Water+ 2018 Highlights

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Introduction

This report is our first annual Highlights report examining lessons learned across our Water+ programs. The objective of this report is to highlight key work streams, successes and challenges of the past year and give space for reflection on our Water+ work and its contributions to achieving sustainable services for all and improving the lives of women and girls.

CARE believes that in order to achieve secure, sustainable, and equitable access to Water+ services for all, we must ensure sustainable Water+ service provision; inclusive policies, practices and norms; and equitable control over and engagement in Water+ services. To achieve this, CARE’s Water+ programs work to strengthen governance; address social, gender, and power dynamics; and apply integrated and holistic approaches that recognize water, sanitation and hygiene (WASH) as pieces of a larger system that impacts women and girls.

This report is not meant to describe the full portfolio of CARE’s Water+ work, but rather to highlight key areas of progress over the last year and to clearly articulate our lessons learned. This report consists of five chapters that capture lessons from four countries and reflect on how our work informs our larger contribution to equitable and sustainable services at the global-level. These chapters contain an evaluation of our Agua+ program in Guatemala and our contribution to systems change in the highland department of San Marcos over the last 20 years; an analysis of the USAID-funded RANO WASH program in Madagascar and how the program is living up to global principles of water programs and investments; an investigation into the unique sanitation challenges facing pastoralist communities in Kenya; and findings from a consultancy we conducted for UNICEF in the Solomon Islands to ensure gender equitable policy and approaches in the provision of WASH access and services. Our fifth and final chapter is a reflection from Peter Lochery, the former director of the CARE Water Team (1995 – 2017) and now Senior Fellow with CARE, on changing paradigms in the WASH sector over the last 20 years, and how those changes have led to a more robust systems approach.

The compiling of this report has been accompanied by a reflection process on the broader impacts of CARE’s water+ work. As a result of CARE’s Water+ programs, women smallholder farmers in Mali, Malawi and Ghana have seen their annual income increase by 50-150 percent. Girls in Kenya, Ethiopia and Zambia miss school less frequently, and graduate more often. Families in rural and remote communities of Guatemala, Peru, Ethiopia and Madagascar have water services in or near their homes and have seen rates of malnutrition among children drop significantly. Women and girls in Mozambique report feeling safer without the risk of sexual assault while walking for water or searching for a place to go to the bathroom. We have reason to be proud of this work, and we thank the tremendous efforts of CARE’s Water+ teams across our country offices, whose daily work embodies rigorous analysis, keen insight and daily compassion in what are often very complex and challenging settings.

We also have need to reflect and periodically re-assess the impact and cost-effectiveness of our work, and that process begins here.

We hope these chapters feel relevant and transparent. A document that describes all of our lessons learned this year would be too cumbersome for readers, but we hope this selection provides insight into the breadth of our Water+ work, and the challenges we must address. Happy reading!
Systems Strengthening in Guatemala

Overview
CARE has worked hand-in-hand with local governments in Guatemala to increase sustainability of WASH service provision and watershed protection efforts in the highland region of San Marcos for more than 20 years. The Water+ team has increasingly tried to capture and document lessons learned from CARE’s work in Guatemala, as an example of a successful approach to systems change. The following chapter includes findings from a 2018 evaluation of CARE’s Agua+ program in Guatemala, and its greater contribution to systems change in San Marcos.

Summary
CARE started working on systems strengthening in the municipality of San Marcos in the western highlands of Guatemala more than 20 years ago. In this region, CARE has worked simultaneously at three levels: municipal, community and individual. At the individual and household levels, CARE has worked with families to raise awareness about handwashing, water handling, watershed conservation, source protection and latrine use, among other topics. At the community level, CARE helped to establish and strengthen water committees — training male and female members on tariff-setting, governance, transparency and accountability to users, financial management, and basic operations and maintenance. Individual water committee members were also trained on handwashing, hygiene and latrine use so that they could share this knowledge with their families and communities.

While we acknowledge that there is literature citing a lack of sustainability of community management models — and do agree that they do not work in all contexts — this approach has proven successful in San Marcos. In 2017 an external researcher from Emory University evaluated community-managed systems in CARE-supported municipalities of San Marcos and found that all 20 of the surveyed systems continued to provide regular service as many as 15 years after construction\(^1\). The success of community water committees in this context is due in large part to their integration into regional and national infrastructure. The committees benefit from linkages with the budget, leadership and systematic approach of Municipal Water and Sanitation Offices (described below) and with a coalition at the national level that defines a common implementation model for all water committees and Municipal Water and Sanitation Offices.

CARE’s support for the development and adoption of Municipal Water and Sanitation Offices has been perhaps the most impactful work in terms of WASH systems-strengthening in the region. These offices designate and budget a formal position to oversee the development, maintenance and protection of water sources for communities within the municipality. As a result of CARE’s efforts to scale Municipal Water and Sanitation Offices, 28 out of the 30 municipalities in the Department of San Marcos had an established water and

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\(^1\) Sustainability Assessment of 20 Rural Water Systems in Tacaná and Tajamulco, San Marcos; CARE 2017
sanitation office as of August 2018. Today, there are 117 Municipal Water and Sanitation Offices (or their equivalent by a different name) across Guatemala’s 340 municipalities. While refining the Municipal Water and Sanitation Office model has been the work of many years, scaling the model has become a CARE priority in the last two years. Below is a summary of the evaluation that was conducted at the end of the two-year Kies Foundation funding period to determine the impact of efforts to scale the municipal water and sanitation office model, and document CARE’s many years of systems strengthening and gender work in San Marcos.

