



WASHplus Benin Peri-Urban Hygiene Improvement Program

FINAL REPORT

JULY 2016



ABOUT WASHPLUS

The WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in WASH and household air pollution (HAP). This multi-year project (2010-2016), funded through USAID's Bureau for Global Health and led by FHI 360 in partnership with CARE and Winrock International, uses at-scale programming approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under age 5 globally.

RECOMMENDED CITATION

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ACRONYMS

ABMS	Association Béninoise pour le Marketing Social
CANAE	Concertation des Acteurs Non-étatiques du secteur de l’Eau et de l’Assainissement
CLTS	Community-Led Total Sanitation
EOP	End of Project
GHI	Global Health Initiative
GoB	Government of Benin
MCH	Maternal and Child Health
MOH	Ministry of Health
SSD	Sustainable Sanitation Delivery
WASH	Water, Sanitation, and Hygiene

INTRODUCTION

In 2012, the chief of the health team at USAID/Benin requested assistance from WASHplus to conduct a hygiene improvement activity aimed at households living in the poorest neighborhoods of peri-urban coastal Benin. Recent flooding during the rainy season had led to a severe cholera outbreak, and the neighborhoods established around the lagoons with extremely poor sanitation and hygiene conditions were the most affected. USAID/Benin's request to WASHplus was to focus on improving hygiene practices related to handwashing and treatment of household drinking water in households with children under 5, and derive lessons from the experience on how to include effective hygiene improvement in Maternal and Child Health (MCH) programming.

Background

Benin is a country with a serious urbanization problem where peri-urban, unplanned, and underserved neighborhoods create zones of precarious public health, especially for small children. In 2015, 44 percent of Benin's population was urban, with a high annual (2010–2015) rate of change of 3.67 percent (CIA 2016). In Cotonou, this problem is exacerbated by unplanned construction that blocks rainwater drainage to the sea and creates flooding. Open defecation is rampant: 56 percent of urban households practice it according to the 2010 Joint Monitoring Programme, and only 5.7 percent treat their drinking water. This leads to environmental health disasters such as seasonal cholera outbreaks due to the high water table and poor sanitation and hygiene. Peri-urban neighborhoods in the coastal urban agglomerations have few or no sanitation facilities available, and water mostly comes from open wells although piped water is also available. Some public latrines and water kiosks have been established, but they are few and not well maintained. The population of these peri-urban zones is highly heterogeneous, with an influx of people from the central and northern part of the country as well as from neighboring countries.

USAID/Benin launched its comprehensive five-year Global Health Initiative (GHI) in October 2011. In mid-2012, USAID/Benin requested that WASHplus design and manage a three-year activity to improve hygiene practices in households in the peri-urban neighborhoods of Cotonou that have traditionally been underserved. The WASHplus peri-urban hygiene improvement program contributes to Intermediate Result 3 of the GHI:

IR3.1: Increased appropriate health-promoting behaviors performed by households and especially women

In addition, the GHI program document states: "The GHI target population has also expanded southward and will include the urban and peri-urban populations of Cotonou and Porto-Novo. Recent service maps have shown that vulnerable groups from these populations now have less

access to many basic health services than the rural populations in northern and central Benin” (p.24).

PROJECT GOAL, OBJECTIVES AND INTERMEDIATE RESULTS

Following a WASHplus scoping and planning visit to Benin, the Mission accepted the proposed goal, objectives, and intermediate results:

WASHplus Program Goal and Objectives

Goal

At the end of the program, reduce household vulnerability in selected peri-urban areas of Cotonou to diarrheal disease and cholera (especially of children under 5) by developing a replicable, sustainable hygiene improvement program targeting poor, underserved households and neighborhoods and involving multiple partners.

Objectives

1. Design an evidence-based intervention relying on the results of a comprehensive baseline quantitative and qualitative survey of environmental health practices and conditions implemented in poor, underserved peri-urban neighborhoods
2. Promote improved hygiene practices proven to reduce diarrheal disease and cholera, especially handwashing with soap and safe water storage and treatment at point of use
3. Improve the availability of products, technologies, as well as services that enable the adoption of improved hygiene practices.

WASHplus Program Intermediate Results

IR1 – Improved understanding of environmental health challenges and impacts on child health in households, schools, health facilities, and neighborhoods of poor, underserved peri-urban neighborhoods.

IR2 – Increased adoption of improved hygiene practices, especially handwashing with soap at critical times and storing/treating drinking water in poor urban households, especially with children under 5.

