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Glossary, acronyms and abbreviations

ACCEDES	Alliance Chrétienne pour la Coopération Économique et le Développement Social. Christian Alliance for Economic Cooperation and Social Development. ACCEDES was founded in 1995 with the aim of supporting economic cooperation and social development in Burkina Faso. Based in the regional capital Bobo-Dioulasso, the second largest town in Burkina Faso, ACCEDES now operates in 14 different provinces, working on sanitation and hygiene, food security, education, microfinance, environmental protection and health. ACCEDES works in the wider community, in close relationship with the local church where it exists.
ACT	Anglican Church of Tanzania Diocese of Ruaha
AICT	Africa Inland Church of Tanzania
CCSMKE	Christian Community Services of Mount Kenya East (CCSMKE), Kenya CCSMKE is part of the development arm of the Anglican Church of Kenya and has been working with poor and marginalised communities through relief and development work within northern Kenya since 1980. Through its Church and Community Mobilisation Programme, CCSMKE has achieved a significant rate of progress on sanitation and hygiene improvements in the first two years of the project, utilising the many different aspects of the local church as a social institution.
CLTS	Community Led Total Sanitation
Diaconia	Brazil
EFGBCDO	Ethiopian Full Gospel Believers Community Development Organisation. EFGBCDO was founded in 1995 by the Ethiopian Full Gospel Believers Church, working on integrated development activities throughout the country. Since 2005, this work has included the provision of clean water and improved sanitation and hygiene. Specifically, there has been the successful introduction of sanitation and hygiene education coupled with bio-sand filters in an area of north-west Ethiopia. They are referred to in this report as EFGB.
Fale	Fale (Portuguese for 'speak') is a national advocacy network founded in 2001 which seeks to mobilise churches and Christians to speak out and act on issues of poverty and injustice, both within Brazil and globally. Fale has particular concern for the socio-economic aspects of the lives of poor and vulnerable people, including issues of sanitation and hygiene, and the economic problem of widening inequality and deepening poverty. Fale generates regular information for action and prayer as part of coordinated public campaigns, using postcards, debates and public events in different cities to communicate the campaign message.
KDWS	Kigezi Diocese Water and Sanitation Programme. Operating in Kabale District, south-west Uganda, the Kigezi Diocese has been the largest organisation addressing water, sanitation and hygiene issues in the area since 1986. The KDWSP forms part of a wider integrated rural development programme of work for this Church of Uganda Diocese. KDWSP has served around 200,000 people with hygiene education, sanitation and basic water supplies. Each year it adds 20,000-25,000 to that number. In recent years, it has been recognised by the Ugandan government for its work, and has become influential on Ugandan water policy.
ODF	Open defecation free
Triggering	The process by which a collective sense of disgust and shame among community members regarding open defecation leads them to come to the point of agreeing and

declaring that no open defecation will be practised any longer. The time before and after this event is called Pre-triggering and Post-triggering.

WASH   Water, sanitation and hygiene promotion

WEDC   Water, Engineering and Development Centre

Executive summary

Tearfund recognises the importance of improved access to Water, sanitation and Hygiene promotion (WASH) as key to lifting people out of poverty. Sanitation often fails to get the attention and investment that it needs, despite having the biggest singular impact on improving health. In May 2009, Tearfund presented a summary paper on "The role of the church in improving access to sanitation" at the WEDC International Conference. This report centred on five key roles that the local church or church-based organisations can play in their communities to help improve hygiene and sanitation practices. The five roles identified by Tearfund are *Messenger, Demonstrator, Implementer, Guardian* and *Advocate*.

To follow on from that research, Tearfund commissioned this report to produce a set of practical guidelines on how local church and church-based partners can programme and successfully run projects based on each of the fives role models. Information was gathered from an online questionnaire for WASH partners, telephone interviews, Tearfund reports and publications.

The key findings from this report are;

- The church may be able to fulfil one or all of these roles depending on its capacity and the context it is working in it may. Most of the partners selected at least one role and the most popular combination of roles together was *Messenger, Demonstrator and Implementer.* Some of the roles related more closely to the current role of partners than others. The role of *Guardian* appeared to be the least understood.
- The church has inherent advantages which are useful for all roles. A common advantage which repeats itself throughout this report is the church's central position at the heart of the community. It has a respected voice to be a *Messenger*, a central platform to be a *Demonstrator*, as *Implementer* it has local knowledge to identify the most vulnerable, a long-term presence to be a *Guardian,* and a link from grassroots to national networks to be an effective *Advocate.*
- There were tools that partners were very familiar with such as project cycle management and PHAST. But there were also tools that partners wanted to know more about; in particular Community-Led Total Sanitation (CLTS) and ranking sanitation. The original idea for the report was to suggest tools that would be useful for each role but it became clear that tools don't fit neatly into individual roles.
- There are challenges that are present for each role. A key one is the importance of understanding the needs of poor communities. This will allow partners to select appropriate messages, engage effectively and implement community-led solutions.

 It should be emphasised that there is strong evidence for the local church to build upon the activities that it is already doing in the community and become more engaged in sanitation and hygiene projects. Although partners may be put off by what seems like a technical subject there are many non-technical activities that the church can get involved in. This report gives ideas and examples from churches who

are already leading successful sanitation and hygiene initiatives which should stimulate and encourage other churches to realise their potential.

1   Introduction

1.1   Background

Inadequate sanitation is one of the great drivers of world poverty and inequality. Poor sanitation claims millions of lives, destroys livelihoods, compromises dignity and diminishes prospects for economic growth. Despite this 1 in every 4 people on the planet lacks access to adequate sanitation. Every year around 1.8 million children die as a result of diarrhoea and other water and sanitation related diseases. Tearfund recognises the importance of improved access to water, sanitation and hygiene promotion as key to lifting people out of poverty. Sanitation often fails to get the attention and investment that it needs despite having the biggest singular impact on improving health.

As a result of Tearfund's vision to empower the local church to lift 50 million people from poverty they produced the report "Keeping communities clean". This summarised the church's response to improving sanitation and hygiene practises and concluded that the church or church-based partners typically adopt one of five roles. These roles are described below and shown on Figure 1. In May 2009, Tearfund presented a summary paper on "The role of the church in improving access to sanitation" at the WEDC International Conference.

The natural development of the research is to produce a set of practical guidelines which will help churches and church-based partners to engage effectively with helping communities realise improvements in safe sanitation and good hygiene practices, whether for the first time or if wishing to expand the current role that they play.

Figure 1 Five roles of the local church in its engagement in sanitation and hygiene

1.2　Objectives, Methodology & Scope

This report, commissioned by Tearfund, has two main objectives;

- To produce a set of practical guidelines on how local church[1] and church-based partners can programme and successfully run projects based on each of the fives role models in Tearfund's previous research and other roles or models identified by other church-based agencies working in sanitation and hygiene.
- To produce a record of communication and research evidence compiled to inform the guidelines.

The research methodology was selected to fulfil the above objectives. An initial desk study of existing Tearfund reports and publications was undertaken. Following on from this, an online questionnaire was created to find out information from WASH partners about the journey they took to working in their particular role, the challenges faced en route, challenges still faced, tools that they had used and advice they have for other partners wanting to take on similar roles. A copy of the questionnaire can be found in section 5.2.

The questionnaire was distributed to Tearfund partners that had been involved in the "Keeping communities clean" report and to other church-based development networks. A full list of organisations contacted and list of respondents can be found in section 5.1. Semi-structured interviews were carried out with selected respondents to the questionnaire. This was to gain more in-depth information from specific partners and explore in more detail the role that they play in sanitation and hygiene promotion.