**Evaluation methods**

A CARE team from our headquarters in Atlanta conducted six interviews and four focus group discussions with water and sanitation stakeholders and government staff in San Marcos. The interviews included questions about their role within the water and sanitation sector, what they perceive to be role of CARE within the sector, the meaning of water governance, the meaning of gender and what CARE can do differently or better to contribute to the development of gender-equitable, sustainable water and sanitation services in Guatemala.

**Evaluation results**

**Advocacy:**

People interviewed from the national-level coalition appreciated CARE’s leadership and persistence in advocating for a “systems” approach to WASH with the national government, and not simply the provision of water infrastructure. Interviewees provided specific details on CARE’s contributions to the water, sanitation and hygiene implementation model, and efforts to make each action-step of the model more gender-sensitive. Many respondents described CARE as working on advocacy and influencing policy to reach the sector more broadly, with one respondent noting that “other organizations do not have the priority of working in advocacy – instead they just work at the local level, providing infrastructure or subsidies.”

Four respondents said that CARE’s work on advocacy was more important than direct intervention. “Advocacy has more impact and is more sustainable due to the institutionalization of the processes,” explained one respondent.

**Integrated, sustainable programming:**

Representatives from Municipal Water and Sanitation Offices also had feedback on what makes CARE a different partner than other NGOs. CARE was described as initiating “trifecta” projects where the local government and the community both have essential roles. CARE does not drive project implementation alone, but rather helps each partner to recognize its role and contributions to sustaining the system.

There was significant discussion about how things had been “previously” – how there was little accountability or reliability around water system management. Now, there is a stronger sense of ownership. “Now, when something breaks, the community makes sure there is money to fix it. They do not wait for CARE or the municipality to do it. Before, communities didn’t do this,” explained a respondent during a group discussion.

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2 Note: although this assessment was performed internally, our local staff was not involved in the data in order to ensure greater objectivity.

3 Evaluation of the Agua+ Program and impacts on systems strengthening, September 2018
Municipal Water and Sanitation Offices:
Over the past two years, CARE has focused on the expansion and adoption of the Municipal Water and Sanitation Office model\(^4\). CARE could not have made progress in expanding this model were it not for the positive impact and reputations of the first offices established. “When there is an office – it is easier to coordinate activities about water and sanitation. Where there is no office, no one takes responsibility,” said one respondent. “The work of CARE is not only important to us [WASH technicians], but also to the communities,” said another.

Conclusions of CARE’s work on system strengthening in Guatemala
Over the last two decades, CARE has consistently supported communities and local governments in Guatemala to improve the governance of their water services. Through CARE’s advocacy work, the number of Municipal Water and Sanitation Offices has grown in the last 2-3 years from three to 28 in the department of San Marcos\(^5\). These offices are self-funded and self-driven, and do not receive direction or funding from non-governmental organizations or donors. They exist because the mayors of these municipalities decided that having a Municipal Water and Sanitation Office was a necessity after seeing data and results from CARE’s projects in other municipalities. CARE has strengthened the capacity of water and sanitation office staff across San Marcos, making regular visits to their water systems and providing basic technical support and workshops on improving water governance. These trainings included technical content, behavior change topics and methods, administration, finance and the importance of promoting the active participation of women in water and sanitation, at both the municipal and community levels.

At the national level, CARE plays a key role in the national coalition for water and sanitation in Guatemala, working alongside non-governmental organizations like Water for People and Helvetas as well as representatives from different ministries within Guatemala. This coalition is advocating for the adoption of Municipal Water and Sanitation Offices, water committees and promoting a “whole system” approach to water and sanitation at the national level.

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\(^5\) CARE Guatemala: Program Report to the Kies Foundation, September 2018
Benchmarking Programs against Global Principles: Madagascar

In 2017, the CARE Water+ team conducted an analysis of six of our Water+ programs using Sanitation and Water for All’s (SWA) Collaborative Behaviors to assess the degree to which our programs contribute to sustainable systems change. In our analysis, we added criteria related to gender and equity, as we feel this is an important component of ensuring equitable and sustainable WASH services that has been neglected in the Collaborative Behaviors. In these benchmarking analyses, we considered how programs:

1. Enhance government leadership of sector planning process;
2. Strengthen and use country systems;
3. Use one mutually agreeable platform;
4. Build sustainable water and sanitation sector financing strategies; and
5. Address gender and equity.

This exercise has helped us analyze how various CARE countries and programs align with the Collaborative Behaviors, both individually and collectively. Analysis of individual country programs helped to identify where programs may require additional capacity building and investment in program quality. It also helped to identify models and best practices, challenges and potential topics for regional collaboration across CARE programs.

Figure 1: Overall assessment of CARE’s Water+ programs (sample of 6 country programs) based on a stoplight system where green is the highest score, then yellow, then orange and red is the lowest score.

Overall, this sample of CARE’s Water+ programs aligned well with the first two Collaborative Behaviors, with strong emphasis on activities that work to strengthen the ability and leadership of governments to provide quality water and sanitation services. CARE’s programs scored lower on the next two Collaborative Behaviors, highlighting the need to ensure programs are creating information platforms for coordination and accountability and developing sector financing strategies to enhance impact and sustainability. Our standards for gender and equity are high, as these are key areas for CARE. However, our score on this added criteria indicate that our Water+ programs need to do a more deliberate and effective job of addressing gender and equity in our programming.

