



# Summary of Learnings

## WASHplus Mali Technical Brief

**OVERVIEW** The WASHplus project (2012-2016) in the Mopti region of Mali was an integrated WASH and nutrition program led by FHI360 and designed and implemented by CARE. The goals of the project were to increase supply and use of sustainable WASH solutions, and to improve sanitation, nutrition and hygiene behaviors. Targeting three districts in northern Mali prioritized by USAID (Mopti, Bandiagara and Bankass), the project succeeded in significantly affecting major outcomes, including increases in: household latrine ownership, proper child feces disposal, handwashing at key times, water treatment and storage, and exclusive breastfeeding. This brief focuses on the specific work that led to these successes, as well as the challenges experienced during implementation, for the purpose of providing guidance for future integrated WASH work.

### Project Novelties

#### MODIFYING CLTS

The WASHplus project conducted a series of “traditional” WASH and nutrition activities, but with intentional improvements to increase community acceptability and sustainability. For example, community-led total sanitation (CLTS) was the main strategy for engaging community members; however, before the initial triggering event, which mobilizes the community’s awareness and disgust of the pathways by which they are exposed to and ingest feces, two local masons were trained on latrine type and quality construction specific to the village’s geography, conditions and soil structure. These masons then were able to meet

# 81 percent

Of project villages certified open defecation free

immediate demand for improved sanitation among triggered community members. The program also worked with local suppliers to ensure that household members and masons could access latrine building materials easily. These actions directly addressed past challenges of CLTS projects that failed to adapt latrine designs for various soils and water tables, train masons at the community level, and persuade local shops to supply materials. Additionally, staff within the program conducted a series of follow-up visits to communities throughout the CLTS process to support community members’ dedication to an open defecation free (ODF) village. Another motivator for communities to work together was a competition between villages for achieving ODF status. For communities receiving water assistance, the program did not initiate or rehabilitate water access until village-level ODF status was reached.

#### REFINING BEHAVIOR CHANGE STRATEGY

The behavior change strategy of WASHplus Mali, carefully created post-formative research, was continually revisited and revised during the program with relevant community, government and staff members. Community health workers called *relais* play an essential role within the Malian health

**“When a project is built on past experiences and collaboration of all stakeholders, the result can only be successful. WASHplus has experienced this success.”**

*- Soma Konaré, WASH officer, UNICEF-Mali, Mopti field office and Mopti WASH-sector group*

system, and WASHplus made sure to include them in the approach. The materials and training *relais* received from WASHplus were approved and promoted by the Ministry of Health. Behavior change efforts initiated during the CLTS process were reinforced during follow-up visits by staff. The visual aid kits used by *relais* during talks with community groups and households included discussion focused on the following behaviors:

- Water treatment; exclusive breastfeeding; diverse diets for pregnant women and young children; proper handwashing using *soap*; and treatment of malnutrition.

*Relais* held community demonstrations with existing women’s groups and visited vulnerable households.

Household visits included screening of children under age 5 for malnutrition. Families needing assistance received travel reimbursement from the program to health clinics, and malnourished children were provided with dietary supplements and foodstuffs from UNICEF. WASHplus used local “champions” and radio programming to further promote behavior change in all districts.

## Lessons Learned

### SUCCESSES

- **National CLTS policy and implementation guidelines adopted from WASHplus.** National government incorporated many recommendations from WASHplus including: local masons promoting latrine design options for different geographies; the WASHplus-initiated training guide for post-ODF action plans in communities; and the module for decision-making on water prices for management of water points.

- **Local capacity building.** Training masons and *relais* contributed greatly to the project’s success, with both invested in their communities, using their local expertise to increase uptake of latrines or improve hygiene and nutrition practices.

- **Locally initiated sanitation infrastructure improvements.** Linking ODF to water sources was a successful motivator,

with 81 percent of communities triggered achieving certified ODF status, which was most likely to be reached in areas that reached status within three months of triggering.

- **Review of behavior change strategy.** Careful initial development, along with consistent review and improvement of the strategy, allowed the field team to successfully understand and implement the project, resulting in exceeding behavior change targets among beneficiaries. Visual demonstrations, local champions and radio shows were effective strategies in promoting change.

### CHALLENGES

- **Market supply.** Many local shops needed heavy persuading from program staff before they were willing to regularly stock latrine-building supplies.

- **Nomadic communities.** ODF certification and reforestation efforts (to offset wood harvested for latrine construction) needs to better address specific needs, behaviors and motivations of nomadic groups.

- **Socio-cultural barriers.** There was initial resistance to messages about exclusive breastfeeding and water treatment due to cultural practices of “cleansing” the digestive tract of newborns and beliefs that water is clean if it is clear. Radio discussions and local champions helped with adoption of exclusive breastfeeding, and use of PUR packets demonstrated that clear water was not so clean after all. Additionally, while radio programming helped overcome some socio-cultural barriers in intervention areas, it likely did the same in control areas, affecting endline results.

- **Measuring integrated effects.** Standard indicators, while effective for one sector, are not designed to account for the influence from another. New indicators need to be developed to effectively convey integrated effects. (CARE is currently involved in BabyWASH, a collaborative effort working on developing integrated indicators).

- **Ministry availability.** More time is needed to allow for the coordination of schedules necessary when different ministries are involved on an integrated project.

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The WASHplus website has additional resources on the findings and approaches of this project.

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More information: <http://www.washplus.org/countries/mali>