The research was conducted from the UK with no possibility to travel to field locations. This meant that no face to face interviews could be collected and that no direct observation of projects could be made. Also respondents needed considerable encouragement to take part in the questionnaire. It was hoped that more church-based development networks would also respond, but feedback was limited.

There was a gender bias in the respondents as they were exclusively male. This would exclude mention of certain issues specific to women and sanitation.

1.3　Five roles of the local church

Tearfund's report "Keeping communities clean" explored five roles that the local church or church-based organisations can play in their communities to help improve hygiene and sanitation practices. Depending on the churches capacity and the context, it may be able to fulfil one or more of these roles.

Messenger – communicating messages about improved sanitation and hygiene
Demonstrator – offering individuals and communities the chance to see and experience a well-kept toilet or hand-washing facility

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[1] Local church refers to the body of Christian believers, of any denomination, who meet at community level.

Implementer – helping individuals and communities to attain improved sanitation and hygiene facilities, through technical and financial support

Advocate – speaking out to those in authority with and on behalf of communities to express their needs and their desire to have improved sanitation

Guardian – helping communities and individuals maintain the gains achieved through improved hygiene and sanitation

1.4   Report structure

The report is organised in the following way:

Section 1 gives an introduction to the study

Section 2 presents the main findings from the research taking each of the five roles in turn. It describes the experience of the local church, why they are suitable for that role and what capacity they have to carry out that role. It also describes some of the challenges faced and goes on to give advice and tools that churches can use if they take on this role.

Section 3 looks at what tools partners are already using and which tools they want to know more about. A helpful matrix is presented which will help partners select the relevant tools for the different roles that they might play. It then sets out some practical tools and guidance which are useful for the different roles.

Section 4 concludes the report and summarises recommendations for future research

Section 5 supporting data for the report can be found here.

2   Findings

The main findings from the study are given here with each role taken in turn. In the findings you will find quotes and stories from local churches who carry out sanitation and hygiene work. There are also some examples from WASH partners about the journey they took to working in their particular role, the challenges they faced, tools they used and advice they have for other partners wanting to take on similar roles. More specific tools and guidance can be found in section 3.

2.1   Messenger

Communicating messages about improved sanitation and hygiene

2.1.1   Church activities

78% of the respondents said that they carried out this role in WASH projects. This is perhaps the easiest and most obvious role as the church has a clear audience, and as one partner said, "a large proportion of the community attend church". Some of the activities that partners are doing in this role are organising public gatherings, public awareness campaigns and biblical teaching. One partner explained "we use bible studies in mobilising our communities in issues of sanitation". They found that the message of improving sanitation was as relevant to the Muslim community as to the Christian community. One partner who works in Burkina Faso said, "a Muslim beneficiary of our programme now meets and talks regularly with the pastor". The leaders and members in a church represent the community and understand their issues meaning that they can talk about deep and personal issues of daily life in a relevant and meaningful way.

Getting the right messages

- First obtain detailed information on what communities know, do, and want.
- Then develop messages or products that suit target audiences;
- Communicate the messages in ways that are appropriate, attractive, and motivating

2.1.2   Skills and resources

The church has assets and resources which it can use in its role as *Messenger*. Congregations meet together regularly to share fellowship and listen to biblical teachings. During these meetings, messages about safe sanitation practices can be shared.

The church is a meeting place and has the ability to call together large groups of people. When the church congregation is gathered together, "it can raise awareness about sanitation issues and mobilise people into action", according to EFGB.

Leaders of the church are representatives of the local community so are able to develop appropriate messages. By virtue of being local, the churches will also innately have an understanding of local culture and practices. Hence, respecting cultural traditions will be more likely to happen and lead to greater acceptance of suggested behaviour changes in sanitation practice. An external organisation would not have the same ability to deliver their ideas effectively, as they would lack local understanding. The table below gives the advantages that partners thought make them effective in sanitation and hygiene projects.

What advantages do you have as a church-based organisation in achieving the goal of improving sanitation and hygiene?

Praying/Bible studies	12%
Long-term presence/Grassroots/Staff commitment	24%
Social impact/holistic ministry	12%
Christian testimony	6%
Community support	29%
Access to funding	6%
Trusted by government	12%

2.1.3   Tools and indicators

The role of messenger involves gathering information on which to base the project. This will help to develop effective and relevant messages. Identifying risk practices is particularly important for sanitation projects. Tools which are useful for this role include community mapping, stakeholder mapping and problem analysis. A full list of relevant methods and techniques can be found in table 3.2 and a detailed description of how to carry out a transect walk and map defecation sites is given in the toolkit section 3.3.

A church undertaking this role could include the following indicators to measure the success of their project.

1. Information is gathered from x % of community to determine their knowledge, attitude and practice in sanitation and hygiene.
2. A map of the village is displayed which shows places of open defecation
3. Key risk practices are identified from the information gathered and up to 5 messages are developed to communicate with the community.
4. 3 different communications methods are identified to help transmit the hygiene and sanitation messages.
5. After the communication campaign at least 20% of the community have reduced their risk practices.

> **Risk practices**
>
> • Practices which allow faecal material into the domestic environment should be targetted.
> • Messages should be developed around behaviour change e.g hand-washing with soap after coming into contact with stools.

2.1.4   Challenges

Some partners found that communications were difficult where they were trying to cover large areas of a country. For example, Fale Rede in Brazil experienced this in their advocacy campaign, "SPEAK out for environmental sanitation in Marabá".

It can be difficult to select the appropriate message for the situation, and poverty could be a barrier for inclusion. For example in a hand washing campaign the message might be "Wash your hands with soap," when the majority of the community might not be able to afford soap. Another barrier to inclusion is illiteracy. Kigezi Diocese found this in their programme in Uganda where illiteracy among women limited their participation especially when trying to allocate positions of responsibility.

There might be no perceived need for the out put of the project. A way to overcome this is to create relevant and attractive messages to tell people about your work.

2.2   Demonstrator

Offering individuals and communities the chance to see and experience a well kept toilet or hand-washing facility

2.2.1   Church activities

The local church is able to undertake the role of demonstrator in a number of ways. It can install a latrine in the venue where its congregation meet, it can provide an example latrine at the church leader's house or it could fund a demonstration latrine for a respected member of the community. This would give people the chance to visit and use a good latrine and see the benefit of installing one in their own home. This role complements the role of messenger in a practical way. Instead of just telling the community about safe sanitation, it's showing them. For some, being a demonstrator is a practical extension of the other roles by using hands-on methods to show people how something should be done, for example demonstrating effective hand washing techniques.

56% of respondents said that they were undertaking this role and gave practical reasons such as, "We are at the heart of the community so are well placed to host and manage demonstration projects". This could be hygienic latrine usage, operation and maintenance or providing hand washing facilities. ACCEDES put down the success of reducing disease in the community to demonstration and sharing of good practices in WASH. Another example is the Kigezi Diocese Water and Sanitation Programme (KDWSP) who conducted exposure visits for community members to other communities which have succeeded in improving their sanitation.

Ethiopian Full Gospel Believers Community Development Organisation (EFGBCDO) take their role of demonstrator out into public areas and use their trained community members to talk about good hygiene practices. They also promote and demonstrate bio-sand filters in market places, schools, clinics and cafeterias.

CCS (Christian Community Services of Mount Kenya East) took ideas to the community through creating video and drama on good and bad practices.

