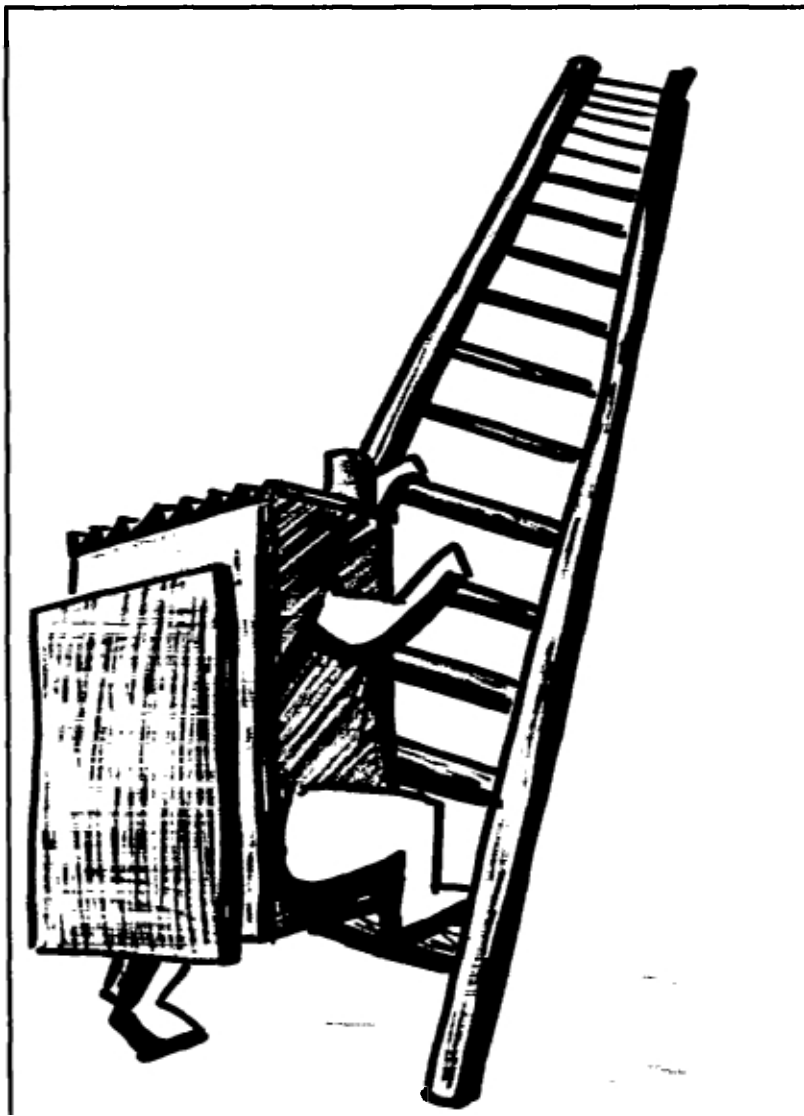
Tool: Sanitation ladder.

Participants were divided into five groups. Each group was given a set of 20 pictures depicting a wide range of technical options and behaviours, and asked to rank the pictures from worst to best sanitation situation to produce a "sanitation ladder" of options.

After the ladder was established, participants were then asked to select the pictures on the sanitation ladder best representing the status of sanitation (rural and urban) in their own countries, both at present and where they are likely to be at the end of three years.

Results were presented and discussed in plenary.

See **Attachment II** for details.



The Sanitation Ladder

**Session 3: Constraints and Resistance to Change, Thursday 27 October 1994
(Completed in two parts)**

Intended Purposes of Session:

Part 1: Identification of constraints to improved sanitation.

Part 2: Examination of reasons why people resist change.

Tool: Resistance to change continuum.

Part 1 was an extension of work done in Session 2, with participants being asked in their groups to identify what principle objections people at community-, district-, provincial- and national-level might have to improved sanitation.

In Part 2 of the exercise, done later in the day in plenary, participants were asked to place the constraints identified in Part 1 on a Resistance to Change Continuum (Figure 2), in an attempt to analyze degree of resistance or openness associated with each constraint.

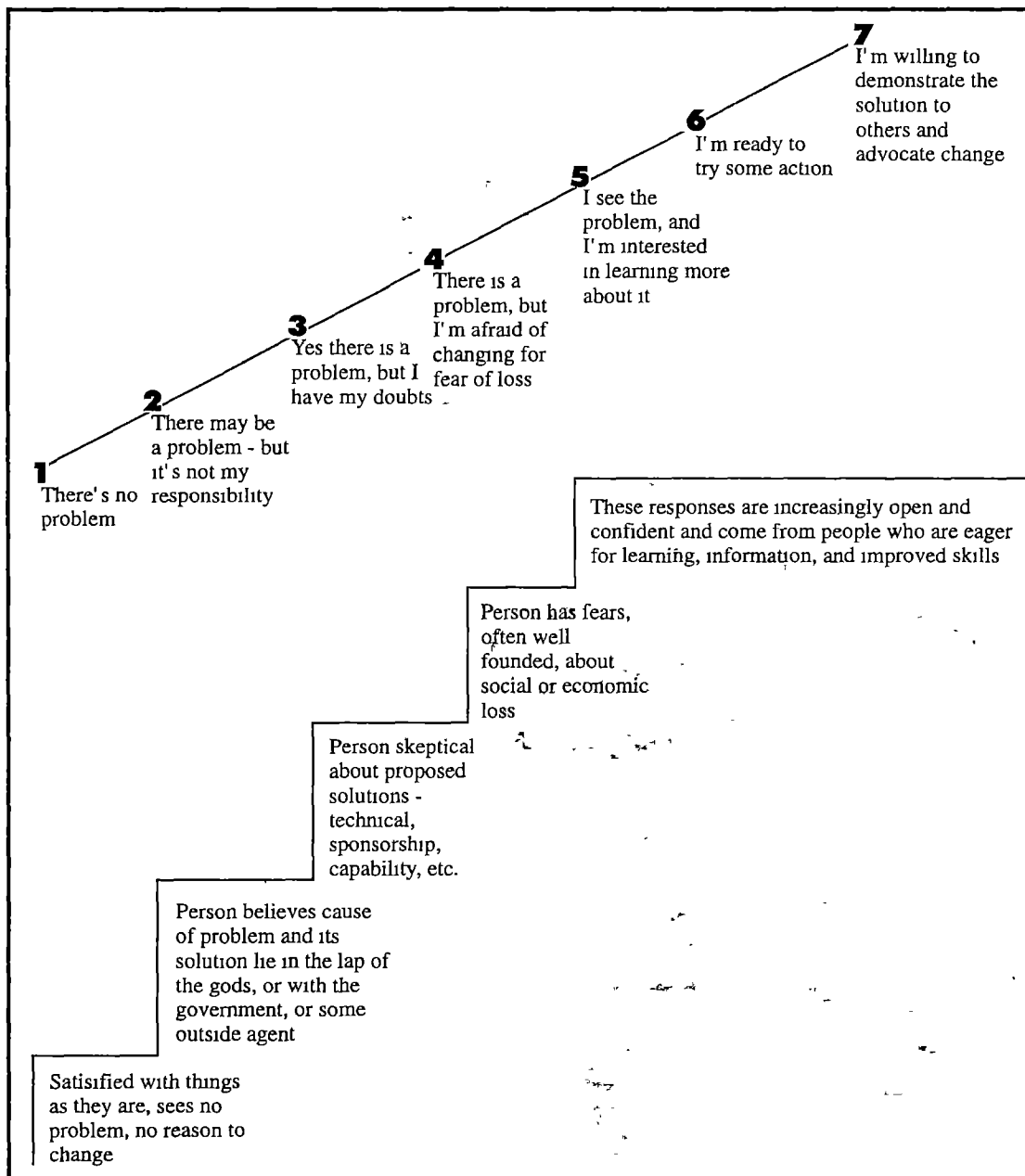


Figure 2. SARAR Resistance to Change Continuum

Session 4: Behaviour Change and Development, Thursday 27 October 1994

Intended Purpose of Session: Examination of factors influencing behaviour change and behaviour development.