IR3 – Improved access by underserved vulnerable households in peri-urban areas to water, sanitation, and hygiene (WASH)-related products and services through private sector and NGO networks

From the outset, WASHplus expressed an intention to use program activities, results, and lessons as advocacy tools for the Government of Benin (GoB) and donor/NGO partners to promote attention to and investment in similar WASH programs in peri-urban settings.

MANAGEMENT

WASHplus hired a local coordinator, Armand Aguidi, to oversee and manage program activities. WASHplus requested a donation of office space from the municipality, and the Mairie of the 8th Arrondissement provided an office that WASHplus furnished and equipped. The WASHplus activity manager maintained regular phone contact with Mr. Aguidi and visited Benin on technical TDYs about twice a year. WASHplus subcontracted the neighborhood program implementation activities to ABMS, the local affiliate of PSI. ABMS operated under contract to WASHplus from February 2014 to June 2016.



Relais communautaires conduct "housecalls" to demonstrate and promote correct handwashing and tippy tap use in households in Agbato, Cotonou, Benin.

ACTIVITIES, APPROACHES, AND ACCOMPLISHMENTS

Research

Baseline Survey

At the start of WASHplus, almost no WASH data existed for the unplanned peri-urban and poorest neighborhoods of the biggest coastal urban agglomerations of Cotonou, Abomey-Calavi, and Porto-Novo. Given the objectives for improving hygiene practices and eventually health outcomes of households without access to water, sanitation, and hygiene, it was critical to obtain a better understanding of the magnitude of the problem in these zones. WASHplus designed a survey protocol and instrument, and contracted a local research firm to carry out the large baseline study in 856 households in 10 neighborhoods. It is in this context that the baseline household survey was implemented in early 2013 in three peri-urban areas of the cities of Cotonou, Abomey-Calavi, and Porto-Novo to generate the information needed to design a strategy.

The overall objective of this survey was to measure access to drinking water and sanitation facilities and to assess the basic hygiene practices of urban and peri-urban populations. Specifically, it determined:

- The proportion of households using an improved sanitation facility
- The proportion of households in which there is a handwashing device near a toilet equipped with water and soap

- The proportion of households in which there is a handwashing device near the kitchen equipped with water and soap
- The proportion of households who treat drinking water correctly
- The proportion of households who store treated drinking water correctly

The survey revealed that 45 percent of the poorest households used improved sanitation facilities, but only 1 percent had handwashing stations and supplies near toilets. The majority (nearly 80 percent) obtained drinking water from a pipe, and thus only 3 percent treated household drinking water, likely assuming that it was potable. This information helped develop a strategy to improve water supply and sanitation as well as hygiene practices, to lead to the improvement of the health status of poor households in urban areas.

The baseline survey was appreciated by the Ministry of Health (MOH) as it provided information to guide the development of an urban WASH strategy and a methodological model for extending the survey to other urban centers. The baseline study report can be accessed [here](#).

Post Intervention Study of Neighborhood Pilot Program

The baseline was carried out throughout the urban zones of Cotonou, Abomey-Calavi, and Porto Novo, and the pilot neighborhoods were not part of the sample. To assess the performance of the pilot program, WASHplus carried out a post-only study in the pilot intervention neighborhoods and a control neighborhood in 2016. The following indicators were measured in intervention and control neighborhoods:

- % of households with soap/soapy water and water at a handwashing station commonly used by family members
- % of households with free chlorine residual in drinking water
- % of household consistently treating drinking water with recommended practice
- % of households practicing safe storage of treated drinking water
- % of households with access to improved sanitation facilities
- % of households keeping sanitary facilities clean
- % of households practicing hygienic disposal of child feces



A WASHplus baseline assessment determined that 34.5 percent of households in surveyed neighborhoods lacked a household latrine. These girls rely on a public latrine.

Given socio-demographic differences found between intervention and control households, propensity score matching was used to identify study participants in both study groups that could be comparable on variables such as socio-economic status, education, and access to improved water sources. An analysis of project effects limited to intervention and control households matched using the propensity score procedure revealed that intervention households do better than comparable control households in: setting up fixed handwashing stations and keeping them functional, treating drinking water almost exclusively via chlorination, and adhering more closely to World Health Organization standards per detected chlorine residual levels.

The Post-Intervention Study report can be accessed at washplus.org/resources.

