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Should NGOs lead post-emergency sanitation marketing? Experience from Jacmel, Haiti

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The town of Jacmel suffered extensive damage to housing and infrastructure, loss of life and social upheaval following the earthquake in 2010 that affected large parts of Haiti. Since 2012, Save the Children-Haiti has been implementing a programme to improve sanitation facilities and services in the town. A Sanitation Marketing and Behaviour Change Communication strategy has been developed and is currently being implemented as a component of this broader programme. Based on experience of facilitating the strategy process through initial formative research, developing and supporting delivery of the strategy by local actors, the authors present aspects and challenges of the process, set in the broader context of the post-emergency rehabilitation and reconstruction of Haiti. They conclude that INGOs are not best-placed to lead market-based approaches in such conditions and that sanitation marketing needs to be much more central to an overall sanitation enhancement programme to secure appropriate and sustainable outcomes.

Introduction

NGOs and in particular INGOs continue to be viewed by many donors as key drivers for the reconstruction or construction of latrines in post-emergency settings. This reconstruction often takes place through heavily subsidized programmes or direct construction contracts, even if the intensity of such supply-driven responses has declined in recent years (Buss et al, 2006).

Many humanitarian I/NGOs lack the experience of working alongside local private sector providers, leading to reluctance to engage with them. This was the case in Haiti following the earthquake in 2010, where the emergency response programme and approach as a whole paid little attention to the potential from those who had been providing significant levels of sanitation services before the earthquake. The response was also complicated by a range of broader factors, including the vast numbers of small NGOs who established a presence in response, the pre-existing low coverage of sanitation and water services, environmental fragility, legal constraints to land rights in urban areas and the widespread underlying poverty. The general weakness in government capacity to understand and manage rapid, large-scale responses contributed towards an extremely challenging environment in which to achieve a sense of coordination, alignment of policies, approaches and actions across all WASH actors (Scott, 2012).

Since the earthquake of January 2010 and the cholera epidemics that followed later in 2010 and 2011, three significant factors have pushed I/NGOs to reconsider their strategy for increasing the sanitation coverage in Haiti:

- Results of past supply-driven approaches and programmes, showing limited impact on sustainable behaviour change;
- Change in orientation towards potential gains from more demand-led interventions in post-emergency situations, initiated by certain donors; and
- New regulations and institutional arrangements, such as the strengthening role of the National Directorate of Drinking Water and Sanitation (DINEPA), established in 2009.

At the global scale, I/NGOs have in recent years started to integrate demand-led approaches during the transition phase from disaster response to reconstruction and rehabilitation, as a way to increase their

effectiveness (Scott, 2013). Sanitation marketing has emerged more broadly as one of the main approaches for enhancing urban sanitation uptake, applying "the best social and commercial marketing practices to scale up the demand and supply for improved sanitation, particularly among the poor" (Devine, 2013). Such demand-led approaches have also become more popular amongst key donors, who see sanitation marketing as a viable alternative to past supply-led approaches in post-emergency reconstruction and rehabilitation, and appreciate the role that can be played by the private sector (McGranahan, 2015).

This paper describes the introduction of sanitation marketing activities in Jacmel, Haiti in 2014. The paper considers and discusses how a sanitation marketing approach might best be introduced, developed and implemented within a reconstruction phase in urban context.

Recent sanitation developments in Haiti

The recent history of water and sanitation in Haiti is characterised by a succession of large aid plans supported by multilateral and bilateral organisations, profuse I/NGO initiatives, political instability and natural disasters (Getling et al, 2013). Despite the vast amount of funds recently allocated to Haiti, rates of sanitation coverage show little progress. According to the latest figures available, 19% of the population in Haiti had access to improved sanitation in 1990 against 24% in 2012 (WHO & UNICEF, 2014). While in absolute terms the number of households with access to improved facilities has increased, Haiti is not able to meet its MDG target for sanitation and progress remains slow.