Tools: Values voting, visualized brainstorming, visualized presentation.

For the values voting exercise, four statements

- (1) "Teaching women to be tubewell mechanics just does not make sense in most situations."
- (2) "Women should be given the main responsibility in implementing sanitation schemes."
- (3) "A simple pit latrine is adequate for most villagers."
- (4) "Women need sanitary facilities more than men."

were separately offered for consideration. Each statement was taken in turn, with participants asked to vote on whether they agreed, disagreed or were unsure/did not know with the statement. Voting was done "by foot" by moving to pre-agreed locations in the room for "Agree", "Disagree" and "Unsure/Don't Know". Two people from each group were then allowed to make statements on why they chose the group/position they did. Individuals could cross-over to another group at any time if they changed their minds after hearing any of the arguments.

For the visualized brainstorming exercise, participants were asked to respond to the question, "What factors made you change unhealthy behaviour or maintain health behaviour in the past?". Answers were written on cards and then clustered on pin boards, with main cluster categories being "information", "motivation to act", "ability to act", "values" and "enabling environment".

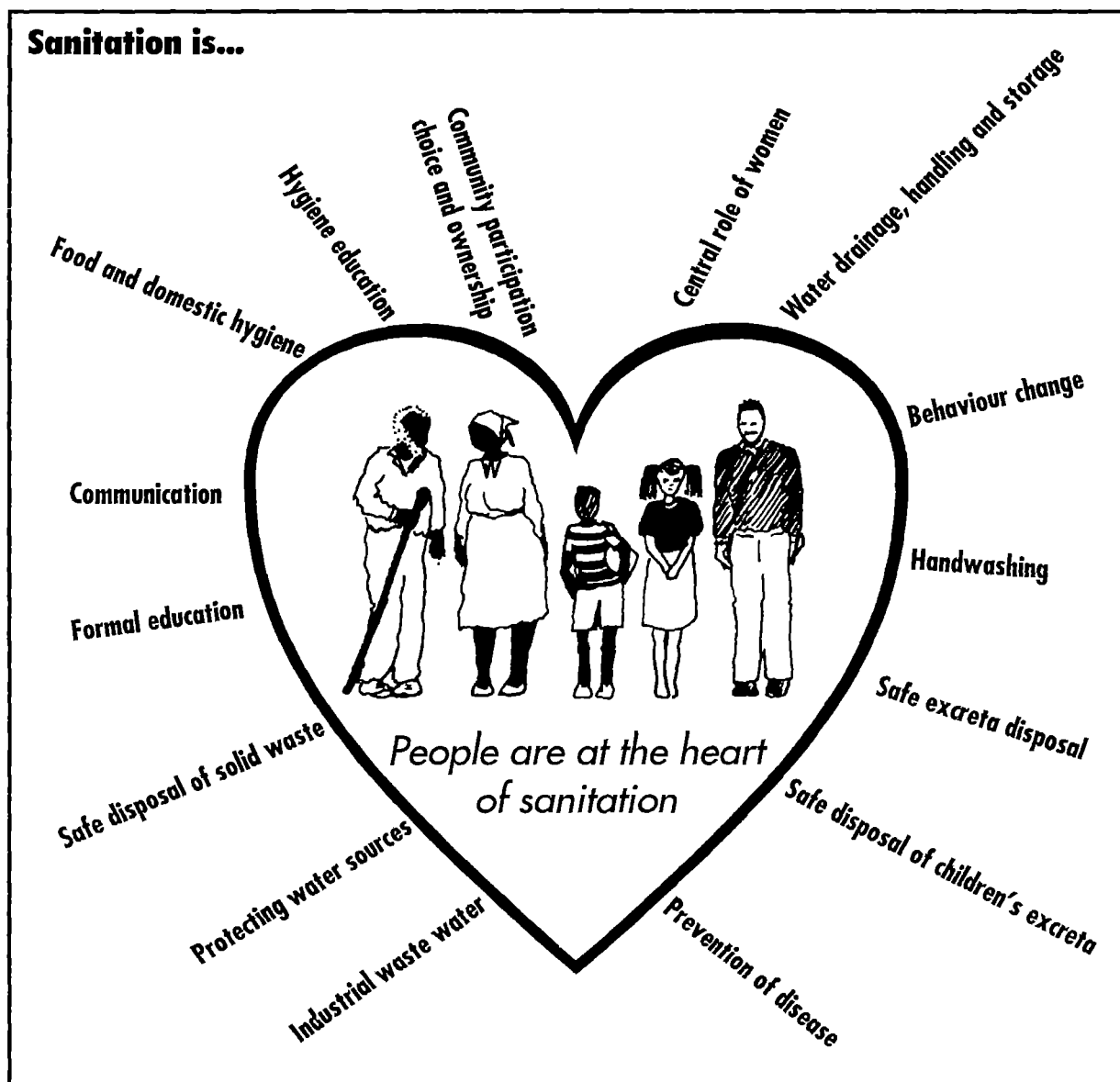
The above exercises were followed with a brief visualized presentation that summarized the main concepts of behaviour change and development and empowerment. Key points made, as presented on cards, are included in **Attachment III**.

Session 5: What is Sanitation?, Thursday 27 October 1994

Intended Purpose of Session: Consideration of what components are part of improved sanitation.

Tool: Sanitation pie.

The workshop defined sanitation to contain the following elements:



**Sessions 6 and 10: Successful Sanitation Initiatives Part 1 and 2,
Thursday 27 October and Friday 28 October 1994**

Individual presentations were made by participants of successful sanitation initiatives they were associated with.

Session 7: Global Trends in Sanitation, Friday 28 October 1994

Intended Purpose of Session: Orientation on what is happening on sanitation at global level.

A visualized presentation was given by **Dr. Mayling Simpson-Hebert**, WHO Geneva, who is the Chairperson for the Water Supply and Sanitation Collaborative Council's Working Group on Promotion of Sanitation.

The presentation follows:

**Collaborative Council
Working Group on
"Promotion of Sanitation"**

Working Groups Definition of Sanitation: "Safe interaction with human excreta"

Mandate	Terms of Reference	First Meeting March. 94	Second Meeting Oct.94
Recommendations to council and members	Understand problem	"The problem of sanitation"	17 critical areas for: research review advocacy
	Identify needs	Lack of political will	Criteria for successful sanitation
	Create guidelines tools etc to meet needs	Low prestige and recognition	Review of sector assessment tools
		Poor policy at all levels	Institutional realities and behaviours
		Poor institutional framework	How to disseminate recommendations
		Inadequate and poorly used resources	Successful experiences with private sector
		Inappropriate approaches	Influence of national policies
		Neglect of consumer preferences	Disseminate PROWESS tools and trainers
		Ineffective promotion / low public awareness	Sanitation indicators
		Women and children last	Social marketing - successful experiences
		Little effective demand	Social marketing - how to do it
		Cultural taboos and beliefs	How to elevate sanitation as a valued concept
			Experiences of promotion through children
			Appropriateness of "willingness-to-pay" studies
			How to assess community readiness
			Small credit schemes for sanitation
			Examples of applying problem-based learning
			Critical review of all technologies

Third Meeting
March 94

Report to
Collaborative
Council - Barbados
October 95

**Session 8: Partnerships, Advocacy and Communications Channels,
Friday 28 October 1994**



The Regional Director, Mr. Cole Dodge, presents his group's work on Partnership, Advocacy and Communication Channels.