2.2.2   Skills and resources

The church has inherent strengths and abilities to play the role of demonstrator. Most churches will have a place where they meet as a congregation. This venue can be used to host demonstration projects from latrines to hand washing facilities. They can use existing resources in the church community from finances to volunteer labour to build a demo latrine. If the facility is well built and maintained it will serve as a good example to the members of the church using it. The local church leaders can also be key in setting examples of good sanitation practice and mobilising the community around them.

As part of the community the local church is likely to adopt appropriate sanitation practices as was demonstrated by CCS, "We were successful through cultivating very good relationships with all the communities and respecting their cultural beliefs on sanitation issues". Kigezi diocese also promoted hand-washing by using acceptable and appropriate methods.

2.2.3   Tools and indicators

Partners were asked which tools they had used in their sanitation and hygiene projects and which ones they want to know more about. Detailed results can be found in section 3.1 which includes a graph of

the most popular tools used by partners (Figure 5). Demonstration latrines are one tool which is particularly relevant to this role and the survey showed that half of the respondents had found them useful in their work. Other tools which could be used in the role of demonstrator include CLTS (post-triggering), social marketing, hygiene teaching, and local community animators. Of these techniques, 38% had used social marketing and 38% wanted to know more. The table below gives indicators that can be used when using demonstration techniques in a sanitation programme.

Tools	Indicators
CLTS Post-triggering	- A community sanitation committee is in place and the members agree to write an action plan to build latrines - A list of the names of community members who are willing to start digging their own latrines. - A visit to another local community who are also applying CLTS to share experience, action plans and ideas.
Social marketing	- A number of sanitation solutions that are attractive, appropriate and designed in collaboration with the user - A % increase in the number of people motivated to build their own latrine to improve
Hygiene promotion	- A promotional campaign that has positive and motivating messages about behaviour change - A % increase in the number of people who wash their hands after going to the toilet - A % increase in the number of mothers who dispose of their babies excreta safely
Demonstration latrines	- Requests from the community to build different types of latrines - Evidence of the community wanting to progress up the sanitation ladder e.g. those with a simple pit latrine want to build a ventilated improved pit latrine

Table 1

2.2.4 Challenges

The community may not be motivated by the messages used by the organisation implementing the sanitation programme. Therefore it is important to look at things that will motivate the user, for example, improvements to dignity and showing people a well built latrine is likely to be more effective than telling people about the potential health benefits of using a latrine.

A successful sanitation programme needs to look at the community's behaviour rather than count success in the number of latrines built.

2.3   Implementer

Helping individuals and communities to attain improved sanitation and hygiene facilities through technical and financial support

2.3.1   Church activities

The local church is well placed to carry out the role of implementer as it can identify and select beneficiaries from among the most vulnerable in their community. The Tearfund partner Diaconia said "The choice of families with the church's contribution is more appropriate because it is more likely to choose people who really need the benefit".

Most of the partners identified with this role and 89% indicated that they undertook this activity. The relationship that the Africa Inland Church of Tanzania (AICT) had with the community helped them to identify need and design their programme at the implementation stage. Partners also responded that their link with national church-based networks helped them to access funding from national networks. The church is also a good choice to deliver the outputs as they are present in the community.

2.3.2   Skills and resources

With their local knowledge of stakeholders and established relationships both with the poor and those who can influence their poverty, the church can identify useful partners for the programme. Their network of contacts is often very wide and enables them to quickly identify those with particular skills who can help bring about improvements or channel funding into the project. One church group, AICT-Diocese of Mara Ukerewe noted, 'We can access funds from other organizations to facilitate implementation. We are trusted by the government, funding partners and even the communities. We have the will to do it to support our approach to holistic ministry'. This demonstrates a long term commitment and therefore trust is built up between the church group and all stakeholders that they will do a good job. Similarly, another Tearfund partner (*Kigezi)* notes 'With a track record of success - communities believe in the programme'. Success breeds positive expectation and trust that success will continue.

Church leaders are often respected and the voices listened to in their community, especially where a large part of the local community considers themselves Christian. This was substantiated by Kigezi, "Partners are on the ground, trusted and accountable. They have a big audience and a large number of community are Christian". Hence their voice is trusted and they have an ability to facilitate real change. With that trust comes accountability, as the churches and their leaders have to live with failed implementation as well as successful. This inability to walk away from the results of their efforts makes good consultation and true participation much more likely as communities hold leaders responsible.

2.3.3   Tools and indicators

When church partners are implementing a sanitation programme it helps if they can give beneficiaries a choice of technology to use. 83% of partners surveyed said that they wanted to know more about ranking sanitation choices. This method can be used to help community members to identify which type of toilet is best for them and is explained in section 3.1.

Setting indicators is part of good project cycle management and helps to measure the success of the project. In sanitation projects, there is a tendency for organisations to focus on the number of latrines

constructed or the number of people given access to them. This will not tell you anything about the behaviour change in the community or the impact of the project. An approach which focuses more on the involvement of the community helps to achieve impact related outcomes rather than number of latrines built.

A church undertaking this role could include the following indicators to measure the success of their project at the implementation stage. They focus on behaviour.

1. % increase in the sales of sanitary hardware in markets
2. Number of vulnerable households who are assisted to build latrines by others in the community.
3. % reduction in the number of people with diarrhoea
4. Decrease in how much money people spend on visits to the traditional healer
5. The number of different latrine designs developed by the community
6. % increase in the number of people who dispose of children's excreta safely
7. % increase in the sale of soap at the market
8. Number of villages declared open defecation free.

2.3.4   Challenges

Projects to improve sanitation often fail when latrines are built on behalf of communities. This is because users are not involved in selecting the design and do not have to contribute to the materials or labour. Using CLTS is one way to avoid this as it relies on the community to construct their own latrines by using local materials. The advice given by one Tearfund partner was "Avoiding traditional top down approach and use appropriate solutions rather than pleasing donors".

CCS said that, "cultural beliefs of the communities we are working with" can be a challenge to changing behaviour. Also the population may misunderstand the objectives of the project and view some of the activities negatively. The extract below is from an interview with one of Tearfund's partners talking about a latrine digging project. It shows that communities can be resistant to change. This was also the view of EFGBC who said, "some community members were a challenge as they were lagging to implement new initiatives".

> They (community) say this is very *muzungu*. This is white people! You are preaching for a long time and the community say, "We are civilised, we are in good health why should we change?" Another thing is from believers who have very traditional beliefs. Some people will never dig a latrine because in our tradition it is hard to dig land, because when you see people digging a hole this is for two reasons. The first is for water and the second is for a grave. If it's not a well or a grave, our tradition does not allow us to do that. These villages they have a kind of people who want to respect these traditions.
> Traditional beliefs is part of the challenge. ACCEDES 12 April 2010

Some partners reported that doing sanitation as a stand alone project is difficult. Kigezi said that it's easier to combine with a water supply project. EGBCD recommended combining with a livelihoods project especially when people are marginalised, "Community members are very poor and may need some livelihood projects side by side with sanitation projects". One partner said that they find it difficult to measure outcomes because there is a lack of data. Setting indicators and planning to collect the relevant information would help to avoid this. The church organisation AICT said that they lacked funds to address water and sanitation issues.

The project is more likely to be successful if the communities make a long term commitment to the sanitation improvements but this is hard in certain communities where people move about. CCS who work in Mount Kenya East said that implementing sanitation projects are difficult as, "a pastoral way of life is common for most of the communities we are working with. Some move from our area to another".