Dating from both before and after the events of 2010, there are several examples across the country of I/NGO projects left incomplete or in disrepair only a few months after construction. In Cap Haitien, earlier toilet construction programmes led by some NGOs produced negative outcomes: criticism was raised about the system of beneficiary selection, suspicion of corruption, jealousy and potential slowing-down of individual construction initiatives, as non-beneficiaries were simply waiting for their turn (Kaupp, 2006). As part of the 2010 earthquake rehabilitation process, an INGO supporting the shelter response constructed permanent shelters to accommodate families relocated from temporary camps in Léogâne. Each shelter came with an elevated dry latrine, using two containers in rotation for the collection of excreta, avoiding the need to dig pits out of concern for groundwater pollution in the area. With no mandate for ensuring on-going operation and maintenance of facilities, the INGO required individual families to take responsibility for managing the latrines. Local leaders and community members, consulted during research in 2012, expressed strong dissatisfaction about the latrines. People felt they had not been involved in the process of choosing the latrine option and that the design had probably been imported from outside Haiti, causing as one respondent put it, a "huge danger for this community because it does not fit Haiti's environment and us". The community, unhappy with the latrines, were asking that they be changed by the INGO (Scott, 2012).

Such outcomes result from a lack of attention to ownership and local capacity, poor communication and understanding between the implementing agency and local stakeholders. In post-emergency settings, the concern that aid projects may deliver inadequate or unwanted services to the population is amplified.

In Jacmel, a large majority of shared and individual sanitation facilities built post-emergency are in a state of disrepair and likely to constitute a health hazard. In a densely built urban area of Jacmel, one INGO constructed houses with a toilet as part of the post-emergency response. They agreed with the population that the construction of septic tanks, to be shared with neighbours, would be provided by the beneficiaries themselves. Months after house completion, and with the NGO no longer in Haiti, residents had not completed their part of the construction either because they were expecting further external support, or due to technical and economic challenges.

The formation of DINEPA in 2009 was partly motivated by the need to coordinate water and sanitation projects better, in order to reduce the failure rate of past interventions and use funds more cost-effectively. Already over-stretched in 2009, DINEPA suffered a significant loss of staff, infrastructure and records as a direct result of the earthquake. Many INGOs established response programmes in parallel to the government, giving little regard to the importance of strengthening the capacity of this newly-formed public body. In more recent years however, DINEPA's structure has been strengthened centrally and through establishing the role of OREPAs (Regional Offices of Water Supply and Sanitation), sub-regional offices and centres of technical expertise throughout the country (Scott, 2012). DINEPA's role now includes the coordination of sanitation activities carried out by different I/NGOs involved into sanitation activities, supported by the introduction of new policies for sanitation – including banning the use of subsidies for toilet construction (DINEPA, 2012).

This has forced certain I/NGOs to rethink their sanitation programmes through introducing more 'demand-led' approaches such as CLTS and sanitation marketing (IFRC, 2013). The sanitation marketing principles listed below (Jenkins & Pedi, 2012) may suggest how this approach can address some of the factors and challenges encountered in Haiti.

Key principles of sanitation marketing

- Demand driven; households choose what to build
- No direct hardware subsidies
- Intervention is both at community and individual household scale
- Engages both government and private sector
- Builds market capacity and household investment, to ensure sustainability

Adapted from: Jenkins & Pedi, 2012

Implementing sanitation marketing in Jacmel, Haiti

Since 2012, organizations such as Save the Children, UNICEF, Red Cross and Oxfam have been initiating formative research into sanitation marketing in both urban and rural areas across Haiti. The sanitation marketing programme developed and introduced in Jacmel by Save the Children – Haiti was seen as a pilot approach by many sanitation actors in Port-au-Prince. The intention of the programme is to identify a way in which to both increase demand and improve supply services for sanitation, through a combination of actions, delivered through a Sanitation Marketing and Behaviour Change Communication strategy. These actions include: delivering appropriate communication, training of sanitation providers, improvements to the choice in sanitation facilities and products currently available, and improvements in the enabling and institutional environment. This paper provides an opportunity to share experiences from supporting the development and introduction of a sanitation marketing strategy to Jacmel since 2013 as part of a broader EC Water Facility-funded programme to enhance urban and peri-urban sanitation coverage for the 45,000 residents of the town.

Formative research results

In order to support development of the marketing approach, initial formative research was conducted in November 2013, in six neighbourhoods of Jacmel. This ensured the heterogeneity of the urban areas was taken into account, such as housing density, socio-economic characteristics and level of damage following the 2010 earthquake. The research gathered data from six transect walks, rapid surveys with over 100 households, marketing surveys with 148 households, four focus group discussions (two all-female and two all-male groups) and eight key informants interviews.