Intended Purposes of Session: Examination of key partnerships and possible forms of cooperation, prioritization of targets for advocacy, and identification of communications channels.

Tools: Visualized presentation, fish bowl, visualized brainstorming, and pro-contra debate.

The presentation focused on key concepts related to advocacy, social mobilization and programme communication, with

- * Advocacy being the development of political and social commitment to sanitation.
- * Social mobilization being partnership- and allies-building at all levels
- * Programme communication being the targeted and researched use of information, e.g. hygiene education, social marketing, behavioural change, participatory methods and VIPP.

Various exercises and group work were completed to expand on the above topics.

For the fish bowl exercise, participants formed two rings of equal size, one on the inside of the other. The two groups moved in opposite directions when the facilitator began clapping and stopped when the clapping stopped. The person on the inner circle paired himself/herself with the person lined up opposite in the outer circle and discussed the question, "Who should be our principal targets for advocacy?". After several minutes, the clapping started, which was the signal for the two circles to begin moving again. This continued so that each person had a chance to discuss the question with three different partners.

The visualized brainstorming was a short exercise done in plenary, where participants quickly shouted out potential groups or persons that might be useful partners or allies in

sanitation programmes. Each suggestion was written on a single, large, lined sheet of paper mounted on a board at the front of the room. No discussion was allowed during the brainstorming. When the brainstorming was finished, each participant was given three "votes" with which to indicate the three partners/allies he/she felt were most important. The five partners/allies finishing with the highest number of votes were local leaders, schools, village committees, politicians, and religious leaders.

The pro-contra debate is a tool that allows participants to explore and develop appreciation for other points of view. For the pro-contra debate, participants were divided into two groups. One was identified as the pro group, the other as the contra group. The statement, "There is no sense in using electronic media for hygiene and sanitation education in Africa", was given as the theme for debate. Each group spent five minutes preparing opening and rebuttal arguments, writing each one in key word form on a separate card. During the ensuing debate, each group alternatively shouted out its viewpoint or rebuttal while holding up the corresponding card. As each argument was made, the card was placed on a pin board.

When the debate was finished, participants were then given the opportunity to express their personal feelings about the original debate statement. Each person indicated his/her opinion by placing a dot on a scale that ranged from "highly useful" to "not at all useful".

For the group work exercise, participants were divided into five groups:

- * Two groups were tasked with examining advocacy for sanitation promotion, identifying targets of advocacy at different levels (e.g. international, national, and community), agents and channels of advocacy, potential key messages, methods, and end targets.
- * Two groups were tasked with examining social mobilization and partnerships for sanitation programmes at different levels.
- * One group was tasked with examining programme communication aspects related to sanitation, focusing on potential channels, methods, and attitudes, behaviours and taboos for different groups (e.g. family, community, sub-national, and national).

Group work results were presented and discussed in plenary.

Session 9: Integration of Hardware and Software Components, Friday 29 October 1994

Intended Purposes of Session: Identification, examination and integration of different technical (hardware) and mobilization/hygiene/other (software) steps involved in developing and implementing peri-urban and rural sanitation programmes.

Participants divided themselves into six groups -- three hardware and three software -- from which three pairs comprising one hardware group and one software group were formed. Each group of each pair was instructed to first work independently to develop the main steps (either hardware or software, depending on group) required for a sanitation programme. After this was done, the two groups joined forces to merge their hardware and software steps together into a sequenced, complete programme.

The resulting integrated programmes were presented and discussed in plenary.

See **Attachment V** for details.

Marrying Hardware and Software. Session 9 Half-Way Point.

The necessary steps developed separately by one hardware group and one software group during the first part of the Session 9 exercise are listed below. Note: the steps are not yet ordered sequentially. In the second part of the exercise, the two groups would work together to discuss, negotiate, refine and agree upon how these steps should be integrated together, in what order, to form a complete sanitation programme.

Software Steps:

- . Work with community to define implementing process
- . Design Plan of Action with community leaders
- . Get approval from local council/municipality
- . Negotiate with financing organizations
- . Identify contractors and working groups
- . Form management system
- . Identify roles and responsibilities
- . Form community committee
- . Examine possible options for solving problem
- . Open community committee bank account
- . Organize other local committees
- . Register a society or cooperative
- . Establish implementation committee
- . Mobilize community
- . Conduct training
- . Design training methodology
- . Identify assistance from private sector
- . Carry out promotion and marketing
- . Identify monitoring indicators
- . Assess programme activities on goals
- . Select committee officers

Hardware Steps:

- . Develop master plan
- . Develop Action Plan
- . Review land availability
- . Avoid nimbis syndrome
- . Develop cost recovery scheme
- . Map infrastructure
- . Review donor activity and coordinate
- . Ban import of hazardous waste
- . Ensure adequate service coverage to low-income groups
- . Conduct waste audit
- . Conduct legislation review
- . Examine recycling options
- . Examine indigenous technologies

Session 10. Indicators, Monitoring and Evaluation (*Dropped because of insufficient time*)

Sessions 12 and 13. Putting It All Together and What Next?, Saturday 29 October 1994

Intended Purposes of Sessions:

- (1) Brief review of all previous sessions.
- (2) Development of Personal Action Plans

The brief review of previous sessions was done visually using cartoon drawings to draw attention and reflection to the work completed (see pages 5 and 11).

For the personal work plans, participants were instructed to work individually or with colleagues to develop individual or joint plans of action for the next six months. (Participants were informed at mid-day the previous day that they would be doing this exercise. At that time, they were asked to consider if it would be logical to work jointly with others or alone. This was done to give people the chance to think beforehand how they might like to organize themselves for the task.)

Specifically, participants were asked to do their action plans by completing a form that began, "Personal Plan of Action for Sanitation. By 30 April 1995, I/we, (name(s))....., will have: "

In listing their planned activities, participants were asked to ensure that what they were proposing was (1) concrete and specific, and (2) realistic. Plans were written on flip-charts for presentation purposes.

Each plan was presented in plenary. The group as a whole checked that each proposal conformed to the established criteria (i.e. concrete/specific and realistic) in relation to the individual' s/group' s position and portfolio, after which the plans were "accepted".

See next section for **Session 13** results.

A synthesis of the activities listed in the personal action plans developed in **Session 13** is presented below.

SYNTHESIS OF TYPICAL ACTIVITIES FROM PLANS OF ACTION FOR SANITATION

(Note: some of the activities cited are already underway, which made it reasonable to assume that they could be completed within six months.)