2.4   Guardian

2.4.1   Church activities

The church can play a vital role in ensuring the sustainability of sanitation and
hygiene projects. Their long-term presence in the community means that they
can follow up and maintain the project interventions. Only 22% of respondents
said that they carried out this role but this might be due to misunderstanding
the meaning of *guardian*. At least two partners talked about carrying out
activities that fall into this role but they didn't select it as something they were
involved in. Typical outcomes that church partners wanted to achieve were, maintaining improvements,
motivating ownership and ensuring follow-up. In particular Kigezi said, "A level of follow-up to
communities is required to ensure that communities sustain the benefits over the long term". In their
household water supply project, Kigezi said that their success was because they trained the families who
would benefit from the water storage tanks, how to build them. This helped them to carry out
maintenance and repairs. They also facilitated the community to form women's monitoring groups. This
team carries out periodic home visits and uses a checklist to make sure things are in working order. The
monitoring is run like a competition between households and is fun, participative and encourages long
term commitment to sanitation improvements.

2.4.2   Skills and resources

When asked why they thought the church was effective in this role, partners said it was because they
stay in the community for a long time, unlike some organisations that disappear once the project is
completed. Diaconia said, "The church is longer present in the community than most other
organizations. This allows a greater likelihood of continuity of the actions of social impact". This long
term presence also helps the community to build up trust in the organisation as confirmed by Kigezi who
said, "We have a track record of success. Communities believe in the programme".

It is encouraging for the community to see the church partner take on the long term responsibility for
the project. This is what ACCEDES found in their latrine building project, where mobilising the local
church created long term ownership for the project. Another advantage of this long-term presence is
ensuring continuity of staff. EFGB said that the advantage of their church-based organisation was the
high level of commitment of their staff, "We are relatively stable and have limited project staff
turnover".

Another resource that the church has according to AICT is, "The availability of volunteers at the
grassroots level to mobilize communities on the agreed action plans". These volunteers take on the role
of WASH committees who take part in follow-up activities.

EFGB added that, "Mobilizing other community based organizations is also key for sustainability which
could also assist the Church's effort".

2.4.3   Tools and indicators

Partners were asked which tools they had used in their sanitation and hygiene projects and which ones they want to know more about. Detailed results can be found in section 3.1 which includes a graph of tools used by partners (Figure 3). Project cycle management and the PHAST approach are both relevant to this role and the survey showed that 86% had used both of these tools in their work. They both contain a monitoring and evaluation phase which are particularly relevant here.

A useful place to determine what gains have been achieved through improved hygiene and sanitation is to go back to the indicators set at the implementation stage. This will help to decide what types of things you would monitor and how you might do it. Figure 2 below gives examples of ways to check what the project has achieved for each of the indicators recommended in section 2.3.3 .

Figure 2

Indicators set at the implementation stage	Ways to check progress
• % increase in the sales of sanitary hardware in markets	• Sales records of market holders before and after the intervention
• Number of vulnerable households who are assisted to build latrines by others in the community	• Village survey of vulnerable households receiving help from others to build latrine.
• % reduction in the number of people with diarrhoea	• Health records from the local clinic
• Decrease in how much money people spend on visits to the traditional healer	• Questionnaire on how much people spend before and after the intervention
• The number of different latrine designs developed by the community	• Pocket chart voting on latrine designs seen before and after the intervention
• % increase in the number of people who dispose of children's excreta safely	• Baseline survey with a question about children's excreata disposal
• % increase in the sale of soap at the market	• Sales records of soap sellers

2.4.4   Challenges

Churches rely on their network of volunteers for some of their project outputs. This is especially true for maintaining sanitation improvements. Some church organisations have found this increasingly difficult as experienced by Kigezi, "The spirit of voluntarism especially for committee members is reducing." Rede also added, "It is difficult to constantly mobilize people for voluntary work."This could be linked to the transaction cost of getting involved which includes time, resources and finances. Time is a precious resource, especially for those living in poverty. The partner AICT said that poverty is a barrier to including people in projects as, "It makes some communities vulnerable to diseases and lack of proper medical care, reducing their involvement".
A problem for some partners is the lack of secure long term funding. This can limit follow up activities associated with the role of guardian.
Another issue is that not many people want to maintain toilets especially if the latrine has been installed by an external organisation with limited involvement from the owner. On-going upkeep is more likely if the owner recognised the need for the latrine and took part in its design and construction.

2.5   Advocate

Speaking out to those in authority, with and on behalf of communities to express their need and their desire to have improved hygiene and sanitation facilities

2.5.1   Church activities

Issues of sanitation often get ignored at a national policy level. The link between poor sanitation and health issues is not always understood and water supply gets much more attention and priority on the political agenda. This is where the local and national church can play the role of advocate to give a voice to those without adequate hygiene and sanitation facilities. 44% of church partners responding to the survey said that this was a role they undertook. In the work that EFGB carries out they recognise the importance of dialoguing with those in authority and said, "Working very closely with the local Government structures is vital". Fale is a Tearfund partner and they have considerable experience in this role. They described some of their activities for their *SPEAK out for environmental sanitation in Brazil, 2006-2008, advocacy campaign.* "We discuss with the network involved and the local groups to establish the theme as a national priority. We contact academic specialists to discuss the theme and campaign strategies. We organize academic events to discuss the subject with the government, scholars and community leaders. And we launched the campaign in churches all over the country." These are just some of the activities that partners involved in this role can do.

2.5.2   Skills and resources

The church has many strengths and skills which make it suitable for this role. They have widespread presence from a local to a national level. This was found by Kigezi Diocese in Uganda who said that their "programme works through the structure of the church, which is widespread to the grassroots." This helps them to connect communities who may feel remote to those in power. Fale did this by connecting the community of the Criminal Grota neighbourhood, during the World Social Forum 2009, to the international community highlighting the need to address the sanitation problem in their community.

In Ethiopia, EFGB, work alongside government authorities in the implementation of their sanitation programmes. They state that "The advantage of church over an external organisation is that they have more trust from the government and community." While Tearfund and its partner EFGB recognise that national government is best placed to provide water and sanitation services, the church can assist where capacity is low.

Members of the local church and their leaders experience the situation of poor sanitation and hygiene at first hand, and can speak out on behalf of affected populations. The church is also called to acknowledge and act upon injustice as recognised by ACCEDES who said, "We have the will to do it, to support our approach to holistic ministry."

Also as part of their sanitation work in Burkina Faso, ACCEDES have been able to reach out to all members of the community and their involvement with helping the Muslim community gain access to latrines has strengthened cross religious relations.

2.5.3 Tools and indicators

There are a number of methodologies already in use by partners. These include setting up a national prayer campaign to mobilise people, using Christian student groups to distribute campaign material, collecting Christian testimonies to use in campaigns and sending campaign postcards to members of parliament. 33% of church partners interviewed were already using advocacy techniques and an equal number also wanted to know more.

Some of the tools that are useful for the role of *Messenger* are also applicable to the role of *Advocate.* Some examples are shown in Table 3 and include focus group discussion, problem identification and stakeholder mapping. However where *Messenger* is about raising awareness, *Advocate* is about addressing injustice and trying to achieve positive change in policy and practices affecting water and sanitation.

Stakeholder analysis can be used to map the influence of different stakeholders which helps to target and advocacy plan. This method is described in more detail in section 3.2 along with a section on how to write a position paper.