To gain more perspective on how these collaborative behaviors play out in the field, our team applied this exercise to one of our projects in Madagascar. Building off the successes of the Rural Access to New Opportunities for Health and Prosperity project (RANO-HP, 1999-2013), the USAID-funded Rural Access to New Opportunities for Water, Sanitation and Hygiene (RANO WASH) project in Madagascar is a uniquely collaborative project, implemented in partnership with the Ministry of Water, Sanitation and Hygiene; Catholic
Relief Services; WaterAid and two local private sector enterprises. Designed with the Sanitation and Water for All Collaborative Behaviors in mind, this project offers an important benchmark for the Water+ team’s work throughout the sector.

**Results of Benchmarking Exercise: Madagascar**

*Figure 2: RANO WASH benchmarking results*

**1: Enhance government leadership of sector planning process**

The RANO WASH program is currently working with the Ministry of Water, Sanitation and Hygiene to develop a joint-sector plan for water management at the national and regional level, as well as a periodic joint-sector review process. These efforts are coordinated through a national platform that actively engages with the private sector and promotes private sector investment and integration into water sector planning. The RANO WASH program has engaged local communes through structured dialogues to inform planning and validate commune WASH plans. CARE’s experience in Madagascar so far has raised a number of challenges related to working with national governments, including turnover and shifts in priorities that may require programs to continually adapt approaches to building a sector planning process and re-invest in government capacity building and support.

We rate the RANO WASH program as green against the first Collaborative Behavior, as the program’s efforts contribute to strengthened government leadership of and mechanisms for WASH sector planning – despite some persistent challenges at the national level.

**2: Strengthen and use country systems**

The project is working with Madagascar’s Ministry of Water, Sanitation and Hygiene as well as communal governments to inform and guide WASH services and negotiate a contract model for service provision by private sector enterprises. RANO WASH recognizes the important role of the private sector in setting sector standards and their potential role in diversifying models for water system construction and operation in tandem with the Ministry of Water, Sanitation and Hygiene. The project engages with the private sector through learning, capacity building and facilitating access to loans to help support new business models and practices in Madagascar, including public-private partnerships. While RANO WASH seeks to enable private sector provision, CARE recognizes that Madagascar is still working towards efficient, transparent public systems and resources. The project supports the development of a financing strategy for the WASH sector that clearly shows where funds come from and how they are used, unlocking valuable information for future improvements in effective and transparent management of public resources.
We rate the RANO WASH program as green against the second Collaborative Behavior, as the project is actively testing effective models for public-private partnerships for service provision in collaboration with national and regional governments.

3: Use one information and mutually agreeable platform
In collaboration with national and regional governments, the project will continue RANO-HP’s work and improve data collection under the Ministry of Water, Sanitation and Hygiene’s information platform that will be used not only to monitor, plan and regulate water and sanitation services, but also to guide national Joint Sector Reviews and regional plans and facilitate learning across the sector and with the private sector. A long-term goal of the project is to integrate gender, poverty, service quality and provider performance indicators into the data collection platform.

We rate the RANO WASH program as green against the third Collaborative Behavior, as the program is actively working to support and strengthen the national monitoring system, and data collection processes from commune, to regional, to national levels.

4: Build sustainable water and sanitation sector financing strategies
A key component in strengthening the leadership of the Ministry of Water, Sanitation and Hygiene is supporting the Ministry in the development of a financing strategy at the national level, which will enable negotiations for incremental funding for the WASH sector. In addition, as with RANO-HP, the RANO WASH project works with financial and microfinance institutions to expand the availability of loans for sanitation service providers.

We rate the RANO WASH program as yellow against the fourth Collaborative Behavior. The RANO WASH program is working with national government to develop a sector financing strategy and is working to strengthen private sector capacity for enterprise-models of service provision, but the breadth of the financing gap is large, and more is needed to ensure capital investments for water system infrastructure.

5: Actively address gender and equity
The RANO WASH project builds on lessons learned from CARE’s Water and Sanitation for the Urban Poor program that works to improve women’s access to water and build capacity in WASH management through participation and consultation in governance, including local community dialogue structures and civil society organizations. RANO WASH conducted a gender analysis in intervention regions to help guide program activities. However, capacity gaps in the meaningful integration of gender and corresponding approaches among project and partner staff, including government partners limit the success of gender-transformative approaches to activities. Unfortunately, in its current design, the Ministry’s official information platform does not collect data on gender and equity, limiting the program’s ability to monitor gender indicators. In terms of equity, water supply systems have
household access and public access, to ensure vulnerable households are able to access services outside the private sector.

We rate the RANO WASH program as yellow with regards to gender and equity, because although the project has made efforts to understand and address gender and equity issues in WASH access and provision, its mechanisms for identifying, effectively addressing and measuring impact on gender and equity are not fully developed.

