Government-led Rural Sanitation Marketing in Benin, West Africa
Benin

Benin 2011 population
9.2 million, 61% rural

JMP rural sanitation coverage (OD)
1990: 2% (93% OD)
2008: 14% (80% OD)
2015 MDG target: 57% (51%)

Country structure
11 Departments
77 Communes
- Administrative Villages
- Communities
- Households live in “compounds”
Benin’s Sanitation Sector

- National Sanitation Policy in place since 1990, Strategy in place since 1994
  - Demand-responsive approach
  - Decentralization of decision-making
  - Zero subsidy for latrines
  - Private sector participation
  - Emphasis on low cost technologies
  - Gov’t as coordinator, regulator

- Ministry of Health responsible for basic sanitation & hygiene promotion in rural areas
‘PNHAB’ – National Gov’t Hyg & San. Program Overview

Lead:
Ministry of Health, Directorate of Hygiene & Basic Sanitation (DHAB)

GOAL: Promotion and uptake of key hygiene behaviors and of improved household sanitation facilities in rural communities

Funding: Bi- & multi-lateral donors (WB, Danida, Dutch, GTZ)

Timeline: 1998 1st Experiment - 2005 National scale up

Current scale: National
Evolution of the sanitation component of the PHA strategy

1995-97: Consumer market research
1998-2000: First market-based experiment – 2 Dept
2000-02: Refine & improve marketing strategy, develop new household-level model => PHA strategy
2005-08: Phase 2: National scale up to 5 Departments
2009-11: Phase 3: Full scale up - all Departments
## Why people want latrines in Benin

### Advantages of Latrine Adoption

<table>
<thead>
<tr>
<th>Type</th>
<th>Advantage</th>
<th>Overall</th>
<th>Adopters</th>
<th>Non-adopters</th>
</tr>
</thead>
<tbody>
<tr>
<td>P &amp; WB</td>
<td>avoid discomforts of the bush</td>
<td>3.98</td>
<td>3.94</td>
<td>3.99</td>
</tr>
<tr>
<td>P</td>
<td>gain prestige from visitors</td>
<td>3.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>avoid dangers at night</td>
<td>3.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>avoid snakes</td>
<td>3.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>reduce flies in my compound</td>
<td>3.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>avoid risk of smelling/seeing feces in the bush</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>protect my feces from enemies</td>
<td>3.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>have more privacy to defecate</td>
<td>3.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>keep my house/property clean</td>
<td>3.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>feel safer</td>
<td>3.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>save time</td>
<td>3.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>make my house more comfortable</td>
<td>3.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>reduce my household's health care expenses</td>
<td>3.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P &amp; WB</td>
<td>leave a legacy for my children</td>
<td>3.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB5</td>
<td>have more privacy for household affairs</td>
<td>3.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>make my life more modern</td>
<td>2.97</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>feel royal</td>
<td>2.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>make it easier to defecate due to age/sickness</td>
<td>2.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>for health (spontaneous)</td>
<td>1.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>be able to increase my tenants' rent</td>
<td>1.17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Two-tailed significance of independent samples t-test for equality of means <0.05.

- Scale of 1=not important to 4=very important.
- P = prestige/status, WB=well-being, S=special situations.
Key Barriers of Adoption

1. Lack of awareness
2. Technical complexity
3. No one to build
4. Poor performance of traditional latrines (smell, safety, durability)
5. High perceived cost (no reliable information)
1998-2000 “Marketing” Experiment

• Promotion: Social Marketing Communications Campaign
  – Key non-health messages
  – Mobile DCC, radio, billboards, mason business sign-boards

• Products: 3 standardized latrines designs introduced, 1 lower cost

• Supply-side: mason recruitment, training, ‘certification’
  – construction, self-marketing & selling
  – school latrine construction – incentive

Key Learnings:
  – supply-demand coordination & linkage in time/space
  – mason recruitment criteria
  – mason training ratio
  – direct consumer contact
‘PHA’ Approach

• Highly structured, systematic package of promotion modules
• Lasts 18 months in each community
• House visits key communication / promotion channel
• Image-based communication support materials
• Map-based community-level M&E - activities & outcomes
• Pictorial “tally” survey of desired hygiene practices at beginning & end of process
‘PHA’ Actors in PNHAB Structure

- **Gov’t HYGIENE AGENTS (HA)** = new position created, 2 per Commune, lead & drive intervention with other duties

- **“RELAIS Communautaires” (RC)** = trained community promoters, 2 per community (1 M, 1 F), work as team, volunteers (often illiterate)

- **Trained & ‘certified’ local mason latrine builders in each commune**

- Community leaders

- Commune Services Unit Technical Officer

- Gov’t Department-level Supervisors & National Coordination Team
Commune Hygiene Agent & 2 PHA Community Volunteers
Establishment of list of localities/villages to receive PHA intervention

Formation and training of intervention team: Hygiene Agents, NGO Animators, Technical Services from Mayor’s office, Relais, Masons

Situation Analysis/Baseline Study (conducted by Relais and HAs)

PHA Campaign: Behaviour Change Promotion

18-month hygiene and sanitation promotional cycle: education and social marketing by Relais, masons, Has and contracted NGO animators