Neighborhood Pilot Program

WASHplus selected two pilot neighborhoods, Enagnon and Agbato, containing 5,800 households that represented a total population of 25,270, and hired ABMS as the implementing partner. The hygiene improvement program as designed by ABMS and WASHplus had three phases: 1) situational analysis, 2) implementation of a WASH behavior change and social marketing activity, and 3) monitoring, evaluation, documentation, and identification of lessons learned. ABMS/WASHplus carried out a qualitative situational analysis focusing on WASH conditions, attitudes, and beliefs that revealed a stark picture of life in these neighborhoods (see Annex C for Executive Summary in English). ABMS set up "*comites de suivi*" (monitoring committees) with local stakeholders and community leaders, hired and trained a cadre of "*relais communautaires*" (community outreach workers) from the neighborhoods, and two community development staff members to supervise the relais. ABMS through the relais carried out a program of social marketing and behavior change communication for improved WASH behaviors that included the following strategic components:

- Interpersonal communication for the promotion and adoption of key hygiene practices, namely handwashing with soap and treatment of drinking water to include household visits and group demonstration and education sessions; 6,181 mothers and caretakers of under 5's were reached in 1,431 households.
- Promotion of WASH goods and services to women's cooperatives, health center assemblies such as vaccination sessions, and other community-level visible events. Use of the Mobile Video Unit to project WASH-themed films to the community was a popular means for communicating WASH messages.
- Mass communication for WASH promotion, especially via local radio broadcasts on key WASH themes; WASH-themed billboards and wall art were added in the last year.
- Promotion of key WASH practices in schools—10 local schools were successfully included in the program; it became clear that they are excellent vehicles for WASH promotion and habit formation.

The pilot program focused on training households and schools in making and using tippy taps, and on treating safely stored drinking water with Aquatabs. WASHplus/ABMS also encouraged households to use latrines rather than defecate in the open, but actual latrine construction was

outside the parameters of the program. Since sanitation is such a critical issue in peri-urban or slum environmental health, the program decided to conduct a community-led total sanitation (CLTS) learning experiment in this setting. CLTS is designed for rural communities, so the program worked closely with the MOH at provincial level to adapt the CLTS tools to a peri-urban setting, carried out an institutional pretriggering, and then conducted a full community triggering in May 2016. By including other stakeholders and partners in addition to the MOH in the process of development and triggering, WASHplus tried to ensure the sustainability and/or replicability of the peri-urban CLTS approach after the end of the program.

Advocacy, Partnerships, and Integration

From the start, WASHplus adopted the strategy of using its innovative but modest pilot activity as an advocacy platform to shine the light on the critical WASH needs of underserved urban populations, and to foster dialogues on possible solutions and approaches. The project reached out to include the municipality, the MOH, and sector partners at each step of the way. The MOH Public Health, Hygiene and Basic Sanitation Service was interested in collaborating with WASHplus on work in the peri-urban areas to influence an official MOH Urban WASH Strategy using project experiences. The Urban WASH Strategy development was suspended for a time due to internal issues, and as a result, WASHplus shifted to work with the Atlantique Province Public Health Division of the MOH that has jurisdiction over environmental health and hygiene in the urban areas that WASHplus worked in. WASHplus continued to cultivate relationships with the municipality, but the shifting nature of staffing made it a challenge. The mayor's office did provide office space and an open door for WASHplus to carry out its work.



“Good Mama” banners promoting three key hygiene practices are displayed during community mobilization events during Global Handwashing Day.

Another avenue for partnership and advocacy was WASHplus's integration into the nongovernmental coalition of WASH actors (CANAE). WASHplus was an active participant, presenting experiences in peri-urban settings and lobbying the civil society representatives to use their leverage to encourage the GoB to include these zones in strategic WASH plans and programs. The MOH created a WASH Steering Committee and requested WASHplus to present the results of the baseline study. This was done in June 2013 in the presence of numerous sector donors and NGOs, GoB water utility, the Ministry of Education (primary), and others. CANAE financed WASHplus coordinator Mr. Aguidi's participation in the WASH summit AfricaSan in Dakar in May 2015.

Within the context of the neighborhood pilot program, ABMS ensured visibility of the program by keeping the MOH and the province informed of all activities and by frequently inviting representatives to join for events or occasional monitoring/learning visits. ABMS organized a program launch in 2014, and an end-of-project event in April 2016. The end-of-project event was well attended by GoB municipal and provincial officials, USAID (chief of health team), UNICEF, a range of sector donors and NGO partners, and many media representatives from TV and radio. The event was used as the opportunity to bestow prizes to the 200+ winners of the Model Mother (*mère modèle*) contest as well as to the five primary school winners of the WASH-Friendly School contest. The national soap company donated 37 boxes of 60 soap bars each and a local hotel also funded prizes.