**Conclusion of Benchmarking Exercise**
The CARE Water+ team is learning more each year about what our programs are doing well and ways we can improve – specifically with regards to working within and strengthening local and national systems for WASH. We are also critically reflecting on specific areas where some of our programs need additional work in terms of supporting development of finance sector strategies, and essential to CARE’s mission: integrating the rights, needs and voice of women and girls into WASH programs. In 2019, the Water Team will expand this participatory analysis with country programs and build on past work to refine a guide for CARE Water+ programs to both plan for and evaluate their contributions to systems strengthening at national and local levels. The objective of this benchmarking effort is to both categorize and improve CARE program contributions to systems change and identify key learning that should be scaled organization and sector-wide.
Addressing Sanitation Challenges in Pastoral Communities in Kenya

Overview
CARE conducted a rapid study to understand knowledge, attitudes and behaviors around sanitation in pastoral populations in Garissa County in northeast Kenya. The Kenyan Government has recently adopted the Community-Led Total Sanitation (CLTS) method for expanding sanitation coverage. As part of the USAID-funded Kenya Resilient Arid Lands Partnership for Integrated Development (RAPID) program\(^6\), CARE supports CLTS implementation in 65 villages in Garissa, where pastoral groups continue to practice open defecation. In September 2018, CARE conducted a study in five villages to understand barriers to latrine uptake and opportunities for program improvement.

Literature review
Prior to conducting the study in Garissa, we conducted a systematic literature review on CLTS projects with pastoral communities. This study was significant as previous literature reviews of CLTS – including large reviews published in 2016 and 2018 by University of North Carolina and USAID, respectively – did not include pastoral populations\(^8\). The goal of the literature review was to better understand:

1) Attitudes and practices regarding sanitation among pastoral populations\(^9\) globally;  
2) CLTS best practices and lessons learned; and  
3) Lessons learned from previous CLTS projects with pastoral populations in different settings.

The literature review consisted of 33 studies, papers, notes and grey literature including 12 studies that specifically addressed pastoral populations. These resources suggested a number of potential barriers to the construction of latrines by pastoral populations, including: lack of tools for digging latrine pits in arid climates with sandy, rocky, and dry soils; limited knowledge of how to construct latrines or of context-appropriate designs; limited or no local supply chain for sanitation materials; low durability of local building materials; and lack of motivation to use a latrine. Challenges to increasing motivation for using latrines in pastoral areas include the perception that latrines attract snakes; a reluctance to share a single latrine with all members of the family (e.g. people do not want to share with in-laws, or men do not want to share with...

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\(^6\) Kenya RAPID is a five-year development program funded by USAID, that brings together public and private institutions to increase access to water and sanitation for people and water for livestock, and to rebuild a healthy rangeland-management ecosystem. Kenya RAPID is led by the Millennium Water Alliance


\(^9\) It is important to note that while the term “pastoral populations” implies uniformity, it encompasses a wide diversity of cultures, traditions, religions, and practices, including a diverse set of migration and settlement patterns.
women due to taboos around menstruation); unpleasant odor; fear of others knowing when they use a latrine; and lack of money to build a latrine.

In terms of opportunities to do CLTS better, literature suggests that more in-depth community mobilization activities are necessary to better understand community history, diversity, and motivations and adapt implementation activities accordingly. The literature also discussed the use of a “shock” instead of “shaming” approach as more impactful among pastoral populations. Multiple studies presented the need to explore improved latrine designs for challenging geographies (flooding, sandy soils, etc.), different approaches to sanitation marketing and the consideration of smart subsidies or pro-poor approaches. Findings from this literature review informed the development of the semi-structured questionnaire used in this study.

**Data collection**

Three key informant interviews and 47 household interviews were conducted in September 2018 in five villages in Garissa County, Kenya. Key informant interviews were held by a CARE Water+ team member with the head of the Garissa County Public Health office, the UNICEF WASH Advisor, Garissa County and the Garissa County Sanitation Hub Coordinator. The household interviews were conducted by trained enumerators who are experienced in research, and do not work for CARE. Brief descriptions of these villages are given below:

<table>
<thead>
<tr>
<th>Village name</th>
<th>Organization</th>
<th>Setting</th>
<th>Female, Male respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraki</td>
<td>CARE</td>
<td>Rural</td>
<td>5, 4</td>
</tr>
<tr>
<td>Kongowea</td>
<td>CARE</td>
<td>Rural</td>
<td>9, 2</td>
</tr>
<tr>
<td>Raya</td>
<td>CARE</td>
<td>Peri-urban</td>
<td>6, 6</td>
</tr>
<tr>
<td>Medina</td>
<td>UNICEF</td>
<td>Urban</td>
<td>6, 3</td>
</tr>
<tr>
<td>Makaa</td>
<td>UNICEF</td>
<td>Peri-urban</td>
<td>4, 2</td>
</tr>
</tbody>
</table>

Baraki is a remote, rural village nearly three hours from Garissa town. The majority of families in Baraki town livestock and migrate during part of the year to water and feed their animals. Most households built latrines after the CLTS trainings in 2017, but many of the latrines fell in the April 2018 rains and have not been re-built, which means the majority of households have returned to open defecation.

Kongowea is a remote village over two hours from Garissa town. Many inhabitants (mainly men) were away from the village at the time of the interviews, working in their gardens on the riverside. This is a “sedentary” village where few own livestock and do not migrate regularly. Some latrines are under construction, but the majority of people continue to defecate in the bush.

Raya is a semi-rural village, less than an hour drive from Garissa town. Latrine coverage is high and there is some evidence of a previous sanitation intervention. Most households defecate in their own latrine or use their neighbor’s latrine.
Medina and Makaa are both semi-urban communities, within 10-20 minutes of Garissa town. Both are UNICEF-supported villages with high rates of latrine coverage and regular presence of community health volunteers. Respondents said that they used their own latrines or their neighbor’s latrine.

