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Using participatory appraisal methods to review a sanitation and hygiene programme in Southern Niger

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• Introduction

The Village Water Supply Programme in Dosso, Niger is in its fourth phase. First wells were protected and several small piped water supplies built. Then a programme for hygiene around the waterpoints was added. Later this was expanded to a full-fledged programme for measurably improved hygiene and sanitation.

The programme started by investigating existing knowledge, conditions and practices. Knowledge on water, sanitation and health was high, but had not led to adequate conditions and practices. Hence a pilot project was started in 19 villages. This led to progress in improving water storage and latrine construction.

The pilot was carried out by selected village men and a few women whom the programme already employed to monitor the villages' maintenance of their water supplies. The villagers had expressed an interest in expanding their work. When a relatively low, financial investment resulted in considerable progress in sanitation and hygiene the approach was expanded to 200 villages.

Review and support mission

In this paper, I share two activities which were carried out as part of a review and support mission which had been requested by the

programme¹. The mission aimed to analyse the objectives, approaches, strategies and activities of the programme and formulate recommendations for its continuation. These two experiences demonstrate that it is possible to use participatory techniques on a short (16 day) review mission and move away from an extractive approach to programme review.

The mission team's initial review of the programme documents showed that it had a large number of objectives with varying degrees of relevance to health and community feasibility. It was also clear that the programme did not make best use of participatory techniques. Thus, it was decided to undertake a participatory review so that any recommended changes would be more acceptable to, and sustained by, programme staff.

• Participatory appraisal of project objectives

The programme documents showed that the project had 38 objectives. These were not prioritised according to the incidence, seriousness or potential for prevention of water and sanitation related diseases. Neither had the project assessed how many measurable improvements could be achieved in the four year life span of the project. Hence the first step was to review and reduce the objectives and formulate measurable indicators. This was done

¹ The mission team comprised the author and Renata Sy Koutou from a GTZ supported primary health care programme in Burkina Faso.

through a participatory process: the staff knew the local situation and would ultimately have to work with these objectives and indicators. The mission team provided methodological and facilitation support. Nineteen participants took part: 9 members from the field teams, 5 members of technical teams and 5 promoters (village extension workers). They ranged from villagers to heads of departments. All were literate; two were women.

The participants started by listing the goal and objectives on small cards. They then listed the activities associated with these objectives and determined where the best and least progress had been achieved. The establishment of physical infrastructure and the spreading of health knowledge were rated as the project's strengths. Behaviour change, action research and development of people's capacities to plan and implement their own changes were identified as areas that needed reinforcement. At the end of this sessions the agreed goals and objectives were glued on a large sheet.

In the next session, participants listed the local diseases and the practices and conditions through which they spread. They described potential areas of intervention and these were ranked in a plenary session in order of importance:

- Against diarrhoea: safe disposal and handling of human and animal excreta; increased production and use of locally made soap; preventing the contamination of food and drinking water;
- Against scabies and conjunctivitis: showers and showering with soap;
- Against malaria: proper drainage of water at water points and in compounds;
- Against rat-transmitted diseases: safe disposal of solid wastes combined with general environmental cleanliness;and,
- In a small number of villages measures were included against dracunculosis, guinea worm.

Objectives were also set for village capacity building and action research. In small groups of

higher and lower level staff, to combine knowledge of overall planning with local practicalities, the participants formulated specific objectives and objectively verifiable indicators. Each group wrote its objectives, indicators and means and frequency of verification on cards. The use of cards gave equal value to the views of each participant, irrespective of gender or status, and ensured that those with field experience were in the majority.

The objectives were derived by relating the existing disease pattern to the programme's focus and analysing the degree to which present approaches enabled villages to make and sustain changes without depending on external support. The result was a list of six key objectives, with 2-8 indicators for each, ordered according to relevance and the ease of measurement. For example, one objective is to reduce mosquito breeding grounds resulting from poor drainage. The indicators for this are that wells and showers should have drainage facilities installed and these should be functional.

• **Participatory appraisal of promotion methods**

The programme's field teams promoted sanitation and hygiene using an *Information, Reflection and Application* conceptual model. To give information, the promoters organised target groups discussion, where water related diseases were explained and ways of prevention discussed. These theoretical sessions were followed by practical sessions, in which the teams helped men and women to clean water points, build latrines and showers, make soakpits and produce soap from locally available low cost materials. The promoters and their trainers/supervisors commented that these methods gave good results, but the villagers remained dependent on their intervention.