By 30 April 1995, I/we will have:

Action Points Extracted From Joint Plans of Teams of UNICEF Country Project Officers and Counterpart Government Officials:

- Promoted sanitation being high on the development agenda by using opportunities in Parliament and the Constituent Assembly, and planning for a monthly Environment Sanitation Day.
- Arranged a field trip for Permanent Secretaries and other members of the NAC to sanitation projects country-wide.
- Held discussions with the Ministry of Local Government, Lands and Housing to commit more funds to the sanitation programme.
- Arranged meetings with key district-based members of the KIATSAM Committee to review National Sanitation Guidelines (with emphasis on hygiene education and application of the sanitation ladder).
- Organized a situation analysis on sanitation in four Regions, to include behaviour, attitudes, practices and existing latrine use.
- Gotten sanitation on the agendas of DPAC and SPAC.
- Developed a draft environmental health policy that includes hygiene education.
- Conducted a national workshop on sanitation for key ministries in Kenya. (We will also invite Tanzanian delegates from key ministries.)
- Held the Kenya/Tanzania Sanitation Progress Review meeting in Arusha.
- Produced an advocacy video for both countries (Kenya and Tanzania).
- Started a schools sanitation programme in Kisumu District, with assistance from Dr. Eben Mwasha of the PHC Ambassadors Foundation.
- Developed field guidelines specific to Zimbabwe on participatory techniques for extension worker staff.
- Performed all preparatory work for a national sanitation survey, i.e. organized a task force to develop a questionnaire and survey methodology, trained surveyors, tested the questionnaire, and procured necessary equipment and materials for the survey.

- Conducted the sanitation survey
- Analyzed the survey data
- Constructed pilot schemes for three types of latrines -- VIPs, SANPLATs and traditional -- to demonstrate the pros and cons of latrines.
- Organized a seminar involving all interested bodies to discuss the advantages and disadvantages of the three types of latrines.
- Trained personnel in three additional provinces in health and hygiene education, utilizing participatory methodologies.
- Planned a sanitation/hygiene education workshop for the beneficiaries of the Rural Sanitation Programme.
- Organized and conducted a workshop on the acceleration of sanitation programmes for Government workers and NGO partners within the sector.
- Initiated a pilot project on sanitation hardware options in a peri-urban area.
- Conducted a training-of-trainers workshop for capacity-building towards participatory school sanitation projects in the Mtwava and Coast Districts.
- Held a national sanitation workshop.
- Tried to organize a workshop for participants of both organizations on sanitation and sanitary behaviour, using participatory methods such as SARAR and VIPP.
- Increased the promotion of the importance of proper sanitation through the mass media
- Addressed Kgotta meetings to raise sanitation awareness
- Started trials on appropriate low-cost sustainable sanitation in UNICEF WIBS areas.
- Briefed respective organizations, the political arm, the technical arm and UNICEF/social sector donor groups.
- Distributed findings of this workshop to key partners at all levels.

Action Points Extracted From Individual Plans of Government Officials:

- (As Minister of Water in my country) have introduced a national sanitation awareness programme. From that hopefully a National Plan of Action through Legislature will come out, with the aim of introducing concrete latrine slabs throughout the pre-urban and urban districts.
- Briefed the Minister of Education on this workshop and discussed mechanisms for involving schools in the UNICEF/ Government of Swaziland Country Programme.
- Completed a latrines construction manual for wide use/distribution at district and village levels.
- Developed a curriculum for hygiene education and sanitation, with emphasis on women 's involvement.
- Initiated a Plan of Action for implementation of a VIP latrines project.
- Sought out donor support when the Plan of Action is in place, with UNICEF being the first to be solicited.

- Established what appropriate sanitation techniques are available in South Africa and how they are presently being used, improved on their application where possible, taking into account communities and the environment, and have tried to exercise positive influence to make changes for the better.
- Trained extension workers and community leaders in one district in methodologies for monitoring effects of hygiene education on behaviours using a recently developed form.
- Received feedback and analyzed the information for replanning of our project.
- Worked with the Irish Aid Project to include a handwashing component in that sanitation project.
- Submitted reports on this workshop to the Ministries of Health and Natural Resources.
- Conducted a one-day briefing session for top executives of UNICEF Mbabane and the relevant Swaziland line ministries and departments.
- Conducted a country visit for the Chief of WES Section, UNICEF NYHQ.
- Conducted four district-level briefing sessions, through monthly meetings, on sanitation planning and implementation.

Action Points Extracted From Individual Plans of UNICEF Country Project Officers:

- Worked to get sanitation on Government's agenda through active advocacy with the National Planning Committee and Ministry of Finance, and held several seminars if possible.
- Planned a sanitation promotion programme for Caprivi by involving private sector, and discussed with the Ministry of Education the idea of using readers..
- Carried out behaviour research studies.
- Completed the planning of a project for Cuvelai/Hardap-Karas.
- Conducted KAP and other studies in an effort to develop better understanding of the "why's" pertaining to sanitation in Zambia.
- Commenced a country-wide survey to establish coverage levels and types of sanitation in Zambia.
- Convened workshops in a CSD and a HESP project area to test development of IEC materials for schools.
- Sought partnership with local leadership.
- Initiated a process by which a greater awareness of sanitation issues in Zambia is achieved at the highest possible level.
- Strengthened the links with other agencies/colleagues, particularly in relation to solid waste issues in peri-urban areas.

- Pushed for a change in SANPLAT molds, from wooden molds to UV-impact resistance plastic ones.
- Trained extension workers on use of the plastic molds.
- Continued publishing the NGO Forum Newsletter

Action Points From the Joint Plan of Officials Representing SIDA and NORAD:

- Put sanitation and hygiene education on as the main topic for the Nordic Water Sector Meeting in May 1995.
- Followed up sanitation activities in Africa.
- Discussed with the Swedish and Norwegian Ministries of Foreign Affairs, the Nordic position on UNICEF's Water and Sanitation Strategy.
- Reviewed agency sector strategies.
- Supported the Collaborative Council's Working Group on Promotion of Sanitation (SIDA).
- Incorporated support to CMMU in the Norwegian Water Sector Support Programme to Zambia (NORAD).

Action Points From the Plan of the UNICEF ESARO Team (Comprising the Representative, the Senior Programme Communications Officer, and the Regional Sanitation Focal Point).

- In November, requested the establishment of a Sanitation/Hygiene Network at the upcoming Regional Planning and Management Team (RPMT) meeting.
- In December, put sanitation/hygiene/water on the agenda of the EMOPs workshop.
- In January, written to SIDA about behaviour change for hygiene.
- In February, carried out a consultancy for SADC.
- In February, carried out VIPP Training.
- In March, (if the Sanitation/Hygiene Network is approved) planned the Network meeting back-to-back with WEDC meeting in Uganda in October, 1995.
- In May, given the RPMT feedback
- From June through September, convened a behaviour change meeting, including hygiene.
- From June through September, carried out VIPP training.

Action Points From the Joint Plan of Officials Representing UNICEF New York, World Bank, SIDA and NORAD:

- Distributed and obtained comments on the UNICEF WES Policy Paper (UNICEF and World Bank).
- Jointly published the SANPLAT Handbook (UNICEF and SIDA)..
- Disseminated the workshop report (particularly the Country Plans of Action) to World Bank's Operations Divisions in the Africa Region (World Bank).
- Organized a joint consultation on further collaboration between Africa Region Division of World Bank and UNICEF (World Bank and UNICEF).
- Discussed and developed joint activities on environmental health (sanitation and hygiene education evaluation and risk analysis) with USAID (UNICEF).
- Conducted a joint interagency mission to South Africa, Malawi and Swaziland on water and environmental sanitation (UNICEF, WHO, ODA and others).
- Circulated the draft UNICEF Sanitation Guidelines (UNICEF).
- Assisted a few Country Representatives in ESAR to attend the next Collaborative Council Working Group on Promotion of Sanitation meeting, to be held in Geneva in April 1995 (UNICEF).