**Key findings**

- Across the five villages, 51 percent of respondents had functional latrines, 22 percent had non-functional latrines and 27 percent had no latrine.
- There was no reported difference in defecation practices among men, women or adolescent girls within the same household. Where respondents reported using a latrine or open defecation, they reported the same practice for the entire household.
- All respondents said they were fine with sharing one latrine with other family members – in contrast to concerns expressed in some communities in the literature review.
- 54 percent of respondents said they liked latrines and had no issues with them, while 46 percent reported positive and negative perceptions of latrines.
- 81 percent of respondents cited privacy as a primary reason for liking latrines, and 22 percent cited convenience or safety.
- Of respondents who disliked latrines, 27 percent of respondents reported bad smell or unpleasantness as a primary reason for disliking latrines, while others reported feeling confined in a small space (18 percent), that the latrine filled too fast (16 percent), or that they feared latrines attracted insects or animals (12 percent).
- Most respondents reported that they fetch water before defecation (for anal cleansing) and most reported “handwashing” or “handwashing with soap” after defecation. Some reported saying a prayer before defecation, entering the latrine with the left foot, or burying feces after defecation.
- When asked about who made the decision about having a latrine in the home, 50 percent reported that men made the decision, 30 percent said both men and women, and 20 percent said that women made the decision.
- Respondents both with and without a latrine reported “too costly” and “lack of natural materials” as primary challenges to building or maintaining a latrine. Other challenges included lack of tools for construction, limited access to markets for construction materials, and limited knowledge of how to build a good latrine.
- Respondents had either a positive impression (65 percent) or no opinion (35 percent) about the CLTS process and facilitation. Respondents reported:
  - Facilitators were friendly and approachable
  - They learned a lot from the trainings (handwashing techniques, the importance of sanitation and hygiene to health, how to use a latrine, and details on building and locating a latrine)
  - The process should be repeated to reinforce learning, and to include those not present the first time
- Respondents were asked about the importance of follow-up, and whether or not there was follow-up after triggering
  - 56 percent of respondents reported follow-up after the trainings. Of those people, 73 percent had functional latrines
  - Respondents who reported no follow-up were less likely to have a latrine or a functional latrine, though our sample size was too small to test for statistical significance
- Follow-up was performed by community health volunteers, public health officers or community leaders

**Security Challenges**

Garissa is characterized by insecurity and years of aid intervention, both of which provide a challenge to effectively deliver aid. Insecurity affects our ability to implement projects and follow up in a timely manner, and longstanding aid practices in Garissa undermine community leadership and investment.
• In cases where follow-up was not conducted, respondents suggested that follow-up should be done quarterly or every two months by community leaders and community health volunteers to motivate people to build latrines and remind them of the importance of using a latrine.

• Even in communities where a majority of households do not have a functional latrine, respondents reported positive changes as a result of the community-led process, both in their own practices, and the practices of their neighbors.

Conclusions
Many of the findings from our rapid study were in line with the findings from the CLTS literature. Unlike in some other pastoral contexts however, our study suggests that communities appreciated the triggering process, and were receptive to constructing and using latrines. The main challenge we identified in pastoral areas, which is also consistent with other sedentary contexts, is that a lack of continued engagement and follow-up limits motivation to build or rebuild latrines after they collapse. This study also found that pastoralist communities’ remote locations often limited access to construction materials, which led to a lack of consistent latrine maintenance. Communities where CLTS has led to more sustainable outcomes in Garissa all experienced regular follow-up and sanitation marketing outreach. However, extending these approaches will be more difficult in remote communities that have lower population densities and are harder to reach. Thus, specific approaches will have to be adapted to these communities. Furthermore, there is a need to acknowledge and confront real and perceived resource constraints, particularly in the face of limited access to quality construction materials. Though some families express a desire for a latrine, they may feel unable to access or pay for construction materials or be unwilling to re-build a latrine after a collapse due to lack of resources.

Recommendations
In-depth, improved community mobilization: Identify community history, challenges, population diversity, attitudes (using data not only from community leaders). The team should take a full day to talk to a diverse set of people in the community, meet community leaders separately and understand the history of sanitation and other interventions in the community. It is also an opportunity to build relationships with members of the community in advance.

Involve leaders before project implementation: Sanitation interventions should engage community leaders to lead and believe in the process. CLTS should not be an outside program, but instead should be driven by members of the community itself.

Involve men in sanitation trainings: The majority of attendees at CLTS events were women, which is problematic when men make the majority of household decisions about latrine building. It is likely essential to engage men in the triggering events – and possibly hold separate sessions for men and women.
Integrate other motivation for latrines beyond shame: Privacy, convenience and safety are motivators for latrines. Good health, education, religion and income are other priorities that can be integrated into community meetings and follow-up.

Come prepared with solutions for common problems with latrines: Anticipate complaints and fears about latrine use and construction, and prepare responses based on best-practices. For example, in response to “dislikes” like smell, space, bugs, CARE and others can share their tricks on reducing smell, creating more spacious latrines, and keep critters out of the latrines. CARE should also be open about the potential of a latrine collapsing during flooding and prepare people mentally for the possibility of having to re-build their latrines, and explore new, improved latrine designs that are less likely to fall during the floods.

Formal follow-up plan and agreement: Each village needs a unique plan for follow-up through a formal agreement. This may include follow-up methods such as training community members to conduct follow-up or enlisting an official community health volunteer or government worker. An additional recommendation from a stakeholder in Garissa is that we focus on a few villages at a time, help them become open defecation free, learn lessons, and then move on to other villages for faster scale-up.