PROGRAM EFFECTS AND LESSONS LEARNED

In the program's spirit of inclusion and participation, ABMS organized several workshops toward the end of WASHplus, with community representatives, relais communautaires, project staff, and management. The purpose of these workshops was to pool all participants' and stakeholders' ideas on what the effects and lessons learned from the peri-urban program were, and what recommendations should be articulated and shared for different segments of audiences. These ideas represent the group's thinking and are included as part of the legacy of the project.

Program Effects

"Effects" mean results that are a higher level than outputs, but not outcomes; they are clearly observed but not necessarily quantified.

WASH in Schools

- PTAs are engaged and invested in school WASH.
- Families report that school children are demanding water and soap to wash their hands at home, and also asking their parents to install tippy taps.
- Absenteeism due to illness has gone down in target schools.
- All 10 schools have handwashing stations that are used systematically by the students after using the toilet and before eating.
- Classrooms now have carefully protected drinking water containers.
- Student spontaneously wash their hands in target schools.



WASH in Schools led to classroom clean drinking water corners or Coin d'Eau.

WASH in Households

- Handwashing corners have increased in number with mothers and caretakers practicing handwashing.
- Fewer waterborne illnesses are observed in target households.
- Mothers and caretakers of children 0–5 understand the importance of handwashing with soap and practice it.
- Households are correctly storing and treating drinking water and use covered containers with proper serving utensils.
- Children have also adopted improved handwashing practices with soap and water.

WASH in the Community

- Handwashing practices have improved in the two neighborhoods.
- No cholera cases were recorded from 2014–2016.
- Hygiene is considered a critical component of WASH, as evidenced by its insertion in the new USAID WASH/SSD. (Sustainable Sanitation Delivery) project. (SSD also chose WASHplus neighborhoods for implementation to build on improved hygiene awareness and practices and other gains.)
- The peri-urban WASH situation is beginning to be taken seriously.
- The MOH has renewed its interest in producing an Urban WASH Strategy.

LESSONS LEARNED

- Three practices were identified as the best to achieve project objectives: 1) diverse neighborhood project team members and regular meetings to assess progress and challenges; 2) integration of different communications strategies into the program; and 3) demonstrations of how to make tippy taps at household and schools levels.
- The “Whole System” approach (see Mr. Aguidi’s [blog post](#) on l’Approche Systemique) is useful for WASH work in peri-urban and underserved neighborhoods and results in increased reach and impact of field activities.
- Tippy taps are useful as a starting point for handwashing promotion, but permanent handwashing stations are required for sustainable practice. Many households requested—and then demanded—they.
- Partnerships with the private sector such as IBCG to mobilize complementary resources such as soap contributes to the success of WASH, especially hygiene behavior-centered actions.

RECOMMENDATIONS

For USAID

- A longer timeframe (i.e., more than the 2–3 years for WASHplus) is needed for any behavior change program to achieve real and durable results.
- Continue to support similar efforts through SSD and other projects or components of projects.
- Integrate lessons learned concerning handwashing with soap into other projects that deal with MCH, nutrition, HIV/AIDS, etc.

For the Government of Benin

- Donors should involve the MOH and the municipality in the design and implementation of WASH programs to ensure ownership and sustainability.
- The MOH and the municipality should apply the urban CLTS tools and methodology to address and resolve the problem of open defecation.
- For the MOH/Public Health Service, integrate hygiene and peri-urban components in the Urban WASH Strategy and seek funding to carry out urban WASH programs.

2. Indicators and Targets (only French version exists)

NARRATION	INDICATEURS	SOURCE DE DONNEES
BUT		
Contribuer à la réduction de la mortalité et de la morbidité chez les enfants de moins de 5 ans	Taux de mortalité toutes causes confondues chez les enfants	EDS Annuaire Sanitaires
OBJECTIF SPECIFIQUE		
« Accroître l'accès et l'utilisation des produits/services WASH (<i>poste de lavage des mains au savon, traitement et stockage de l'eau</i>) en collaboration avec le secteur privé au niveau des ménages » ¹	<ul style="list-style-type: none"> • % des ménages avec un coin de lavage des mains équipé de fournitures essentielles (savon et eau) près des toilettes : $X^2 + 10\%$ • % des ménages avec un coin de lavage des mains équipé des 	Post intervention study WASH Plus/ABMS Post intervention study WASH Plus/ABMS