A different approach was therefore tried, based on the principles of adult learning. Adults learnt by undergoing experiences or doing things which prove to be important for similar

situations in the future. This experience, and the reflection upon it, provides them with general rules on how to act to achieve a particular effect or goal in the future (Lammerink and Wolffers, 1995). While many education programmes start by giving information and general theory, the adult learning cycle starts with experience and reflection: Experience > Reflection > (additional) Information > Application.

Following these adult learning principles, the mission and fieldstaff decided to make experience and reflection the first activities. Both villagers and staff would take an active part. Three villages were chosen: one where work had been difficult and unsuccessful, one with easy and good progress and one where the programme was starting. The learning technique applied was participatory village mapping. The villagers would be asked to depict the hygiene and sanitation situation in their quartier (neighbourhood) at the start of the programme and at the present time, after which they would discuss the changes and work for the future.

In the project area in Dosso, men and women differ in their means, responsibilities and authority in sanitation and hygiene. Their ability to participate in village affairs also differs. To experience gender differences, the first session was carried out with men and women together, the second with men and women separately and the third with two separate groups followed by a joint session.

To bring about the learning process of the field workers, the first mapping was guided by the mission team. In the second, the fieldworkers were in charge, with assistance from the team. In the third, the field workers guided the mapping on their own.

In the first village, a large group of men and women gathered in the agreed place. The mapping exercise was explained and after some hesitation the women took the initiative. Initially, they did not have much confidence but as the first outlines began to take shape, they became keen mappers. The men, who had been

observers up to this point, now began to take over. Various types of beans and leaves were used to indicate sanitation and hygiene facilities, skills and habits.

When the men began identifying female skills and tasks, the mission team intervened. They pointed out that female work was best indicated by the women. The men sat down and refused to continue. The women took over and indicated where male responsibilities for environmental hygiene had not been taken up. This resulted in a hot debate on gender divisions and the conclusion that the men would build open air stores for fodder. The fieldworkers thought however that the process, while being participatory and revealing, had been too confrontational for the men to act on this decision.

In the second village, both groups made their own map. Both groups used local materials to indicate what the sanitation and hygiene conditions and practices were initially and after a year of the project. Comparison of the maps revealed that each gave different kinds of information, confirming the relevance of gender-specific assessments.

This led to a discussion on the roles of men in hygiene. As husbands and fathers, the men saw several roles, such as setting examples of hygienic behaviour to children and supporting home improvements, such as the construction of safe drinking water storage and draining facilities.

In the third village, the same method of mapping was used. Each group then presented their map to the other and the field workers had to learn to leave the initiative to the groups. They managed to do this and succeeded in stimulating the women to present their map to the men. Again both maps overlapped only partially. The women's map had more detailed information so the plenary decided to use it for further planning. As before, the participants were surprised that they were able to map their own quartier and transfer their knowledge of unsatisfactory and satisfactory conditions and practices into a plan of action.

• Conclusion

The use of participatory appraisal methods helped the programme staff to: review their programme objectives and working methodology, identify staff training needs, establish a community managed sanitation and hygiene programme in villages with management capacities, help these villages to set up a participatory monitoring system on sanitation and hygiene and introduce participatory working methods with families in the other villages.

The fieldworkers concluded that the use of participatory techniques stimulated village capacities for self development more than their original promotion methods. They were convinced that analysis should start with separate groups of men and women, so that gender differences in responsibilities, needs and resources become visible and women can fully take part. Moreover, the approach reduces the risk that the burdens of changing sanitation and hygiene are placed only on women.

The programme management agreed that more skills training in participatory techniques was needed and three months later a special training course took place. The use of the new techniques resulted in a higher output in the next campaign (see below), but more importantly, village organisations and quarters have begun to plan and monitor their hygiene improvements themselves.

Analysis of cost-effectiveness data after using the new approaches for one year showed that with the same programme inputs, latrine coverage in the villages with self-management was almost twice as high as in villages without self-managed sanitation. A system for self-monitoring of the use and maintenance of these latrines using PRA has since been developed.

In summary, we draw three conclusions from our experiences: participatory methods based on the principles of adult learning are more effective than conventional teaching; it is possible to use participatory methods with

programme staff and villagers in a brief (16 days) mission; and participatory appraisals and promotion of hygiene should be gender-specific.

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REFERENCES

Lammerink, Marc P. and Wolffers, Ivan, eds. 1995. Some selected examples of participatory research. The Hague, DGIS. Also available in French and Spanish.