Expand sanitation marketing or micro-finance options: Loans can be offered to community members to build better toilets from the beginning, which may improve their desire to maintain it. Alternative approaches to sanitation marketing may be necessary in remote or vulnerable villages. Developing “smart subsidies,” subsidizing materials, or a setting up temporary sanitation markets during the trainings (while people are motivated) are potential ways to expand sanitation coverage.

Explore alternative options to CLTS: Mobility, soil conditions and accessibility – both for follow-up and to sanitation markets - limit the applicability of CLTS in its current form. Often what “works” with CLTS in the rest of a country may not be feasible in a remote, pastoral area. It is essential to consider that CLTS may not work, or may not work in its current form, for pastoral communities.
**Background**

UNICEF, in coordination with the Solomon Islands Ministry of Health and Medical Services contracted CARE’s Water+ Team to undertake a gender assessment of the country’s rural WASH sector with the intention of understanding and improving gender inclusion in rural WASH programming in the country. The study was designed to identify and understand WASH-related gender disparities. Specifically, the study aimed to:

- Understand key differences between male and female access to WASH services in rural areas;
- Understand the reasons for and effects of these differences; and
- Identify actions the government and NGOs can take to increase gender-sensitive WASH programming.

Specific attention was paid to community-led total sanitation (CLTS) and the role for adult women in this approach.

**Methods**

The research team began with an in-depth review of key government policy documents related to gender and WASH in the Solomon Islands. Next, the team developed field research tools based on this review and on responses to questions raised during key stakeholder interviews. Interviews were held with stakeholders who work or have recently worked with gender-, disability- and WASH-related programming in the Solomon Islands. Ethics approval was obtained for the tools and protocol prior to community data collection.

Community-level data collection included focus group discussions and in-depth interviews with men and women from four communities in Malaita and three communities in Isabel Province. These included Lathalu, Raubabathe, A’ama and Afufu in Malaita province and Kolgaru, Vavarinitu and Titiro in Isabel province. In Malaita, the first three villages had previously been declared open defecation free and the fourth had not yet been reached by the CLTS approach. In Isabel, Kolgaru had been reached by the CLTS approach and showed progress (half the community had built toilets); Vavarinitu showed no progress after the sanitation trainings; and Titiro had not yet been reached with a CLTS intervention. The team conducted 30 focus group discussions and 24 in-depth interviews across the seven communities, with a total of 251 participants (males and females).

**Policy Environment Findings**

The Solomon Islands has developed, and continues to modify and improve, its Rural WASH policy that aims to include women and vulnerable groups. While the Ministry seems to understand the importance of integrating women into community-level WASH projects, their capacity to do so is limited by their narrow understanding of women’s needs and perspectives, as well as insufficient representation of women in senior positions. What is needed is further refinement and dissemination of rural WASH policies and trainings on specific methods and skills for implementing gender-sensitive and gender-
transformative WASH services for more sustainable, effective, and inclusive programming.

**Community Level Findings**

**Gender roles:** In both Isabel and Malaita, women are primarily responsible for household hygiene and related work. This includes, but not limited to: washing, cleaning, cooking, caring for children and related tasks. Women and girls in all seven villages, across both provinces, confirmed that this burden negatively impacts the time they have available for other work and activities.

**Decision making:** Men acknowledge women’s role as the main users of water and that, as one man explained in an interview, “they know the needs” of water. Despite this recognition, women are generally not involved in community-level decision-making related to WASH, as traditional gender roles limit women’s participation in community decision-making bodies.

**Specific WASH needs:** When asked about their specific WASH needs, all women and girls – and some men – across both provinces focused on their individual and household level needs; citing things like the location of waterpoints, water availability for handwashing, privacy, safety and convenience. In contrast, chiefs and male community leaders in both provinces tended to respond to the same question with a birds’ eye view of the water system including financing and community sanitation needs (such as toilets at churches or other community points of interest). When leaders were asked about women and girls’ specific needs, many were unable to provide an answer. This is significant given that, when asked, leaders in both provinces felt they had a good understanding of women and men’s specific needs since they presumed women shared their needs via community meetings.

**Community-led total sanitation:** Women value the CLTS approach because it improves children’s health and overall hygiene. However, several women also reported that the approach significantly increases their workload as they are traditionally responsible for teaching their children about hand hygiene and latrine maintenance. Men and women in all communities identified women as the primary caretaker responsible for ensuring that children – and the rest of the family – followed CLTS guidance for defecation, handwashing, and other aspects of household hygiene. Although CLTS recommends that women and men work together to determine toilet locations, women are rarely consulted and never with girls, according to the groups surveyed.

**Gender-Based Violence:** This study found that women in both provinces often face consequences in the household for their participation in WASH activities. Examples range from husbands being “unhappy” with their wives, to increased “tensions” in the household, to beatings by husbands if women do not fulfil their traditional gender roles such as cooking and cleaning. These findings have been confirmed by men and male leaders in both provinces, and are unfortunately consistent with findings from other studies in the Solomon Islands and other countries in the Pacific. Most of the men and women surveyed agreed that men needed to approve of their wives’ participation in committees and community projects. In both provinces, women felt they needed to convince their husbands to participate in community committees, which means that creating opportunities for women to participate (or requiring a certain number of women on committees) is unlikely to lead to female empowerment and may actually increase gender-based violence.