Action Points From the Individual Plan of the Senior Advisor to the Representative, UNICEF Dhaka:

- Continued to associate myself with UNICEF and the Government in the pursuit of bringing about more success to the sanitation revolution that is now taking place in Bangladesh.
- Carried out some appropriate messages from workshop for application in the situation of Bangladesh which is now aiming at 50% coverage by the end of June 1995, from the present 35%.

Action Points From the Individual Plan of a Swaziland-Based Consultant:

- Swaziland: Assisted UNICEF Swaziland in the preparation of an integrated rural sanitation programme based in schools and the community.
- Tanzania: Participated in the World Bank-funded Small Towns Water and Sanitation Project.
- India: Assisted in the testing of the SANPLAT system in an Indian context.
- The Latrine Building Handbook: Reviewed UNICEF's and the editor's amendments to this handbook, which will be published before 30 April, 1995.
- Other countries: Will be happy to have assisted any sanitation programme to increase the rate of latrine building, especially if it is an integrated programme aiming at improved hygiene and behavioural change.

ADDITIONAL FOLLOW-UP POINTS

In general plenary, several other follow-up points for action were discussed:

- UNICEF Project Officers were requested to brief their Country Representatives about this workshop prior to the upcoming Regional Planning and Management Team (RPMT) meeting in mid-November, at which approval to create a Sanitation Network would be sought by the Regional Director, UNICEF ESARO.
- The Regional Director, UNICEF ESARO, would write to UNICEF Country Representatives informing them of the personal plans of action developed by their officers, and requesting follow up on these plans and incorporation of planned activities into the personal evaluation reporting process.
- UNICEF Project Officers were requested to review and give comments on UNICEF's draft Sanitation Guidelines. Comments should be submitted to the Chief, WES Section, UNICEF New York by end November 1994.
- Participants were requested to identify a theme for next year's Sanitation/Hygiene Network meeting.

In plenary discussion of the last point, participants agreed that the themes of the first Sanitation/Hygiene Network meeting next year should be "Where Are We?" and "Where Do We Go Next?".

It was further agreed that if these were to be the themes, then each country would have to ensure that it had a sanitation sector situation analysis completed within a year as input to that meeting. The need for guidelines for such an analysis was expressed. As there was not enough time left to develop these guidelines, participants were asked to list the types of information they considered essential to be included in a situation analysis, from which workshop organizers would develop draft guidelines to at least provide a starting point for in-country adaptation.

The resulting sanitation situation analysis guidelines are included in this document as **Annex C**.

REMINDER

Several topics were not discussed in sufficient detail, including:

- Gender issues
- Indicators
- Monitoring and evaluation
- Financing and resources mobilization

They are specifically mentioned to serve as a reminder that they must be taken up in the future.

One of the unexpected outputs of the workshop was a song about sanitation and participatory methodologies composed by two of the participants and performed live before the group by the composers joined by backup singers. The performance was a collaborative effort involving country and global participants!



VIPP-SARAR Song:

(Sung to the melody of "Qué Será Será")

When I was just a little child
I asked my mummy
Where shall I pee
Can it be inside?
Can it be out?
Here's what she said to me....

Chorus:
VIPP-SARAR, SARAR
What ever will be will be,
the future's not ours to see
VIPP-SARAR, SARAR
What will be, will be.

As I grew up and went to school
Teachers were ever so keen to be clean
Shit, Pooh or Ca Ca
Long call or short
Make sure you use latrines...

Chorus

Now I have children of my own
They ask their mother
What lies ahead
Will it be SANPLATS?
Will it be BLAIRS?
Here's what she said instead.....

Chorus

By Letitia Obeng and Ken Maskall

With reference to the seven general and participant-specific objectives of the workshop

- Initiating the process of placing sanitation higher up on national development agendas
- Identifying possible follow-up mechanisms
- Exploring the use of participatory methods for consensus decision-making and programme planning
- Developing greater understanding of key soft- and hardware elements of community-oriented sanitation
- Developing greater understanding of behavioural change
- Developing greater appreciation for gender aspects
- Establishing new/renewed commitment to sanitation development

The three key indications of whether or not the workshop can be considered a success are:

- (1) if participants feel they personally gained from the process
- (2) if participants leave with a new or renewed commitment to take action
- (3) if something happens as a result of the workshop

It is too early to assess the impact of the workshop, i.e. the third indicator of success, since the workshop has just concluded. This can only be done in six months or a years time.

The first two indicators, however, can be at least partially be "measured" by the participants' own evaluation of the workshop, and the quality and content of the personal action plans developed in Session 13.

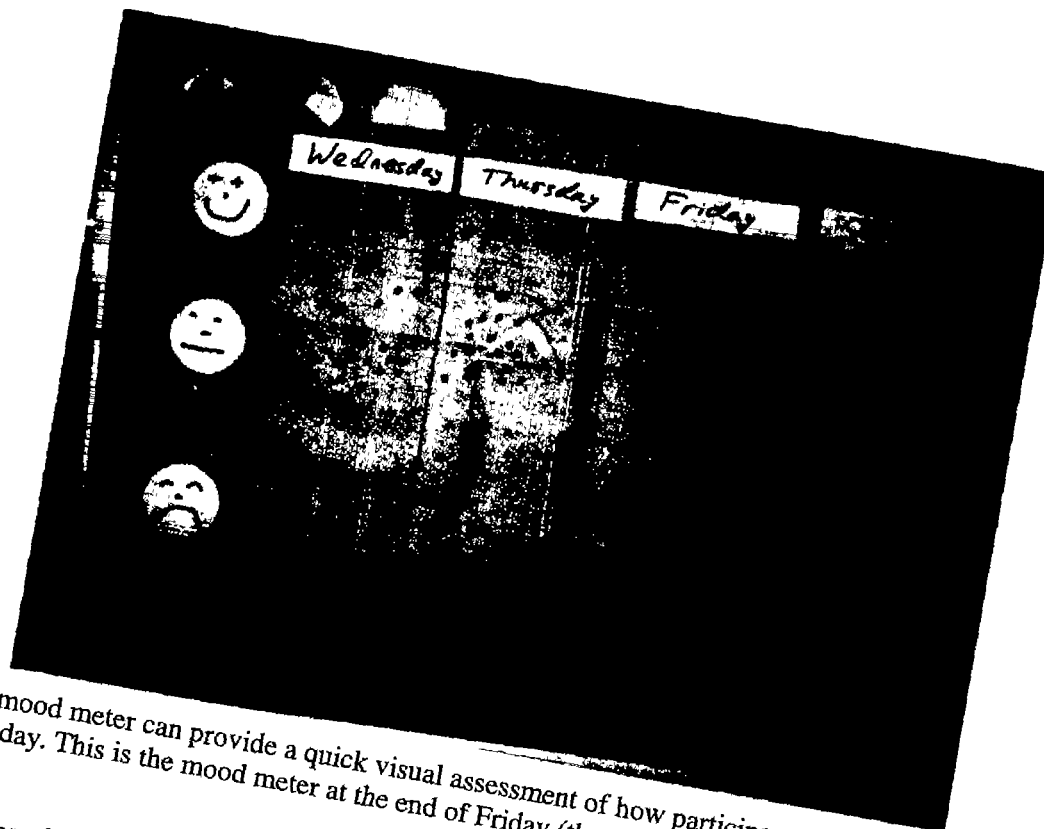
An evaluation form comprising 31 factors was designed to allow participants to anonymously give their feelings on the extent to which workshop objectives and their expectations had been met, if their fears had been avoided, and how they rated workshop organization and logistics overall.