2.5.4 Challenges

The challenges mentioned by partners when undertaking this role included not having respect from authorities. This would make it difficult to influence policy change. One partner said that there can be risks or draw-backs of lobbying. For example, being too critical of the government could adversely affect relationships between government and partner for programmatic work. However, if the relationship is one of encouragement, collaboration and capacity-building. positive outcomes are more likely to result. The achievements of Fale in Brazil are a good example of this.

Diaconia said that they would value the joint involvement of churches in the projects to raise the profile of sanitation issues but, "We need better techniques and methods to accomplish these partnerships." One risk of creating partnerships to do joint campaigns with is that, "Conflict of interests may occur" as mentioned by Fale.

Table 2 Adapted from Advocacy and campaigning, Ian Chandler
BOND

Common challenges in advocacy						
Unclear aims and objectives	Planning the activity before writing position paper	Action plans that run to an internal timetable	Lack of innovation	Messages that do not get noticed and move people	Poor monitoring and evaluation	Failing to focus

2.6   How the roles can be used interchangeably

The example below describes a project carried out by KDWSP to improve water and sanitation in Kabale District, Uganda. At each step the community is carrying out an activity or the church partner is carrying out an activity. The activities link to one of the five roles which shows that throughout a project the roles can be used interchangeable and in any order. KDWSP were the only partner that selected all five roles so it is no surprise that the project example below covers all of these roles.

Each role has equal value and importance on the journey to improve sanitation and hygiene practices.

Activity	Role
Step 1: Receive application from community describing their need for a protected water source which is closer to their village. They also want improved sanitation after an outcry at the level of water related diseases.	Indicates that Messenger already done
Step 2: Carry out field visit to assess situation	Pre-implementer
Step 3: Mobilise community leaders to organise community meeting to discuss issues relating to proposed project	Advocate
Step 4: Conduct hygiene and sanitation baseline survey to assess current situation. Analyse data and disseminate results to community.	Messenger
Step 5: Community draw up action plan and elects Water and Sanitation committee to coordinate project activities.	Community activity
Step 6: Health Promoter starts living in the community and carries out health education training sessions for community members and home visiting	Demonstrator
Step 7: Health promoter encourages inter-household sanitation competitions and gives prizes to winners	Demonstrator
Step 8: Facilitate community to form monitoring team which is trained in monitoring, developing checklists, etc. Monitoring team carries out periodic home visits and submits report to the programme Sanitation Transformation.	Guardian

3   Tools

This section looks at what tools partners are already using and where they have asked for more support. It then sets out some practical tools and guidance which are useful for the different roles. A matrix is presented which will help partners select the relevant tools for the different roles that they might play.

3.1   Tools used by partners

Partners were given a choice of tools and methodologies and asked which ones they had used in their work on improving sanitation and hygiene. Figure 3 shows that the most popular techniques were PHAST and project cycle management with 80% saying that this is something they have used before. Mobilisation techniques and community mapping were also frequently used by 75% and 71% respectively. Partners were less familiar with CLTS and ranking sanitation choices with only 17% having used these methodologies. It was these tools that partners wanted to know more about as shown in Figure 4.
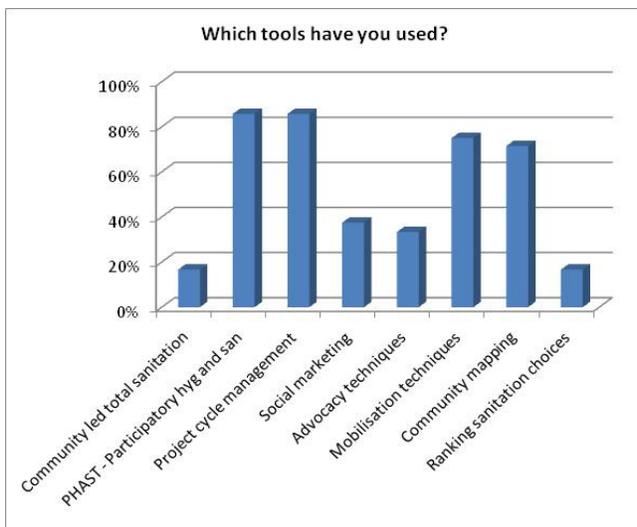

Figure 3

83% of partners wanted to know more about community led total sanitation and how to rank sanitation choices.
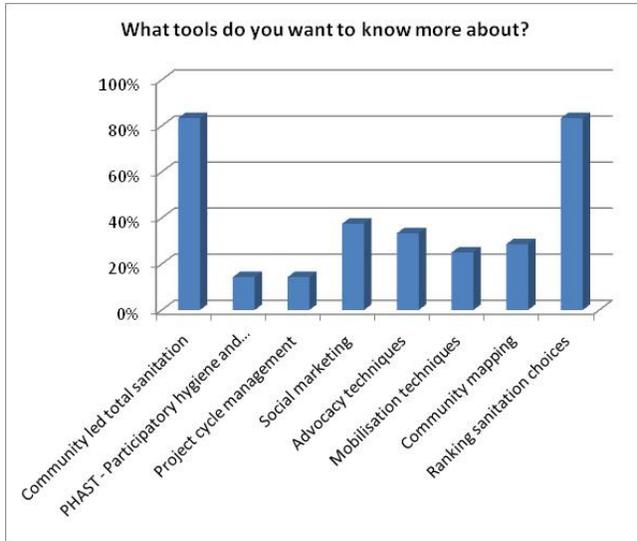
What tools do you want to know more about?

Figure 4

Figure 5 shows techniques that partners had found very effective or effective in engaging communities in sanitation and hygiene promotion activities. 80% found focus group discussions the most effective technique and hygiene teaching the least effective. When asked for other techniques there was only one partner who added that they had also found video and drama on good and bad practices to be a good technique.

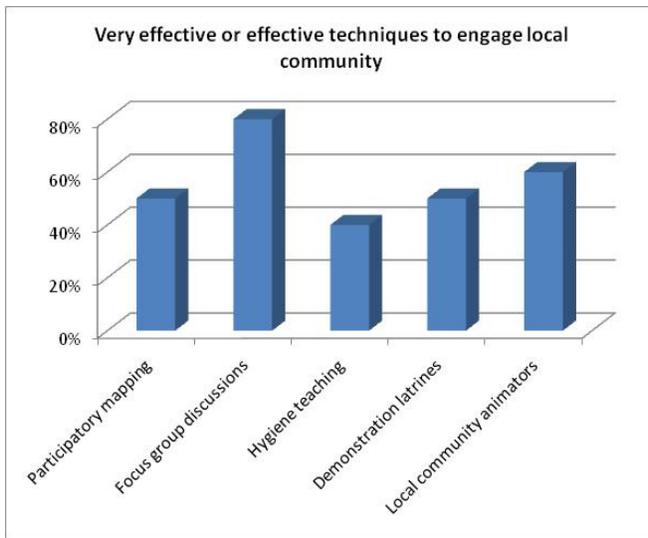**Very effective or effective techniques to engage local community**

Figure 5

There were some other techniques used by partners in their hygiene and sanitation programmes which included training artisans in construction techniques, setting up prayer campaigns and organising exchange visits.