While almost all women and girls, and many men, identified this as a significant concern and barrier to female participation in WASH activities, most male community leaders and chiefs did not. Chiefs and leaders often reported that this was not a barrier to women’s participation because they simply “needed to get a husband’s permission” or “cooperation” in order to get involved. This is significant for the Solomon Islands rural WASH policy because it means male community leaders such as pastors, who are the primary gateway to the communities, do not currently recognize gender-based violence as a significant barrier to hearing and understanding female community members’ needs.
**Recommendations**

Effectively including women in WASH interventions is an important priority for the Ministry of Health in the Solomon Islands. However, the solution of how to do so effectively is still unclear for a large number of field staff. The following are a few recommendations on how each sector can better integrate women and girls into core activities by building on existing guidance, objectives, designs, interventions, and processes.

**Include a diverse set of women in non-traditional activities and interventions:**
Water actors should include women in water-related training opportunities, including as tap stand caretakers, water system workers and committee members. However, these opportunities need to be adjusted to include more and diverse women, include a wider range of ways to participate, and should not contribute to women’s time poverty or expose them to additional risks of conflict or violence in the home.

**Include women and girls in sanitation design and widen the scope of CLTS outreach:**
Program implementers trying to increase sanitation coverage should continue the policy of including women, girls and other marginalized groups in the CLTS process. In addition, it is recommended that pre-implementation activities include a more rigorous look at the history, diversity and traditions of a community including discussions with girls, women and men separately.

**Improve the options for, and guidance on contextualizing approaches to CLTS:**
Women and girls need private, safe and convenient sanitation options. Households need sustainable, lasting approaches to improved sanitation. While current guidance allows for some flexibility, implementers are often unclear on the degree to which they can modify the CLTS process. They are also uncertain on how to support toilet and pit designs for more challenging geographies.

**Adjust engagement and participation methodologies to account for intra-community power dynamics:**
Findings indicate that in most communities, WASH programs will likely benefit from speaking with community leaders separate from other community members. Leaders, both male and female, often have a different experience and perspective of WASH programs and systems. To gain an understanding of the experience of women, girls and other marginalized populations, it is essential to speak with them separately before, during and after a WASH program is implemented.

**Conclusions**
The Solomon Islands Government is progressive in making gender and social inclusion priorities for the WASH sector. However, in order to successfully implement these policies, rural WASH staff and others working in the WASH sector still need additional support to better understand, recognize and address gendered barriers to achieving equal outcomes for women, men, boys, and girls in WASH programs. To this end, CARE has provided the Ministry additional training for WASH actors on gender equality and inclusion concepts, gender-sensitive and gender-transformative interventions in WASH, and related strategies; additional, easy-to-use, gender-sensitive tools that WASH implementers can use in the field to understand women and girls’ interests, needs, barriers, and opportunities; and monitoring and evaluation activities that integrate women and girls’ specific needs and interests into existing WASH program design, implementation, and follow-up.
Reflections on Systems Change

Peter Lochery, Senior Fellow, CARE Water Team

My Water+ Team colleagues asked for some reflections on how CARE and the WASH sector more broadly has changed over the last 15 years. Here are six areas where, thanks to the support of Bill Clarke and Osprey Foundation, we have been able to contribute, along with many other colleagues and partners, to expanding the impact and increasing the sustainability of WASH.

Breaking down silos: Working in silos provides a degree of comfort that suits many. There is a shared language, and recognized leaders and colleagues. The focus on specific issues can lead to significant but narrow learning. However, there is not the level of cross-fertilization or influx of new ideas from other sectors when we operate in silos. Historically, there has been little recognition of the ways WASH is intricately linked at the community-level with other sectors and challenges. In the WASH arena, siloed working (CARE included) resulted in a focus on the number of taps and toilets constructed, and in many cases, only lip service to how these facilities would be maintained and sustained, or how sustainable WASH impacted health, education, food security, or gender equity. These silos have not broken down completely, but in recent years, CARE and others have expanded WASH approaches and action research to demonstrate the impact of WASH on neglected tropical diseases, environmental enteropathy and nutrition. WASH is an essential component of CARE’s food and nutrition Security programs, and our Water+ Team works closely with CARE’s Food and Nutrition Security team in designing multi-sector approaches that improve food security at scale. We’ve also seen collaborations result in a better understanding of the impacts of WASH on gender equity, including menstrual hygiene management, psycho-social stress, gender-based violence, and women’s economic empowerment. Finally, a greater attention to multiple use, and the many ways consumers actually use water, has helped us increasingly to bridge the gap between WASH and water for agriculture, and encourage the water and agriculture sectors to work together to manage both blue and green water resources.

Bridging the gap between stakeholders: WASH stakeholders include government, financiers (primarily governments, development banks, and foundations), the private sector, and civil society. Decades ago, our efforts in Mozambique to develop what we now think of as a systems approach were successful in the short term but ultimately failed because not all the players, CARE included, were working towards a common vision. Actors lacked control over outcomes, appropriate incentives, and accountability for their actions. We learned (or rather were reminded) that good governance – characterized by inclusiveness, transparency, participation and accountability - is key to achieving sustainable services.

Lessons learned from this experience and others in the sector later helped to inform a major program in Peru. Stakeholders had clear roles, incentives and accountability, and were intricately connected to each other. The municipality and the community were jointly contracting small private contractors. This established a link between the municipality, community and contractor for subsequent maintenance and repair. Basic training and accreditation of the contractors was carried out by the National University. The community participated in
the monitoring of progress by and approval of payments to contractors. An on-line monitoring platform was established to track progress and improve accountability. We also drew on the experience of Peru’s social investment fund to define the rules for movement of funds to and payments by municipalities. These learnings directly influenced the design of the World Bank-financed investment project that followed. Bridging the gap between the various actors not only resulted in successful innovation, it forced CARE out of its comfort zone as an implementer and helped us aspire to a new role as a facilitator and influencer of systemic change at scale.