¹ La plupart des indicateurs liés à cet objectif sont tirés de: Hernandez, Orlando, (July 2009) Access and behavioral outcome indicators for water, sanitation and hygiene, AED (USAID financed)

² X : Valeur trouvée dans la zone témoin n'ayant pas reçu les interventions du projet WASHplus

<p>- Principaux groupes cibles :</p> <ul style="list-style-type: none"> • Mères/gardiennes d'enfants de moins de cinq. • Agents d'hygiène, agents de santé du secteur public et privé (formel et informel) 	<p>fournitures essentielles (savon et eau) près de la cuisine : X + 10%.</p> <ul style="list-style-type: none"> • % des mères/gardiennes d'enfants de moins de 5 ans qui connaissent les 5 moments clés de lavage des mains (après défécation, après le nettoyage d'un enfant, avant la préparation d'un repas, avant de nourrir/allaiter un enfant, avant de manger) <ul style="list-style-type: none"> - Après défécation : X + 5% - Après nettoyage d'un enfant : X + 10% - Avant préparation d'un repas : X+10% - Avant de nourrir/allaiter un enfant : X+10% - Avant de manger : X+5% • % des ménages qui stockent³ 	<p>Post intervention study WASH Plus/ABMS</p>
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³ Constaté par les enquêteurs par observation pendant l'enquête. Le récipient utilisé pour stocker l'eau est à la fois fermé, avec un couvercle bien ajusté, propre à l'extérieur et hors de portée des animaux.

	<p>correctement l'eau de boisson traitée : X+5%</p> <p>% des ménages qui traitent correctement⁴ l'eau à boire : X+5%</p> <ul style="list-style-type: none"> • % de ménages ayant traité leur eau dans les 24 heures précédentes à l'enquête. X+5% • % des ménages qui pratiquent la défécation en nature⁵ : X-10% 	
RESULTATS		
<p>1- Les produits/services WASH (poste de lavage des mains au savon, traitement et stockage de l'eau) sont rendus disponibles et plus accessibles aux ménages.</p>	<p>% des mères/gardiennes d'enfants qui estiment :</p> <ul style="list-style-type: none"> • qu'il ya un point de distribution/vente d'Aquatabs à proximité de leur domicile (moins de 1Km) : X+15% • qu'elles peuvent avoir facilement un coin de lavage de mains équipé de savon à la maison, près des toilettes 	<p>Post intervention study WASH Plus/ABMS</p> <p>Post intervention study WASH Plus/ABMS</p> <p>Post intervention study WASH Plus/ABMS</p>

⁴ Le traitement correct de l'eau ici reprend la définition utilisée lors de l'enquête de FHI360 au Bénin en décembre 2013 : Utilisation du chore sous forme de tablette (Aquatabs), de liquide ou le fait de bouillir l'eau avant de l'utiliser.

⁵ ABMS va conduire une expérience pilote de l'Assainissement Total Piloté par les Communautés (ATPC) dans les quartiers ciblés et susciter une dynamique communautaire, organisationnelle et institutionnelle pour trouver des solutions aux problèmes de la défécation à l'air libre et d'assainissement dans les quartiers.