3.2 Selection tool matrix

Tool or methodology	Messenger	Demonstrator	Implementer	Guardian	Advocate	Where to get further information
Participatory/community mapping	●					Pillars: Encouraging good hygiene and sanitation. Tearfund
Focus group discussions	●				●	
Hygiene teaching		●	●			
Demonstration latrines		●				
Local community animators		●	●	●		
CLTS Community led total sanitation						Handbook on Community-led total sanitation. IDS
• Triggering - participatory mapping, transect walks, calculation of shit, faecal-oral	●					
• Post-triggering – follow up visits to monitor		●				
• Scaling up			●			
PHAST - Participatory hygiene and sanitation						PHAST Step-by-step guide: a participatory approach for the control of diarrhoeal disease. WHO, SIDA and UNDP
• Problem identification	●				●	
• Problem analysis	●				●	
• Planning for solutions		●	●			
• Selecting options		●	●			
• Planning new facilities and behaviour change			●			
• Planning monitoring and evaluation				●		
• Participatory evaluation				●		
Project cycle management						Roots 5: Project cycle management. Tearfund
• Project identification	●				●	
• Project design			●			
• Implementation			●			
• Evaluation				●		
Stakeholder mapping	●	●	●	●	●	
Social marketing	●	●				Sanitation marketing. A practical guide. WEDC
Mobilisation techniques			●	●		
Ranking sanitation choices			●			Footsteps 73. Tearfund
Advocacy techniques						Roots 2: Practical action in advocacy. Tearfund
• Networking					●	
• Lobbying					●	
• Raising awareness					●	

Table 3 Selection tool matrix

3.3   Toolkit

This report is designed to help partners select the tools and guidance which will help them carry out the different roles. The selection tools matrix above in Table 3 shows that the tools can be used for more than one role and in some cases all five. There is not enough space to describe all the tools in this report but more information can be found in the references suggested. Five of the tools are described below.

Transect walk

You can identify the risk practices in a community during a transect walk. For example open defecation is a risk practice linked with the spread of diarrhoea, contaminated water supplies and an unhygienic environment. The church will already know if open defecation is a problem in their village but they might want to motivate people to recognise potential problems and suggest solutions to improve sanitation. A transect walk is used in the CLTS approach at the triggering stage.

Facilitator from outside the village assists the community in analysing the local sanitation situation. The facilitator does not preach or tell people what to do, but instead asks simple questions to draw people's attention to the issues. Throughout the process, community members are encouraged to use local terms to describe faeces rather than the polite terms, in order to break the taboos surrounding sanitation.

1. Walk through the village with a few community members (a "transect walk").
2. During the walk point out areas of open defecation by the river, behind houses, in the bush.
3. Ask questions like "is this where people defecate? Where do people go at night to defecate?" Invite people who you meet along the way to join you.
4. Having their attention drawn to the unpleasant sight and smell by a visitor to the community is a key factor in raising awareness about the problem. Therefore point out where there are flies on the faeces or chickens pecking it.
5. Once the interest of a few community members has been captured, the process continues with all community members.
6. Messages will come out during the transect walk. Record these to share at church meetings.

Mapping of defecation areas

In a defecation area mapping exercise, members of the local community join together and draw a large ground map of their village. The exercise can be done with separate groups of women and children and adult men. Each group will give a different perspective of the village.

1. Gather together members of the community. Provide material to draw a map on the ground. Coloured powders, chalk, saw dust, leaves and twigs can be used.
2. Invite participants to draw the village boundary, key landmarks (churches, main roads, schools, water sources) and their own houses.
3. Finally ask them to show places of open defecation using a bright colour and draw a line from their households to the areas where they defecate.
4. Have a discussion around the map mentioning how far people walk to defecate, location of water supplies compared to areas of open defecation and water related diseases which are linked to the situation on the ground.
5. Take a picture of the map or copy it onto a piece of paper which you can use to display at church.
6. This activity will help understand what communities know and do about sanitation. It will also help develop messages to share with the community

7. Record the results of mapping and share with church congregations through posters and church talks.

What happens in social marketing?

One way to encourage safer hygiene related practices is through social marketing which is different to classic hygiene teaching. It is not taught in a classroom but starts with the needs of the community. By listening to the needs and desires of the target audience themselves a programme can be built which focuses on the needs of the consumer.

1. A sample of the intended audience, or consumers, are consulted and questioned about their needs, wants, and aspirations. They collaborate in the development of feasible, attractive solutions. This is Data collection and is crucial to orienting the promotional activities (see box below).

2. Achievable overall marketing or promotion objectives are developed.

3. These data are analysed and used to develop an overall marketing plan in collaboration with key stakeholders.

4. The audience is segmented into discrete units with common characteristics. This is based on an analysis of the initial data.

5. Products (in this case latrines) and messages are designed based on consumer preferences and characteristics for the relevant segments. These are tested among representative samples of target populations. How much are people willing to pay for this product? How far are people willing to travel for this service? How feasible is the new behaviour? Model latrines are then demonstrated in a few key places for example at the local church, village leader's house. The design and price are modified, refined, and re-tested until they are acceptable. Key stakeholders are consulted throughout this process.

6. The product is launched or service introduced.

7. The performance of the product or service is monitored and evaluated in the market and the strategy revised accordingly. This may involve revising the marketing plan or improving the product or service.

Adapted from WEDC publication

Data to collect for a latrine programme

- How many households neighbourhoods have inadequate sanitation facilities or systems?
- What do people perceive as good and bad sanitation?
- What do people see as the advantages of latrines?
- What type of system do women prefer?
- What type of system do men prefer?
- What are the characteristics they prefer?
- How much do people pay and how much are they willing to pay?

Ranking sanitation choices

This method can be used to help community members to identify which type of toilet is best for them.

1. Ask community members to describe the types of toilet that they know. Write these across the top of the table (see example below). If they are stuck for ideas they could visit another community which has more sanitation options.
2. Then ask community members what is important when deciding which type of sanitation method they prefer. This could be cost to build, privacy or distance from home. These are written down the left hand side of the table.
3. These criteria need to be given a score out of 10, where 0 is unimportant and 10 is important. Write these scores on the table. They will be used later.
4. Now take each sanitation method one by one and see how well it scores against each criteria. For example, bushes may be viewed as quite private and given a score of 8 while they may only be given a score of 4 for distance because they are around the edge of the village rather than near people's homes.
5. To find a total score for each type of toilet, multiply each number by the importance score for that row. These numbers are given in brackets in the table.
6. In the example below, each score for privacy is multiplied by 9, each score for distance is multiplied by 7, and so on. Then add up the scores in brackets in each column to give a total for each type of toilet.
7. The types of toilet can then be ranked. The toilet with the highest score is ranked '1' as the first choice, and so on. In the example below, the community's first choice is 'raised pit latrine' with a total score of 250.

Criteria	Score	Bush	Communal latrine	Raised pit latrine
Privacy	9	8 (72)	3 (27)	7 (63)
Distance	7	4 (28)	4 (28)	8 (56)
Cost to build	8	10 (80)	3 (24)	4 (32)
Easy to maintain	6	7 (42)	2 (12)	9 (54)
Lack of smell	8	9 (72)	1 (8)	8 (64)
Prevents disease	8	3(24)	4 (32)	7 (56)
Total Score		318	131	325
Ranking		2	3	1

Mapping the influence of stakeholders to help target an advocacy plan

To understand the importance of the issue to each stakeholder and their level of influence.

- how much each group agrees with your position – you can score them on a scale of -3 (strong disagreement) to +3 (total agreement), with a score of 0 meaning undecided
- how important the issue is to them (on a scale of L=low, M=medium and H=high priority)
- what level of influence they have (on a scale of L=low, M=medium and H=high).