Adopting the SaniFOAM framework as a means to address behavioural determinants of sanitation practice (Devine, 2009), the formative research identified determinants within the population of Jacmel towards the adoption of latrines and improvement of sanitation facilities, described here around the three main components of the framework: opportunity, ability and motivation.

Opportunity: Adoption of latrine use in Jacmel was found to be influenced by people's recent history of residence in areas of the town. Those who have lived in Jacmel for some time had much higher adoption rates (whether they were landlords or tenants) compared to families relocated into areas of Jacmel following the earthquake in 2010. This is despite the levels of support to sanitation provision provided by I/NGOs at the time of their relocation. Alternatives to using a family latrine include sharing with neighbours (especially by children), use of public facilities where available, plus notable continued use of plastic bags (flying toilets) and open defecation. The vast majority of non-adopters of latrine use were dissatisfied with the situation, expressing the lack of comfort as a key driver for change, but affordability as a key constraint to change. While open defecation is considered to be an unacceptable practice by almost everyone, many felt that a majority of people they knew did not make use of a latrine. Any sanctions to control open defecation and poor sanitary behaviours appeared not to be applied and were unlikely to be enforced given the low capacity of local government.

Ability: Skills in latrine construction, repairs and emptying in Jacmel are heavily dependent on the presence of informal masons who operate without any clear form of supervision or regulation. The vast majority of households stated that their family was unable to afford the cost of either constructing their own latrine, or improving the latrine that they had, without external financial assistance.

Motivation: Encouragement to build or use latrines seemed to be significantly self-driven within the family, with local media (radio and TV) providing the main channels for motivational messages and information. The occurrence of cholera since 2010 is a strong driver for messaging, with health being amongst the key drivers for latrine adoption in addition to more common motivators of privacy and comfort. Poor management of communal and public latrines, provided by I/NGOs during the emergency and post-emergency phase of the earthquake response, influenced people's expressed advantages of owning a family latrine. However, most people had no clear plan to build or improve their family latrine in the foreseeable future, primarily on the basis of being unable to afford the materials. Over half of people consulted were unwilling to pay anything towards the cost of a latrine, while those saying they were willing to pay stated a figure that was about 1/3rd of the current (expressed, rather than actual) price for building a latrine. The economic status of many families and the dependency culture created by a cycle of humanitarian hand-out responses, both before and following the 2010 earthquake, are considered as significant barriers to people's motivation to invest in improving the situation for themselves.

Results of the formative research were reported and presented to the implementing agencies and a broad range of key stakeholders (including community masons, DINEPA and financial institutions) in Jan 2014, both for approval and to provide the basis of a Sanitation Marketing and Behaviour Change Communication strategy. Follow-up support has been provided during two further visits to Jacmel and remote inputs, to assist the local implementing agencies in the process of developing and implementing the strategy. During these visits, several challenges were identified and are being addressed in an effort to continually adapt and improve the strategy.

Challenges facing the sanitation marketing strategy process

Dependency culture: NGOs need to recognize and respond to the fact that the "no subsidy approach" is going to constrain a significant percentage of the target population from adopting latrines, unless and until a wide range of affordable and desired products and services – that match the investment and spending capacity of families – have been tried-and-tested and are trusted by the customers. People's attitude to investing in household toilets is influenced, to a greater or lesser extent, by the high level of dependency created by recent post-emergency responses, exacerbated by some I/NGOs continuing to provide direct support through hardware distribution. One way to "smooth the path" for the transition in attitude and activities is to start with easier to reach communities – those with higher levels of willingness-of-invest in sanitation and/or greater access to resources, financial services and information to support choice and decision-making. Then, as the markets strengthen and confidence grows, activities can more readily reach to the poorer and more disadvantaged sections of the target communities.

