

# Sanitation and hygiene approaches

Part of a series of  
WaterAid technology  
briefs.

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## Introduction

There are different ways to develop and implement a hygiene promotion programme. It is now understood that ‘educating’ people about health benefits is, in many cases, not sufficient to change people’s behaviour. Therefore, hygiene promotion activities need to instead build on drivers such as status, nurture or privacy.

Generally, hygiene promotion approaches are divided into two groups:

- Participatory, community-based approaches
- Marketing approaches

Different elements of each approach can be combined to suit a particular context.

This technology brief gives an overview of some of the main sanitation and hygiene promotion approaches used by WaterAid and other organisations. More detailed information on these methods, and others, can be found in the references.

## Participatory, community-based approaches

Participatory, community-based approaches to hygiene promotion allow organisations and governments to work **with** communities to arrive at sustainable solutions to development problems. They build self-esteem and a sense of responsibility, while placing the decision-making process at community level.

### SARAR

The aim of SARAR is to encourage people to think through problems and develop their creative abilities in problem-solving, planning and evaluation. SARAR stands for the following principles:

- **Self-esteem** – built through active participation of local people.
- **Associative strength** – local people develop the ability to work towards a common vision.
- **Resourcefulness** – local people are resourceful in taking initiative and finding solutions.
- **Action planning** – local people think critically and are creative in taking action.
- **Responsibility** – local people identify and commit to taking responsibility for the outcomes.

Strengthening these attributes is intended to lead to better self-direction and management, and enhance participation among all stakeholders. SARAR has been used successfully in both rural and urban settings; however, its success depends upon skilled facilitators.

### PRA

Participatory rural appraisal (PRA) uses techniques such as observation, participation, interviews, short questionnaires, mapping and rapid report writing in a participatory manner to ensure community ownership. Some of the most common PRA tools include matrix scoring, social and resource mapping and modelling, wellbeing ('wealth') ranking, and sorting/ranking cards or symbols. PRA is similar to SARAR, with the skill of the facilitator being of critical importance. This means the approach can be human-resource intensive and require time from community members; however, the participation of all community members, and interactive tools enabling participation regardless of literacy levels, make PRA an inclusive, cost-effective and efficient method.

### PHAST

Participatory hygiene and sanitation transformation (PHAST) is the main methodology of hygiene promotion for many organisations. It is based on the idea that as communities gain awareness of their water, sanitation and hygiene situation through participatory activities, they are empowered to develop and carry out their own plans to improve their situation. PHAST uses local languages, situations and perceptions in seven steps. Each step has between one and four activities, enabling groups to improve their community planning on sanitation and hygiene. PHAST requires skilled and experienced facilitators as well as in-depth training of community workers. Although this is time-intensive, community workers can become lasting assets to a programme and the community. It is important that PHAST has the full support of a community before being implemented.

## CLTS

Community-led total sanitation (CLTS) is a ‘no hardware subsidy’ approach to rural sanitation that helps communities to recognise the problem of open defecation and take action to become ‘open defecation free’ (ODF). It uses activities such as community mapping, walks and the use of the local equivalent of the word ‘shit’ – to generate disgust about open defecation, with the aim of ‘triggering’ a community into action. While CLTS has been very successful in Asia, it has had to be modified in certain parts of Africa as it has been seen as ‘too blunt’. In some cases, communities have been less responsive to CLTS where there have been previous subsidies. Local context is therefore very important. Skilled facilitators are essential in carrying out triggering exercises in communities. A modified version of CLTS, which incorporates features of PHAST and PRA, has been trialled by WaterAid Tanzania. This new method, called ‘Mtumba’, is outlined in the case study on p5.

A community mapping their village with coloured dye, using the CLTS approach in Akkelpur village, Mohanpur, Bangladesh.

## CHC

Community health clubs (CHCs) are voluntary and free community-based membership organisations that aim to improve the community’s health. The approach is based on

regular meetings, facilitated by health extension workers who have been trained in participatory health promotion activities. They are open to anyone and encourage members to practise what they have learned at home through homework assignments and monitored home visits. CHCs are sociable and competitive. They increase learning and raise social status. They do not require literacy, and strengthen the position of women within the family and the community. They also reduce workloads for health extension workers and provide an important institutional link between members and government.

## CtC

The child-to-child (CtC) approach is based on the belief that children can be effective agents of change. Children are often responsible for caring for younger siblings, tending to animals, collecting water, and cleaning, and therefore there is considerable potential for children to raise awareness about hygiene. The CtC approach facilitates children’s understanding of healthy behaviour and allows them to identify health/development priorities in a fun, challenging and interesting way. CtC approaches are often integrated into broader WASH programmes, and they have had a particular impact as part of health education and promotion in schools.

Despite its noted success, there has been some concern that CtC is teacher-centred and could lead to the exploitation of children instead of encouraging their empowerment; therefore, facilitators must be properly trained with this in mind.