Stakeholder	Agreement	Importance	Influence
Directly affected	-3 -2 -1 0 1 2 3	L M H	L M H
Government			
Other major players			
International			

This can help you target your time and resources towards the most useful contacts. It will help you to avoid putting all of your effort into working with those who are in strong agreement but who have no influence, or

working with those for whom the issue is low priority and so are unlikely to give much time to it. However, you should never neglect.

Taken from Tearfund Advocacy Toolkit

How to write a position paper

Although position papers appear in many different forms and serve many different purposes, they are likely to include some or all of the components below.

INTRODUCTION Name of organisation, what your main activities are, what your basis for existence is, who you represent.

EXECUTIVE SUMMARY (if the position paper is long). Brief outline of your history of involvement, of the issues and why you are concerned.

EFFECTS AND EVIDENCE What are the current and potential future effects of the issue on those you represent? Include any primary or secondary research you have. If you have detailed information, add an appendix to the document and refer to it here.

CAUSES AND RESPONSIBILITY Which groups or individuals have caused the current situation and are responsible for it? What events have contributed towards it? Why have particular actions been wrong, according to law, morality, etc?

SOLUTIONS AND RECOMMENDATIONS What needs to be done to address the problem? Who is responsible for doing this? What is already happening to address the issue and who is doing this? What is good or bad about the current proposals and actions and what needs to change about them? What specific recommendations do you have? Make sure these are SMART. What arguments will be used against your proposals and how can you respond to these?

APPENDICES Include any detailed information that you have referred to in the main document.

Taken from Tearfund Advocacy Toolkit

4   Conclusion and recommendations

4.1   Understanding roles

Tearfund has identified five roles that the local church or church-based organisations can play in their communities to help improve hygiene and sanitation practices. Depending on the church's capacity and the context it is working in it may be able to fulfil one or all of these roles. Most of the partners selected at least one role and the most popular combination of roles together was *Messenger, Demonstrator and Implementer* which are roles that partners are most familiar with. Only one organisation selected all five roles. It was clear from the results that some of the roles related more closely to the current role of partners than others.

The role of *Guardian* appeared to be the least understood as partners talked about carrying out activities that fall into this role but they didn't select it as something they were involved in. The fewest numbers selected *Advocate* which again appeared to be less understood or recognised.

4.2   The unique position of church

The church has inherent advantages which are useful for all roles. A common advantage which repeats itself throughout this report is the church's central position at the heart of the community. It has a respected voice to be a *Messenger*, a central platform to be a *Demonstrator*, local knowledge to identify the most vulnerable as an *Implementer*, a long-term presence to be a *Guardian* and a link from grassroots to national networks to be an effective *Advocate.*

Partners themselves recognise the potential they have for the different roles to bring improved sanitation and hygiene to communities. They mentioned many resources at their disposal including understanding local needs, links with NGOs and governments, access to the poor and marginalized.

Church leaders are often leaders in the community; some partners mentioned when leadership is shared with community leaders, sometimes conflicts of interests may occur.

4.3   Use of tools within roles

The original idea for the report was to suggest tools that would be useful for each role but it became clear that tools don't fit neatly into single roles. One methodology can be as relevant for one role as another. It was then decided to write a selection tool matrix where it helps you to pick a tool relevant to the role.

There were tools that partners were very familiar with such as project cycle management and PHAST. But there were also tools that partners wanted to know more about; in particular CLTS and ranking sanitation. However a key challenge when using the tools is to try to measure behavioural change rather than focussing on numbers and outputs. There was a tendency in the project reports studied, that partners were measuring numbers of latrines built rather than attitudes towards sanitation. The benefits of introducing CLTS is that the goal is to achieve defecation free areas and sanitation ranking puts the choice of how to dispose excreta in the hands of the population.

4.4   Challenges

There are challenges that are present for each role. A key one is the importance of understanding the needs of poor communities. This will allow partners to select appropriate messages, engage effectively and implement community-led solutions. There was an acknowledgment that sanitation projects can be hard to market to communities who don't always understand their value, lack the time to engage and would prefer to take part in a water supply or livelihoods programme.

Another difficulty of trying to improve sanitation and change behaviour is that beliefs can be very strong within communities. Change may take place over a long time.

4.5   Recommendations

1.   If it is important to Tearfund that the partners understand the different roles, then the findings would suggest that more work is needed in this area, especially for the roles of *Guardian* and *Advocate*. The roles may help churches to define and communicate more clearly what they are doing.

2.   There are clear advantages to involving the church in sanitation projects. It is important that the church recognises its uniqueness and builds on these core strengths. It might be helpful to reinforce this view back to donors, policy makers and other organisations.

3.   Provide more information and training for partners on CLTS and sanitation ranking.

4.   Whatever tools are used by partners there should always be an emphasis on what the project is trying to achieve. Long-term sanitation improvements need to be demand led and not supply driven and involve the community in planning and design. There are example indicators listed for most of the roles these could be shared as examples with partners.

5.   The views are all collected from leaders of organisations who were all male. It would be beneficial to expand the work to cover the views of women. It would also help to have the view of the community. What would the community say about what the church is doing and how effective it is?