The criteria and results of the participants evaluation are included in **Attachment VI**. Scores for almost all factors were in the mid and high ends of the ratings scale.

Dear Sally (the Representative, UNICEF Harare)

I wish to thank you very much indeed for inviting me to attend the Workshop on Sanitation. I thought it an excellent event in every way. Certainly it was a new experience for me to "participate" in the way we did. I thought the processes employed during the workshop stimulated some good lateral thinking which will surely yield productive results. All the participants I spoke with appeared to have been stimulated and reinvigorated by their days spent at Mazvikadei.

-- Anthony Waterkeyn, Executive Director, Mvuramanze Trust



The mood meter can provide a quick visual assessment of how participants feel at the end of each day. This is the mood meter at the end of Friday (the third day at Mazvikadei).

In terms of personal action plans, every participant developed a plan of action -- either an individual one or a joint one with colleagues. When the plans were presented in plenary, the group as a whole judged whether or not the activities listed were (1) concrete, and (2) realistic. In some cases, questions or comments were raised, and these were answered/addressed by the person presenting his/her/their plan. All plans were "accepted" by peer consensus as complying with the two criteria, with a round of applause being given to each person/group for his/her/their commitment to action over the next six months. See previous section under **Session 13** and this section above for further details.

Annexes

Workshop Programme

25-29 October 1994

Harare/Mazvikadei

Workshop Objectives:

General

- * To initiate the process of placing sanitation higher up on national development agendas of ESAR countries.
- * To establish a mechanism for follow up of this process.
- * To explore the use of participatory methods for consensus decision-making and programme planning.

For Participants

- * To develop greater understanding of the key soft- and hardware elements of community-oriented sanitation.
- * To develop greater understanding of the process of behavioural change.
- * To establish new/renewed commitment to accelerated sanitation development in each home country, as per personal plans of action.

Workshop Methodology:

The workshop is designed to be participatory in nature. Participatory techniques and various participatory tools will be used throughout, with discussions mainly through group work and report-backs in plenary. Techniques will be used extensively.

The programme and schedule are intended to be adaptive, to respond to dynamics and interests arising during the course of sessions. Comments and feedback from participants are welcomed at any time.

The workshop will be a process in itself, where succeeding sessions will be linked to and building on work from earlier sessions. Full-time participation from all participants is therefore essential.

Tuesday, 25 October 1994, Harare

Field Trip Briefing

Field Trips to Shamva, Goromonzi, Murewa and Chegutu Districts to Visit Sanitation Projects
Joint Reception With SADC Symposium Delegates

Wednesday, 26 October 1994, Harare/Mazvikadei

Opening Session at Harare Conference Centre

Transfer to Mazvikadei

Opening Remarks and Expectations and Fears

Session 1. Field Trip Reports

Review and Discussion of Expectations and Fears

Thursday, 27 October 1994, Mazvikadei

Feedback From Previous Day

Session 2. Sanitation Options

Session 3. Constraints and Resistance to Change

Session 4. Behaviour Change and Development

Session 5. What is Sanitation?

Session 6. Successful Sanitation Initiatives, Part I (Evening Session)

Friday, 28 October 1994, Mazvikadei

Feedback From Previous Day

Session 7. Global Trends in Sanitation

Session 8. Partnerships, Advocacy and Communications Channels

Session 9. Integration of Hardware and Software Components

Session 10. Successful Sanitation Initiatives, Part II (Evening Session)

Saturday, 29 October 1994, Mazvikadei

Feedback From Previous Day

Session 11. Putting It All Together

Session 12. What Next? Development of Personal Action Plans

Remarks by Representatives From UNICEF Headquarters, ESARO and SIDA

Workshop Evaluation

Closing by UNICEF Harare Representative

Return to Harare

List of Participants and Opening Session Speakers, UNICEF ESARO Regional Workshop on Sanitation, Held 24 - 29 October 1994, Harare/Mazvikadei

COUNTRY	NAME AND TITLE	ORGANISATION/ADDRESS
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	Mr Mohammed Ali Ateya, Water Authority, (Government)	Ministry of Water, Hargeise, Somaliland, Somalia c/o UNICEF (SOMALIA) NAIROBI, P O Box 44145

SOUTH AFRICA	Mr M S Musetsho, Director of Water Affairs, Community Water Supply & Sanitation, Dept of Water Affairs and Forestry (Government)	Department of Water Affairs, P Bag 2248, Sibasa Venda, SOUTH AFRICA. Tel 0159-32233 Fax 32233
	Mr S Hartley, Assistant Engineer, Community Water Supply and Sanitation Department of Water Affairs & Forestry (Government)	Department of Water Affairs, 185 Schoeman Street, Pretoria, Pvt Bag X313, Pretoria 0001, SOUTH AFRICA. Tel 12-2993456 Fax 12 3230321
	Mr P M Kheoane, Senior Training Officer, Training Division, Dept of Water Affairs and Forestry, (Government)	Department of Water Affairs and Forestry, P Bag X313, Pretoria 0001 SOUTH AFRICA Tel 12-2993321 Fax 12-326-1780 Tlx 012-326-2630
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Draft Guidelines for Sanitation Situation Analysis

Background to Situation Analysis

Introductory paragraphs to explain the following:

- Follow-up to workshop
- Regional collaboration/network
- Need for support to government development activities
- Value of advocacy for sanitation
- Timing of the situation analysis

Objectives

- (a) To obtain a clear and broad overview of the actual situation with respect to practices, facilities and services in the sanitation sub-sector.
- (b) To promote government (and others) awareness and advocacy through the process of implementing the situation analysis.

Methodology

The situation analysis is designed to be flexible and participatory. Country situations differ. Some may have most of the information described already available, whereas others may need to do more work. Most of the information requested is qualitative in nature. A lot of the basic review and writing can be done by local consultants. The suggestions presented below should be adapted to suit each country situation.

Basic Steps

- (a) obtain government support/agreement to conduct analysis
- (b) prepare terms of reference and identify financing
- (c) identify working group (Government/UNICEF/consultants)
- (d) agree on areas of focus for country situation analysis

- (e) identify key groups to be consulted during the preparation of the situation analysis and as part of the information collection process. These can be representatives of: various national and community associations and group (sector/educational/health/communication professionals, sector ministry technicians, politicians/local government officials, gender/age sensitive community groups, school children/students, NGOs. They would be representative of rural, urban and peri-urban areas, as well as have a national overview.
- (f) identify representative groups to be consulted as reviewers of the situation analysis (or sections of it, or both). These can also be representatives of: various associations and groups (sector/educational/health/communication professionals, sector ministry technicians, politicians/local government officials, gender/age sensitive community groups, school children/students, NGOs. They would also be representatives of rural, urban and peri-urban areas, as well as have a national overview.
- (e) use combination of participatory techniques and desk reviews, surveys/ questionnaires to conduct analysis and discuss implications of findings. Consultations/group discussions can be held in one-day sessions or several day workshops in which several areas are addressed. The numbers/type of activities will depend on the financial/human resources available.