(N.B Cycles can be delivered in any order)

Cycle 1
Drinking Water Hygiene (collection, storage and treatment)

Cycle 2
Latrine Construction and Maintenance

Cycle 3
Domestic and Food Hygiene

Cycle 4
Hand Washing with Soap

Evaluation Study
“Mozambican” Dome Slab
SLAB & Latrine production

- ‘PHA’ partner masons casts slab, build foundation with bricks on site at customer’s home
- Customer responsible for inputs
- Owner responsible for curing;
- Trained masons, after ‘proof’/certification, given portable mold kit

Lowest COST Option: US $ 40 - 75

1. Mason charge => $4-6 for casting slab, foundation, and installation (2007 price)
2. 1 bag cement: dome slab, foundation @ $8-10/bag with transport (2007 price)
3. Pit digging: 10-15 feet @ $2-4/ft
PHA Strategy: Picture-based Promotion & Monitoring Materials

Materials:
- Participatory ‘images’ cards
- Latrine catalogue of 3 basic styles
- Community map to track activities, monitor latrine uptake
- Pictorial “tally” of key hyg/san practices, start & end

Activities:
- Initial village-wide launch: PHAST tools to mobilize community
- All further promotion at individual house/compound visits, using participatory discussion, information exchange
GOB PHA Program Promotional Materials
Steps in the dome slab latrine construction process
Images for superstructure options
Roles of Hygiene Agents

- Recruit, train, “regulate” trained/certified masons (fair prices; good quality; referrals)
- Enroll communities and recruit community promoters
- Train community promoters, module by module
- Community sensitization launch (PHAST)
- Supervise and support promoters at key steps
- Verify site of latrine before digging
- Verify quality of slab & foundation before installation
- Collect and submit monthly progress updates to DHAB supervisor (# house visits, # motivated, # started…)

Resources: motorcycle, gas, training materials, GOB salary

** Competitive contracting of NGO animators as HAs where Gov’t structure lacking
Role of Community Promoters

- Volunteer, receive training & recognition
- Work as a team of 2
- Make village map, track activities and progress
- Tally conditions & practices beginning/end
- Conduct house visits (together) to hold image-based participatory discussions about:
  - visit 1) motivating decision to build latrine;
  - visit 2) latrine catalogue options, construction steps
  - visit 3) latrine cleaning & maintenance
- Link interested households (after visit 2) with mason to negotiate design, price and plans
- Arrange HA technical oversight visit
- Provide advice to households during construction
PLAN DE LOCALITE ACLOHOUE

Process & Impact Monitoring
Masons & diggers
Examples of Newly Build “PHA” Latrines
Dome examples of newly build “PHA” latrines
Scale-up of PHA (2005-2009)

- All 11 Departments
- 76 of 77 Communes
- 2,021 Communities
- 131,600 households
- 790,548 people covered
- 10.4% of population (ex. Cotonou - capital)
PHA Achievements 2005-2009

- 4,012 Community Promotors trained in PHA
- 354 masons trained in low-cost latrine construction designs & self-marketing
- 18,319 non-subsidized improved latrines built in 2,021 communities during 18 mo. cycle
- Latrine coverage from 12.3% to 26.2% in 18 mo.
- Population per latrine from 49 to 23 persons
Cumulative # Non-Subsidized Housholed Latrines Built in PHA Enrolled Localities: 2005-2009

Year

0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
16,000
18,000
20,000

2005
2006
2007
2008
2009

Ouémé
Donga
Mono
Atacora
Plateau
Couffo
Collines
Zou
Alibori
Atlantique
Borgou
Likely under-estimation of impacts

- Only counting latrines completed at end of 18-month cycle
- Missing latrines under construction and those built by trained masons outside enrolled communities
- Multi-family double-cabin latrine models in larger compounds counted as single latrine
- Some trained masons from 1998 start-up have greatly expanded their latrine business (laborers, trucks)
Enabling Factors for National Scale up of PHA

- National sanitation policy with clear & coherent principles
- Recognized agency with lead authority
- Sustained budgetary commitments from donors
- Willingness to experiment, test, and “learn by doing” from new approaches
- Significant investment to develop & expand necessary human & other resources at all levels, including public sector, private sector, & community
- MoH efforts to harmonize conflicting (subsidy) approaches in line with national policy
Marketing & Scale-up Challenges

• Cement shortages, prices, access cause delays for households
• Too slow (18 months per community)
• Conflicting subsidy approach, e.g. Zou Department
• High quality supervision at each level of PNHAB: $$, people required
• Motivating Commune gov’t to take responsibility for PHA
• Use of mass media communication to strengthen the PHA messages and work of the RCs
• Lack of low-cost latrine designs for difficult geomorphic conditions
• Continuing promotion, monitoring, & supervision after the 18 month cycle
Take-away Lessons

• Face-to-face communication with each household key element of success
• Image-based communication materials adapted to socio-cultural context
• Capacity building & engagement of sufficient #s of trained masons as program partners
• Integration of M & E in design, implementation of PHA
• Regular field-level supervision by HAs & Department staff
• Engagement of village leaders and local gov’t in PHA
• Harmonization of approaches by other actors in the sector
Questions?