5   Appendix

5.1   Partners and organisations contacted

ACCEDES   Alliance Chrétienne pour la Coopération Economique et le Développement Social.
ACEV   Brazil. Couldn't complete questionnaire due to translation issues
ACT   Anglican Church of Tanzania Diocese of Ruaha
CCSMKE   Christian Community Services of Mount Kenya East
Diaconia   Brazil
Ecumenical Water Network
EFGBC   Ethiopian Full Gospel Believers Church Development Organisation
Fale   Brazilian National advocacy network
KDWS   Kigezi Diocese Water and Sanitation Programme, Uganda
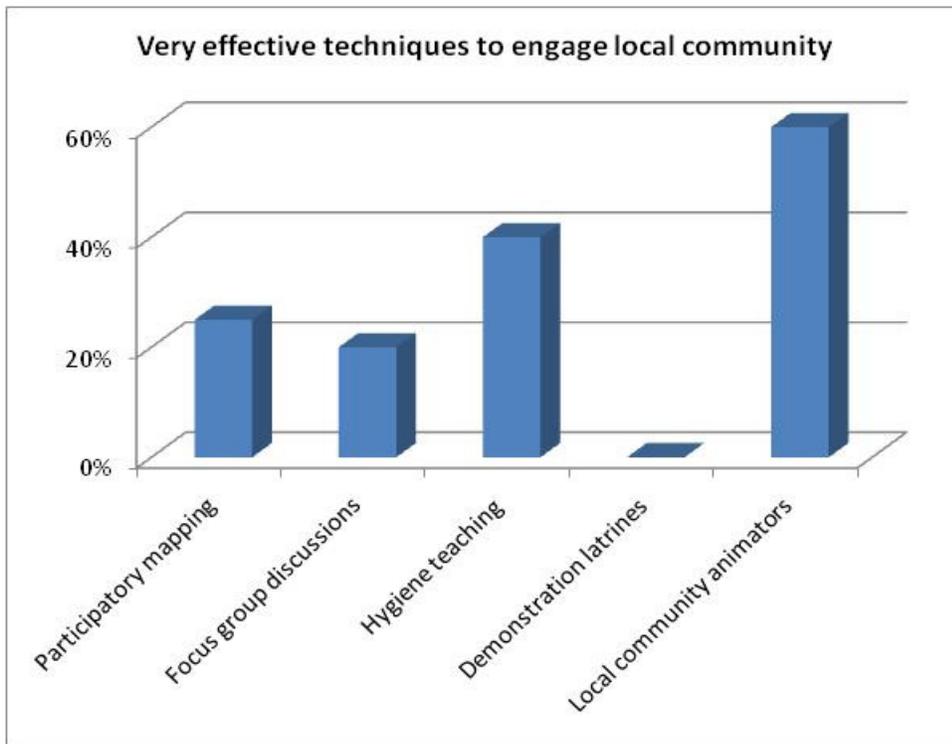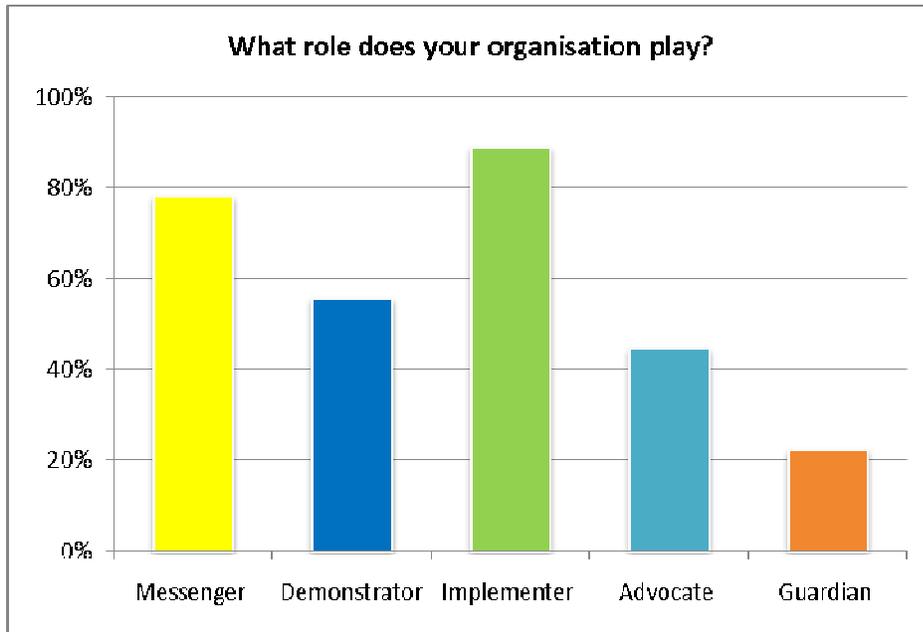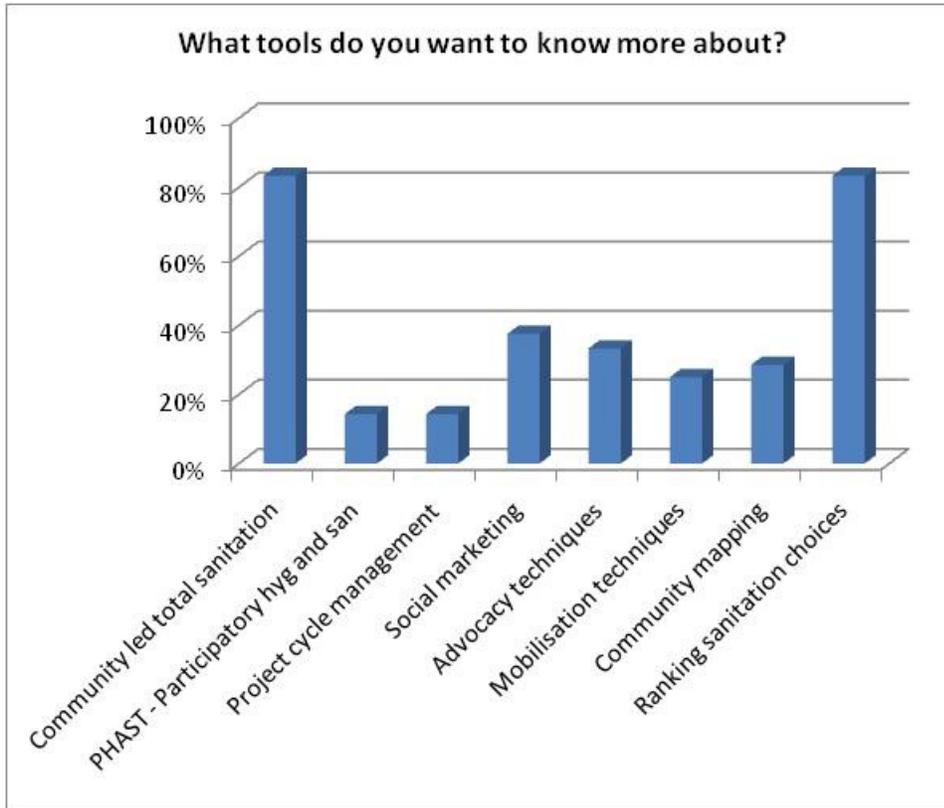KHCDP   Uganda
Micah network
Others took part in questionnaire but remained anonymous.

5.2   Questions for partners

1. Please list 3 recent WASH projects your organisation has been running.

2. What role does your organization play? Tick as many as apply
Messenger (Communicating messages about improved sanitation and hygiene);
Demonstrator (Demonstrating an improved facility or practice);
Implementer (Helping communities attain improved sanitation and hygiene through technical and financial support);
Advocate (Speaking out to policymakers with, and on behalf of, communities);
Guardian (Maintaining the gains achieved through improved hygiene and sanitation).
3. What steps did your organization take in the journey towards improving sanitation and hygiene in the communities where you are working ?
4. What techniques have you found useful to engage the local community you are working with in these projects?
5. What challenges have you faced in these projects?
6. What advantages do you have as a church-based organisation in achieving the goal of improving sanitation and hygiene?
7. Please give examples of things that have been successful in this work.
8. Are there methods or tools that you think would help your organisation achieve the goals described above?
9. What challenges do you face in the future?
10. What networks or government organisations are available for you to work with in improving sanitation and hygiene?
11. What advice would you give to other church partners who want to take on similar projects in hygiene and sanitation?

5.3   Detailed results

What role does your organisation play?

Very effective techniques to engage local community

What tools do you want to know more about?

Community led total sanitation — ~83%
PHAST - Participatory hyg and san — ~13%
Project cycle management — ~13%
Social marketing — ~37%
Advocacy techniques — ~33%
Mobilisation techniques — ~25%
Community mapping — ~28%
Ranking sanitation choices — ~83%

What advantages do you have as a church-based organisation in achieving the goal of improving sanitation and hygiene?

Praying/Bible studies	12%
Long-term presence/Grassroots/Staff commitment	24%
Social impact/holistic ministry	12%
Christian testimony	6%
Community support	29%
Access to funding	6%
Trusted by government	12%

Please give examples of things that have contributed to the success of your organisations community sanitation work.

Working with other organisations	●●
National campaigning	●
Contact with academics	●
Understanding the beneficiaries needs	●●●●
Church mobilisation/Involvement of religious leaders	●●
Sharing best practise in WASH	●
Community involvement	●
Competitions	●

Peer to peer learning/exposure visits	●●●
Working with government structures	●
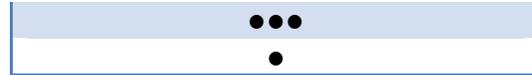
What challenges have you faced in these projects?

Mobilising volunteers	●●
Communication over large areas	●●
Conflict in leadership	●
Church partnerships	●
Behaviour change	●●●
Lack of funding	●
Lack of government support	●
Poverty/Droughts	●●●
Illiteracy	●
Promoting sanitation on its own	●●●
Long-term sustainability	●
Cultural beliefs	●
Pastoralist communities	●