Content

Working Definitions

The following definitions need to be stated by each country.

Country's definition of sanitation

Country's definition of urban, peri-urban and rural

Country's definition of coverage

Key Areas in Which Current Situation Needs to be Assessed/Analyzed

Information from different activities listed below can be cross-referenced in preparation of the report. It can be divided into urban/peri-urban/rural as appropriate. The information is presented in a format to facilitate report writing. Several of the areas for review are listed as optional. The depth to which an analysis is conducted will depend on the resources available

- Basic statistics (population, health, coverage, economic situation, major environmental issues, political structure) (urban/rural)
- Existing institutional arrangements
- Types of NGOs, local consultants/private sector groups and community groups working

- in the sub-sector.
- Hygiene behaviour/attitudes
 - Existing policy
 - Existing legislation
 - Hygiene education and promotion activities
 - Types of technologies in use (sanitation facility and associated water supply)
 - Types of technologies not being used
 - Costs of hygiene education and promotion programmes
 - Costs of different technologies (not) in use
 - Number of facilities (not) in use (sanitation facility and associated water supply) (*)
 - ESAs and international finance institutions working in the sub-sector
 - Financing mechanisms (hygiene education programmes, promotion, construction)
 - Implementation strategies
 - Training materials/communication tools (*)
 - On-going/future projects and programmes
 - Historical perspective of sector (*)
 - Review of existing written information on sub-sector activities
 - Indicators used in measuring impact (*)

(*) - optional

Report

The report to be prepared should be designed both as an information source, and as a reference document. The information it contains will be useful for sensitization and advocacy work. It should therefore include as much visual, tabulated, quantitative and qualitative information as possible.

Report Outline

1. Executive Summary
2. Introduction
3. Objectives
4. General Findings from Key Areas Assessed/Analyzed

Basic data on country (including historical perspectives if appropriate), policy and legislative information, institutional and financing arrangements, hygiene behaviour, implementation strategies, technologies, hygiene education, communication and promotion programmes, implementation strategies, beliefs/taboo/health knowledge, costs, etc.

5. Areas Where No Information is Available (or where more detailed analysis is needed)

6. Recommendations for Action Based on Findings
7. Next Steps (including suggestions for Sanitation/Hygiene Network meeting)
8. Other Findings

Summaries of projects/programmes, agencies/NGOs/community and other groups working in the sub-sector, monitoring indicators in use, training materials/tools available, etc. Numbers of facilities.

Key Areas in Which Current Situation Needs to Be Assessed:

Subject Area	Issues Addressed	Possible Methodologies
Basic Statistics	Population, health, coverage, economic situation, major environmental issues in urban/rural areas)	Review of relevant published and unpublished data, household surveys
Institutional Arrangements	Rules and responsibilities of key Government sector agencies; who does what? what kind of human resources are available?	Desk reviews, discussion groups
Hygiene Behaviour/Attitudes	Beliefs, practices, taboos of different population groups, health knowledge	Group consultations, discussion groups, anthropological studies, KAP studies
Hygiene Education and Promotion	Overview of types of programmes for schools health centres etc. (one page summary for each)	Group consultations, discussion groups desk review, field visits to observe schools, clinics, etc. in action
Existing Policies	Government policies with respect to sub-sector and related sectors	Desk reviews, discussion groups
Existing Legislation	Relevant laws, acts of government etc (on public health/water management, land use, housing, etc.)	Desk reviews, discussion groups
Technologies (not) in Use	Types of technologies/facilities (not) in use for households, schools, hospitals, communities etc. (based on definition of sanitation)	Group consultations, review of on-going projects, questionnaires, KAP studies
ESAs, IFIs in Sub-Sector	What activities/programmes are they financing/supporting and how?	Desk reviews, discussion groups
Overview of Financing Mechanisms in Use	Government, ESAs, population etc, (hygiene education programmes, promotion activities, construction of facilities)	Desk review, discussion groups
Overview of Implementation Strategies in Use	Government, ESAs, etc. strategies for promotion, hygiene education, construction. (One page overview per programme)	Desk review, discussion groups, consultations, target audience research

Key Areas in which Current Situation Needs to be Assessed (contd.)

Subject Area	Issues Addressed	Possible Methodology
Summaries of On-going/Future Projects and Programmes	Targets, scope of project, financing mechanisms, delivery mechanisms, key actors, services provided, etc. (one page overview for each)	Consultant/working group desk reviews
NGOs, Community Groups, Private Partners	Types/numbers/activities of NGOs, community groups, private operators working in the sub-sector	Group consultations, discussion groups, desk reviews
Costs of HE and Promotion Programmes	What are the costs of hygiene education/promotion/communication programmes and activities (include communities, schools etc.)	Desk reviews
Technology Costs	What are the full costs of the different technology options in use? (include household, schools etc.)	Consultations with masons/project staff etc., Desk work.
Numbers of Facilities (*)	Coverage information (water and sanitation) Could include numbers actually in use (depending on resources). (include schools, etc.)	Questionnaires, surveys
Training Materials/Communication Tools (*)	Types of materials/tools for different groups	Questionnaires, surveys
Schools/Training Institutions Curricula	HE/sanitation awareness content of programmes (primary/sec. medical, teacher training schools, etc) (one page overview for each)	Questionnaires, discussion groups
Historical Perspective (*)	Particular history of country's political/social/cultural structure that has had an impact on sanitation	Desk reviews, discussion groups
Review of Existing Information on Sub-Sector Activities	NPAs, national environmental action plans (NEAPs), donor sector strategies, etc.	Desk reviews
Monitoring Indicators in Use (*)	How are different projects/programmes monitoring their effectiveness	Questionnaires

(*) - Optional (Note: areas are not presented in any particular order of importance)

Attachments

Field Trip Collage

Purpose: To identify and examine the principle components of community-oriented sanitation programs.

Groups: Same as for field trip. Resource persons and late arrivals should be evenly distributed. Approximately 9-10 persons/group.

Materials:

- . large brown paper - board size
- . colored markers - various
- . colored paper - A-4
- . scissors
- . glue/tape
- . modeling clay
- . assorted "flexis" and magazine cutouts - optional (if not to be used in "SanPie")

Time:

group work -	45 min
plenary - presentations	60 min (15x4)
brainstorming	15 min

Group task: Use available materials to visually illustrate the various components of the project which you have visited. The original field trip questions can serve as a guide. Emphasis should be given to organizational and process elements.

Plenary: (1) Presentations

(2) Visual discussion:

List (on cards) key components or elements that emerged from one or more of the project presentations.

List important elements which may have been missed or underemphasized (urban?).

Note: Exercise and field trips were primarily focused on rural sanitation. If appropriate and time permits, components that could apply to both rural and peri-urban can be highlighted (color stickers).

Sanitation Ladder

- Purpose:** To recognize a range of sanitation options and hygiene behaviors; and
To identify at which level each country is now and might be within three years.
- Groups:** Five groups with three countries (high/medium/low) in each group.
- Materials:** Set of approximately 20 posters representing a variety of technical and behavioral options;
Paper "balloons"
- Group Task:**
- (1) Arrange the set of posters from the worst (lower left) to the best (upper right) sanitation situation. Eliminate any posters that are unclear or of little relevance. Add any posters or images that might be missing.
 - (2) Use the scale to rank the general situation in each of the countries. <blue label> Colored markers can be used to distinguish between the urban and rural contexts.
 - (3) Indicate at which level each country would like to be within three years. <pink label>
 - (4) Think about the key actors or stakeholders at the indicated level. What are the principle resistances, or objections, which they might have to implementing or supporting the desired change? Express these resistances (constraints) as "BUTS..." ("Yes that is an interesting idea, **but this**;...**but that**...") on pieces of paper, or balloons.