NGO orientation: Staff working for humanitarian I/NGOs are essentially trained and involved in the distribution of hardware, products and services and training programmes. Community outreach workers have strong social backgrounds, but in most cases little knowledge on aspects of business development, entrepreneurship and microfinance. Viewing community members not as beneficiaries but as customers (or consumers) was identified as a clear need during the process of developing the Sanitation Marketing Strategy. Greater attention therefore needs to be given to achieving the required change of mind-set and skills within staff. Hygiene promoters in particular need to appreciate and integrate Sanitation Marketing approaches rather than the more traditional WASH and rehabilitation activities they have been dealing with up to now. Staff expressed concerns that a marketing approach will not reach the poorest of the poor, perceiving a need to discuss the possibility of using subsidies. It is important then that the whole staff team clearly understands the principles of sanitation marketing, part of which is that in its initial months the approach is likely to benefit the middle-income households first. It may also be necessary to associate closely with those who can provide the means to develop alternative financial solutions, as a way to indirectly support poorer households to secure necessary financial resources. Identifying these potential financial solutions however needs dedicated skills and more focused consideration.

Integrating social-marketing specialists: As the sanitation staff involved in the new programme have little knowledge of social marketing processes, specialists in social marketing need to be integrated into the team. These specialists are able to address issues such as new product development, micro-financing systems and

improvements to the supply chain. Traditional sanitation staff should be encouraged to suggest new ideas, but such activities need to be supervised by those who understand the whole of sanitation marketing programme approaches, as well as how to put creative thinking to good use.

***Engaging the private sector*:** Devine (2013) states that identifying the stakeholders who can and will undertake construction efforts is essential. Based on prior practices and models of capacity building of local artisans, several I/NGOs leading market-based programmes include local masons in the marketing programme as a way to develop their capacities. While these masons typically have a deep understanding of the area and its inhabitants, they usually lack essential characteristics to become actively engaged in sanitation marketing, without significant additional support. During the early months of developing the sanitation marketing strategy for Jacmel, the INGO and local partners noticed that in many cases the local masons did not have the capacity or skills to undertake investments or take risks, in the context of the sanitation programme. It is now understood that the potential for new entrepreneurs and investors should not be limited to existing masons, but also include individuals, firms, and organizations that are able and willing to invest time, money and skills in the development of sanitation activities and products.

Government capacity and presence: The representation and capacity of DINEPA remains extremely weak in Jacmel. At the time of the formative research, only one member of DINEPA staff could dedicate time to a few sanitation activities. Decisions concerning local sanitation developments, projects supported by DINEPA and the role played by the I/NGOs could only be discussed in Port-au-Prince. Jacmel municipality was characterised by a high level of uncertainty regarding either mid-term or long-term investment initiatives, with overall support and cooperation between local institutional actors being limited and ambiguous.

Donor focus: The overall structure of a town-wide sanitation programme (such as being implemented in Jacmel in parallel to the Sanitation Marketing strategy process), its scheduling of activities and funding allocations, often provides little opportunity for results of the sanitation marketing strategy development process to influence the direction of the programme as a whole. Developing infrastructure to achieve coverage figures remains a central target of programmes, with construction likely to be prioritized over development of sanitation businesses, strengthening choice within the market and supporting demand creation through micro-finance arrangements. King el al (2011) warn that, in the context of Haiti, "The drive to produce physical results guides programmes in a way that potentially will neglect fundamental social and political capacity building components due to their qualitative nature, therefore negating vital programme components".

Lessons learned

Experience from supporting the development of a Sanitation Marketing and Behaviour Change Communication strategy for Jacmel, along with experience from other sanitation marketing approaches recently adopted, has guided the authors to propose the following key lessons for further consideration of sanitation marketing within post-emergency reconstruction and rehabilitation programmes:

***I/NGOs (particularly humanitarian agencies) are not always best placed to lead the implementation of sanitation marketing, although they are essential to its planning and monitoring*.** The organization's vision, mandate, capacity, and 'position' (in relation to other existing, or previous actors) affect its suitability to take on such a role.

Sanitation Marketing must be able to influence the course of infrastructure-based programmes: The results of formative research and the ensuing Sanitation Marketing strategy must be seen as central to the broader sanitation programmes they are part of. This position must come with the potential to influence the timing, sequencing, fund and resource allocations, institutional arrangements and relationships of the more infrastructure-driven elements of the programme. It may also require the donor to reconsider the type and flexibility of indicators used for monitoring and evaluation of the whole programme. As long as Sanitation Marketing continues to be viewed as an "add-on" component of broader construction programmes, without influence over the eventual process, outputs and outcomes, the chances of securing desired, sustainable and equitable change in sanitation provision will be jeopardised at the expense of achieving rapid results.

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