The long journey of increasing adoption of latrine use in Kassala Province (Sudan) – lesson learnt about sanitation behaviour change.

From 2014 to 2016 Sudanese Red Crescent (SRCS) implemented (with the support of Netherlands Red Cross; NLRC) a Water, Sanitation and Hygiene (WASH) intervention in 25 villages across 4 localities in Kassala Province in Sudan. The intervention was implemented in collaboration with the Ministry of Health and the Ministry of Water Resources of Sudan as a traditional WASH project, with components of water supply, sanitation and hygiene promotion.

This project was implemented across the four localities in Sudan with results varying significantly across the four sites. This case study discusses the differences of results achieved in two localities Telkook and North Delta.

Approach

The central approach for this was **CATS (Community Approaches for Total Sanitation).**

CATS approach is the standard approach in Sudan for sanitation interventions, meaning that all organizations working in Sudan in WASH have to use this approach.

CATS approach includes various elements from other approaches, mainly from **CLTS (Community Led Total Sanitation)**. Under this approach, external subsidies are not provided, this means that the communities are responsible for digging their own latrines.

To motivate people, different community mobilization activities such as community map, transect walk, disease transmission chain, shit calculation, household latrine survey, etc. are implemented, including the construction of model latrines that are expected to be replicated across the village.

To intensify the community mobilization process, the Sudan Red Crescent has adopted the **PHAST approach (Participatory Hygiene and Sanitation Transformation)** as a reinforcement and follow up tool.

The 7 steps of PHAST are undertaken 3 months after the CATS activities have concluded. In addition to CATS and PHAST, SRCS also undertook an extensive **community based radio** activity to disseminate key hygiene messages around latrine use.

What has this project achieved? (% of respondents who self report latrine use)	Telkook Baseline 2014 Latrine Use	Telkook Endline 2016 Latrine use	North Delta Baseline 2014 Latrine use	North Delta Endline 2016	
	62%	**83%**	**0%**	**16%**	After 3 years of intense implementation, open defecation was still the prevalent practice in North Delta

The challenge

Promoting new sanitation practices in challenging contexts like North Delta is very difficult if the barriers to adopt new behaviours are not thoroughly known at the project design stage.

Some examples of physical, social and cultural barriers that influenced the uptake of latrine usage in North Delta locality are:

Nomadic life style

Fixed latrines might not be the solution for mobile population in North Delta. Their style of life poses challenges in terms of reaching out communities.

Gender

Women in North Delta have strong movement restrictions and show great dependency from male relatives to construct basic facilities such as latrines.

Promotion

North Delta showed the lowest rate of respondents listening to the radio (only 46.9%) compared to all other project intervention areas due to poor radio signal.

Cultural narrative

In North Delta people believes that the devil lives inside the latrine pit and they fear disposing their feces in confined spaces.

Financial context

CATS approach promotes the construction of a model latrine, that in principle, all villagers can replicate.

The model latrine, though simple, includes expensive features such a cement slab.

This model latrine has been proved not being affordable for the poorest segments of the community in North Delta.

Design

North Delta presents unstable soil formation what makes latrine construction technically difficult and discouraging as it collapses very easily.

Self-constructed latrines, as the ones promoted in CATS / PHAST approach are constructed with local materials that are not durable.

People fear the collapse of latrine pits, feeling unsafe inside.

Mosque latrines were referred as the aspirational model of latrine.

Education

Literacy levels in North Delta were poor with only 6.3 % of the women interviewed had attended any form of school.

Volunteers

SRCS volunteer retention rate was low in North Delta due to harsh living conditions leading to delays in the roll out of CATS and PHAST.

What we missed out

The low understanding of the challenges resulted in a hampered project design that missed out critical success factors, such as:

Factor #1

Recruiting female staff and volunteers, a more intensified outreach system for female population could have been envisioned.

Factor #2

Promoting flexible latrine options such as 'cat method' or shallow trenches instead of fixed facilities that follow (CATS) standard designs.

Factor #3

Engaging religious and community leaders in the promotional activities, helping people to overcome their fear when disposing their feces in confined spaces.

Factor #4

Based on community narratives, **exploring local aspirations and seeking social status** as social motivator for creating latrine demand.

Factor #5

Knowing better the communication habits of the target population so a more effective communication strategy is envisioned.

What we learnt

By now, we know that CATS approach was delivered as a **blue-print tool** without investing resources to make it culturally and geographically appropriate across the four target localities.

We learnt that when we do not undertake a proper **formative research** at the beginning of the intervention, it is very likely that we miss key attributes of our target group that are relevant for adapting standard approaches like CATS and PHAST to the given context.

Baselines surveys are important activities that provide a description of the situation (mainly access or coverage and level of knowledge), but with less emphasis on attitudes or believes, and more importantly, less in-depth analysis of individual and community barriers to sanitation practices.

Current baselines are often very rich in quantitative data but they do not provide a sound discussion around the figures shown, lacking in most of the cases **qualitative data** that offer an explanation around 'why' questions in addition to 'what' and 'how often'.

Way Forward

SRCS with support of NLRC, is now implementing a community health programme in the same localities targeted by the WASH intervention with support of NLRC and they are committed to do thing differently. The new Health programme includes a **very extensive formative research and development of social and behaviour change communication (SBCC) plans.**

SRCS has recently collected and analyzed **quantitative and qualitative data** during the inception of the project to gain greater knowledge of what factors exactly lead to change, e.g. personal, cognitive, economic, social, cultural, and structural factors.

Promotional activities under the umbrella of standard approaches (like the Community Based Health and First Aid, CBHFA) in this new programme are integrated within a structured SBCC plan that responds to those **behaviour determinants.** Standard approaches are now anchored in the **proper understanding of how people behave, feel and aspire** regarding key health practices such as vaccination and breastfeeding.

About Us

Authors of the case study: Bonface Okotch (NLRC), Elsir Gadir Ahmmed Elsimat (SRCS), Libertad Gonzalez (NLRC), Jette Swinkels (NLRC).
Contact person:
Libertad Gonzalez - lgonzalez@redcross.nl

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