## Marketing approaches

Marketing approaches combine enterprise approaches with demand stimulation, and assume that people both **want** and are **able** to change



WaterAid/Juthika Howlander





WaterAid/GMB Akash/Panos

Debashish, son of the WASH committee president, plays a hygiene education board game with his friends, Lakatoorah tea garden, Sylhet, Bangladesh.

their behaviour. It focuses on the following:

- Product (eg a handwashing facility, service or behaviour)
- Price (eg price of soap may have an impact on how much people use)
- Place (eg products need to be easily available)
- Promotion (eg to encourage adoption of certain behaviours)

Marketing approaches may face challenges if no strong enterprise culture exists, and they may not always reach the poorest people without sufficient resources to invest.

### Saniya

Saniya is a hygiene communication campaign focused on handwashing

Latrine options at the newly established sanitation centre, Mwakashanhala village, Nzega district, Tanzania.



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after contact with faeces. It uses radio, theatre groups and face-to-face domestic visits to communicate its messages. The focus on a small number of practices means a small number of messages, which increases the likelihood of users picking up and changing behaviour. It relies on a mix of different types of promotion, from mass media to house-to-house visits, which makes monitoring relatively resource-intensive and requires trained field workers.

### PPPHWS

Public private partnership for handwashing with soap (PPPHWS) combines the marketing expertise and consumer focus of the soap industry with the institutional strength and resources of governments. The approach targets those most at risk (particularly mothers and children) and brings together the skills of the private and public sectors as well as various development partners. While requiring significant resources to run large handwashing campaigns, public private partnerships can be slow to show results, and there can be resistance to the involvement of the private sector.

### TSSM

Total sanitation and sanitation marketing (TSSM) focuses on generating demand and increasing supply of sanitation products and services, and creates drivers for good hygiene behaviour through marketing hygiene-related products such as soap. It is designed to complement community methods like CLTS by enabling community members to upgrade their latrines over time. TSSM supports public financing for marketing to achieve public health gains, as well as private investment in latrines for private gain. A challenge for the TSSM approach is that it may not reach the very poorest people.

## A note on menstrual hygiene management

Research on menstrual hygiene management indicates that inadequate facilities for cleaning and disposing of menstrual hygiene materials can have significant health implications for women and girls, and affects school attendance rates. Hygiene promotion programmes should therefore include a focus on easy and affordable access to sanitary napkins and facilities for safe and dignified disposal after use.

## References

- WaterAid (2013) *Hygiene framework*. WaterAid, London, UK. Available at: [www.wateraid.org/publications](http://www.wateraid.org/publications)
- Peal A, Evans B and van der Voorden C (2010) *Hygiene and sanitation software – An overview of approaches*. Water Supply and Sanitation Collaborative Council (WSSCC). Available at: [www.wsscc.org/node/745](http://www.wsscc.org/node/745)
- House S, Mahon T and Cavill S (2012) *Menstrual hygiene matters*. WaterAid, London, UK. Available at: [www.wateraid.org/mhm](http://www.wateraid.org/mhm)

## Useful websites

The World Bank analyses a number of hygiene promotion approaches as part of a *Sanitation, hygiene and wastewater resource guide*. These can be accessed at: <http://water.worldbank.org/shw-resource-guide/promotion/hygiene-promotion-approaches>



## Case study

### The Mtumba approach

‘Mtumba’ is a hybrid of CLTS, PHAST and PRA piloted by WaterAid. Rural areas of Tanzania have very low basic sanitation coverage, with little improvement being noticed in the last decade. The Mtumba sanitation and hygiene participatory approach was created in Mtumba village, Dodoma region, and has been successfully trialled in other areas of Tanzania between 2008 and 2011. It focuses on improving latrine quality and quantity, while ensuring equitable access to latrines and safeguarding sustainability. Key actions included training and empowering artisans and community animators, constructing sanitation demonstration centres, capacity building for district sanitation teams, and lobbying the district health department for adequate sanitation budgeting.

Evaluation by the National Institute for Medical Research observed that during the pilot programme the number of households lacking latrines significantly declined, while

construction of latrines (particularly improved pit latrines) greatly increased. Key changes noticed by participants included: a decline in open defecation, safe disposal of children’s faeces, and proper handwashing. There has also been a dramatic decline in the occurrence of diarrhoea and other water-related illnesses, particularly in the later stages of implementation.

Since the pilot, Mtumba has been replicated in other areas of Tanzania, being enthusiastically received by several district councils, and will now be scaled up as part of a national sanitation campaign. However, there is still a shortfall in terms of hardware availability, with the transportation of construction materials to rural areas proving problematic. Mtumba has proved successful in raising demand for improved sanitation, but markets must be able to meet that demand in order for the full benefits of the programme to be realised.

Endanyawish village,  
Mbulu district,  
Tanzania



WaterAid Tanzania



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