2 groups will focus on community level;
1 on district/provincial level; and
2 on national level.

Plenary presentation/discussion

Overcoming the BUTS (SARAR Resistance to Change Continuum)

- Purpose:** To differentiate between the different sorts of issues and constraints that might exist when developing a sanitation program.
- Materials:**
- . List of BUTS generated through the Sanitation Ladder exercise
 - . large sheet of newsprint/markers
 - . RTCC
- Groups:** Continuation of above (Sanitation Ladder)
- Plenary:** (5) Examine and classify the "BUTS", by arranging on the SARAR Resistance to Change Continuum.

Visualized Presentation on Behaviour Change, Behaviour Development and Empowerment

Modern Values		Information	Motivation to Act	Ability to Act	Enabling Environment
Traditional Values				Life Skills	Supportive
				<ul style="list-style-type: none">o Physicalo Technicalo Cognitiveo Literacyo Numeracyo Problem-solvingo Critical-thinkingo Psycho-socialo Decision-makingo Conflict-resolutiono Coping with stress/emotion	<ul style="list-style-type: none">o Peerso Familyo Communityo Appropriate serviceso Incomeo Resourceso Appropriate technologyo Policyo Legislation
<ul style="list-style-type: none">o Leadership skills	<ul style="list-style-type: none">o Negotiationo Communicationo Self-concepto Self-awarenesso Assertivenesso Resistance				

Sanitation Pie (or "What is Sanitation?")

Purpose: To arrive at a common understanding of what we mean by "sanitation"; and
To arrive at a draft working definition.

Groups: Five groups of approximately 9-10 persons/group

Materials:

- . A wide selection of "sanitation/water hygiene/health-related" magazine cut-outs and project photographs;
- . Colored markers;
- . stickystuff, tape, or glue;
- . flip chart paper (2 per group)

Task:

- (1) From a random display of pictures, each participant should select at least one image that portrays a key concept or element of sanitation;
- (2) In groups, each participant should explain his/her reason(s) for choosing his/her picture;
- (3) The group should arrange and glue the pictures on a sheet of flip-chart paper in order to make a common statement of "What is Sanitation.";
- (4) On a second flip-chart paper, the group should try to draft a definition of "sanitation";
- (5) Plenary presentation of the groups' definitions of "sanitation" and discussion to try to arrive at a common understanding of the concept/term.

Integration of Hardware and Software

Purpose: To identify and arrange the different steps involved in developing and implementing peri-urban and rural sanitation programs;

To examine the relationship between the "hardware" (technical) and "software" (community mobilization and hygiene education) components of a typical sanitation program.

To consider the importance of community and women involvement in the project implementation process;

Groups: An even number of paired (hardware/software) groups --including both rural and peri-urban.

Materials:

- . long strips of paper (approximately 15/group) for writing the project "steps";
- . flipchart paper;
- . "sticky stuff"; and
- . colored stickers (red and green).

Group Task: (1) Write the principle steps involved in the implementation of the (hardware or software) component and arrange in appropriate sequence (45-60 minutes);

(2) Two groups --hardware and software-- should meet together to explain their project steps and attempt to merge their components into a common integrated project.

Plenary: If more than two groups are involved, the integrated hardware/software plans should be presented and compared in plenary. Significant differences between the rural and peri-urban programs should be noted. Discussion can also be directed towards the challenges and possible difficulties of integrating the technical and "social" components.

Sessions 6 and 10: Successful Sanitation Initiatives, Thursday 27 October and Friday 28 October 1994 (evening sessions)

Intended Purpose of Sessions: Exchange of Information on successful sanitation initiatives.

Both sessions consisted of individual presentations by participants. Presentations were given by:

Thursday evening:

Melvin Mayisela, Swaziland, on the UNICEF-Government of Swaziland Programme of Cooperation for hygiene promotion, sanitation and clean water.

Dr. Eben Mwasha, Tanzania, on the problem-based learning and pilot schools sanitation project in northern Tanzania.

Friday evening:

Peter Morgan, Zimbabwe, commenting on the Blair latrine and the SADC resolution.

Ingvar Andersson, SIDA Stockholm, on the sanitation initiatives and technologies in Central America.

Dr. Graham Alabaster, UNCHS Nairobi, on UNCHS perspectives on sanitation with focus on peri-urban situations.

Letitia Obeng, World Bank Washington, on sanitation planning and World Bank-UNICEF global collaboration.

Results of Workshop Evaluation

The evaluation form was designed to reflect the participants' feelings on whether or not workshop objectives were achieved, expectations, expectations were met, and fears were avoided.

Participants were asked to rate each of the evaluation factors on a scale of 1 to 7, with 1 being "no", "not met" or "very bad", and 7 being "yes", "met/done" or "very good". Voting was unanimous. For question 31 on duration, 1 was "too short" and 7 was "too long".

Tabulated results of responses per rating number are presented below.

FACTOR		1	2	3	4	5	6	7
1.	Exchanged experience			3	11	8	13	4
2.	Learned how to get sanitation on agenda		4	2	7	16	5	5
3.	Learned more on integration of software and hardware		2	2	10	8	11	5
4.	Learned more on technology choices	3	5	5	6	13	6	3
5.	Learned better communication methods		2	6	6	12	8	7
6.	Acquired techniques to influence policy institutions		1	6	12	13	6	1
7.	Learned methods for taking sanitation to scale		7	10	6	13		3
8.	Learned new training and planning techniques		1	5	6	9	13	5
9.	Learned new methods for community mobilization		2	8	10	8	8	3
10.	Gained confidence in participatory methods			1	9	7	15	7
11.	Learned more on hygiene education		5	7	11	12	4	
12.	Learned more on advocacy and social mobilization		1	2	6	16	10	4

FACTOR		1	2	3	4	5	6	7
13.	Gained new ideas on how to achieve behaviour change		1	7	9	10	9	3
14.	Held down-to-earth realistic discussions	1	3	4	7	7	14	2
15.	Arrived at practical recommendations	1	2	6	9	11	7	4
16.	Identified possible follow up mechanisms		1	6	7	9	7	9
17.	Avoided domination and dogmatism	5	1	2	5	8	9	8
18.	Avoided talking water instead of sanitation	2	2	2	3	3	11	16
19.	Avoided technology conflicts	5	4	6	6	4	5	9
20.	Avoided abstract and theoretical discussions	1	1	5	9	6	11	6
21.	Avoided confusion		3	4	6	13	8	5
22.	Avoided boring presentations		2	1	3	13	9	11
23.	Covered major issues		1	5	5	11	9	8
24.	Developed greater appreciation of gender aspects	5	4	6	10	7	5	2
25.	Developed do-able personal plans of action			2	3	10	10	14
26.	Methodologies used			1	5	10	13	9
27.	Facilitation			1	3	5	19	11
28.	Venue	1	2		5	6	17	8
29.	Food	1		1	1	12	14	10
30.	Time keeping	1	2	5	4	11	13	3
31.	Duration (1 = too short; 7 = too long)		12	5	15	4	2	1
32.	Urban/Peri-Urban (added by one participant)		1					