**Shifting the role of NGOs from implementer to influencer:** It has often been a challenge to live up to our aspiration to be a facilitator and influencer, because various actors have perceived CARE’s role as an implementer and service provider. There is a historical tension between direct delivery of services by non-governmental organizations and “softer approaches” such as improving governance, advocacy and strengthening local capacity in the public and private sectors. We have seen that when CARE is the direct service provider, there is vast potential to undermine the role of the public and private sectors. Unfortunately, this traditional narrative of aid is deeply rooted, and donors, governments, partners and our own organizational priorities have often pushed us to deliver services directly in the name of swift impact for the poorest. We have had to steer hard to demonstrate the role of coordination, advocacy, research, capacity strengthening, and testing effective models in contributing to sustainable service delivery at scale.

**Impact at scale through partnership:** CARE achieves impact through influencing and partnership. One critical value of partnership is that it extends CARE’s reach and leverage. For this to happen, there must be shared, or at least aligned, objectives between CARE and our partners. We have learned that this requires continuous effort and communication between partners as opportunities and ways of working evolve, and a humility and flexibility to accept that the larger partnership must drive thinking, not CARE.

**Investing in advocacy and research:** Our successes in Peru and elsewhere suggested that we could influence change at scale, but only where we had evidence of what worked and what did not. We began to think about research in terms of how results would be used for influencing policy. We learned that evidence needs to be appropriate to the context and inform policy-makers to work towards achievable policy solutions. Our advocacy efforts contributed to change far beyond our control, including the passage and implementation of the Paul Simon Water for the Poor Act, which increased U.S. government obligations to WASH, and to a doubling of the Kenyan Government’s national budget allocation for WASH in schools.

**Governance and systems:** Improving governance has been a key element of our systems approach for many years. We have seen success in terms of sustained service provision and long-term impact in places such as Peru, Guatemala and Ethiopia where we have had a consistent presence and developed good relationships and shared goals with government, communities and other stakeholders. Systems thinking has provided renewed energy to market-based approaches and innovative financing that allows us to exercise WASH services as an entire moving system – not just a one-off service.

Maintaining the focus on governance and systems together with the other changes discussed above provides a roadmap for our future work. The Sanitation and Water for All Collaborative Behaviors and Agenda for Change support and endorse our endeavors, but the challenge remains persuading donors and governments that improving governance and systems (and the requisite changes in behavior) are far more important in the longer term than hardware.
Moving Forward

The chapters of this report reflect CARE’s Water+ program efforts to strengthen key components of WASH systems in our own approaches, as well as those of our partners and peers.

CARE’s Agua+ program in Guatemala shows that systems strengthening is often a pursuit of many years and steady persistence. CARE has worked in partnership with municipal governments in the Department of San Marcos for more than 20 years, strengthening capacity of municipal governments and local institutions, supporting robust planning for scale of rural WASH services, testing models for service provision and management, and strengthening community governance. As a result of this work, rural water systems in CARE-supported municipalities are still providing WASH services 15 years after construction and municipalities across the Department of San Marcos have adopted the Municipal Water and Sanitation Office governance model that CARE and partners have helped to refine over two decades.

Our exercise to benchmark CARE’s Water+ programs against Sanitation and Water for All’s Collaborative Behaviors demonstrates that many of CARE’s Water+ programs take systems approaches aligned with global principles. However, we must improve efforts towards sustainable financing strategies and robust government monitoring systems, and more rigorously incorporate gender approaches across our programs. Our analysis of CARE’s RANO WASH program in Madagascar, while highlighting key systems contributions, including to robust information platforms and key pieces of the financing puzzle, reiterates these overall findings.

Challenges to achieving sanitation targets in our work with pastoralist communities in Kenya underscore larger challenges in ensuring sustainable sanitation in many rural and remote communities. These are accentuated in pastoralist communities, which are often located in arid zones with harsh climatic conditions, and have a variety of migration and settlement patterns. Our assessment suggests that communities in Garissa are unlikely to sustainably shift sanitation practices unless we rethink the current “one-size-fits-all” approach. CARE is working with partners in the Millennium Water Alliance and the Garissa county government to re-assess our sanitation goals and approaches in these communities. Neither CARE nor the government of Kenya should continue to implement approaches that do not lead to sustainable outcomes.

Our gender analysis in the Solomon Islands demonstrated that while governments may understand the value of women’s participation in WASH governance and the impact of WASH on women’s lives, that tools and guidelines for effectively implementing gender-sensitive and gender-transformative WASH are still lacking. We have begun a CARE-wide review of our WASH and gender activities, approaches, and impacts, so that we can share to share tools, approaches and best practices to help strengthen the wider WASH sector.

Finally, Peter’s reflections remind us that recognition of the larger systems change needed to ensure sustainable services and behaviors has existed for years in different
forms. Many programs and partners have set out to strengthen WASH systems and services over the past few decades. However, our ways of working as development partners and implementers, as siloed sectors and government offices, or as donor-driven aid organizations have often undermined our efforts to strengthen systems capacity and promote lasting change. We must work in partnership to collectively strengthen systems that support equitable and sustainable services at scale. As a sector, and as an organization, we have made strides in ensuring these coordinated efforts, but we still have a way to go.