<p>2- La demande pour un meilleur traitement de l'eau à domicile et lavage des mains au savon est augmentée.</p>	<p>ou de la cuisine : X+10%</p> <p>% mères/gardiennes d'enfant favorables au traitement de l'eau : X+10%</p> <p>% mères/gardiennes d'enfants favorables à l'utilisation du produit de traitement de l'eau, Aquatabs : X+10%</p> <p>% des mères/gardiennes d'enfant favorables à la mise en place d'un coin de lavage de mains équipé de savon, près des toilettes ou de la cuisine : X+10%</p> <p>% des mères/gardiennes d'enfant qui estiment que les relais communautaires et groupements de femmes sont des sources d'information en santé fiables de proximité : X+15%</p>	<p>Post intervention study WASH Plus/ABMS</p> <p>Post intervention study WASH Plus/ABMS</p> <p>Post intervention study WASH Plus/ABMS</p>
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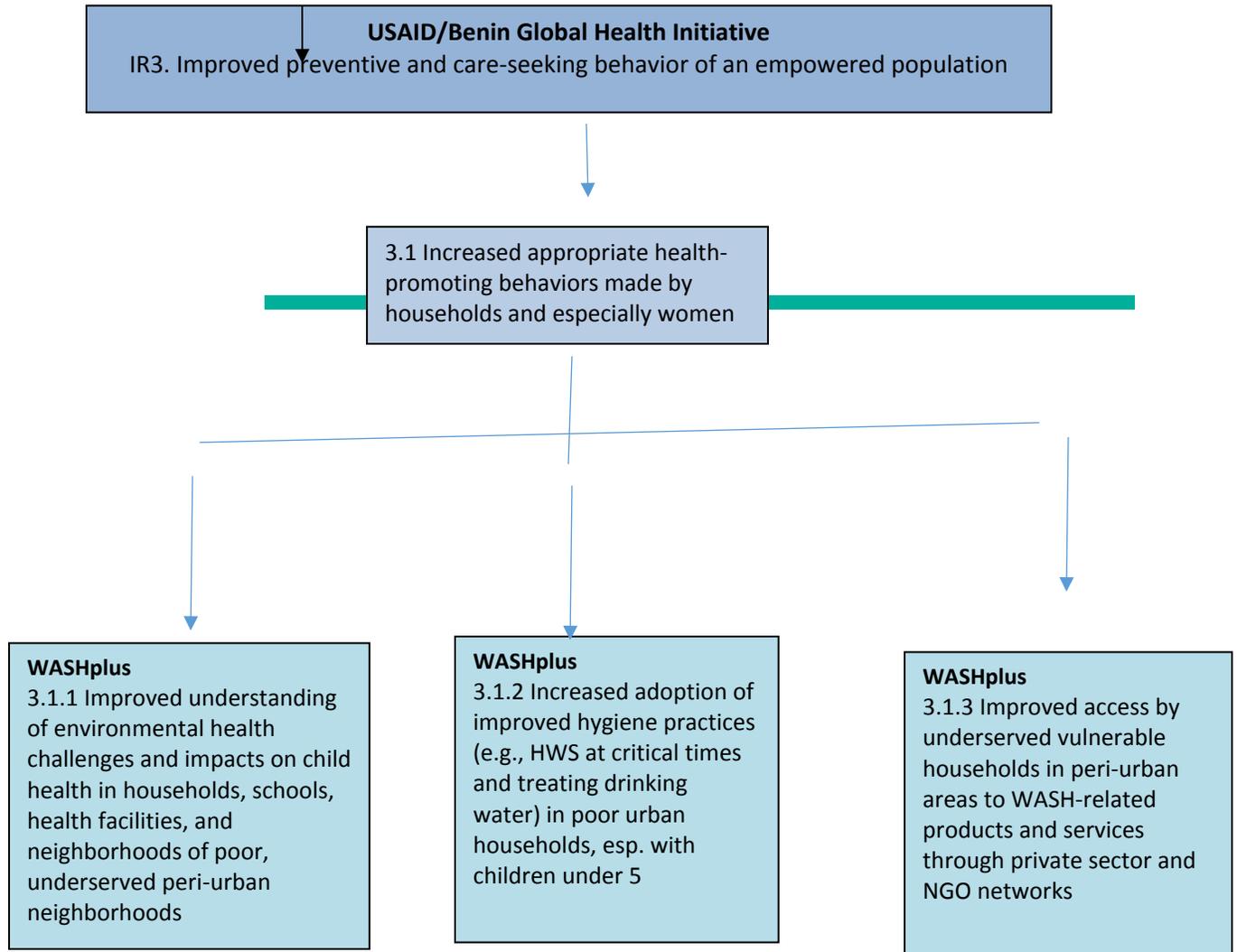
<p>INDICATEURS "OUTPUT"</p>	<p>Nombre de relais communautaires et agents de santé formés</p> <p>Nombre de produits/services WASH fournis par les relais communautaires et agents de santé</p> <p>Nombre de coins de lavage de mains installés par les écoles</p> <p>Nombre de démonstrations de lavage des mains réalisées dans les écoles et en communauté.</p> <p>Nombre de démonstrations de fabrication de Tippy Tap réalisées dans les communautés</p> <p>Nombre d'espaces WASH créés dans les écoles et en communauté (décorations murales)</p> <p>Nombre de sketch (Radio) et d'émissions réalisés et diffusés.</p> <p>Nombre de chaque type de supports de promotion et de communication réalisés et diffusés.</p> <p>Nombre de visites à domicile réalisées par les relais communautaires et agent CIP</p> <p>Nombre de mères ou gardiennes</p>	<p>MIS de l'ABMS</p>
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	<p>d'enfants touchées par les CIP.</p> <p>Nombre de séances de Vidéo Mobile réalisées ;</p> <p>Nombre de ménages modèles et écoles amis de WASH primés</p> <p>Nombre de litres d'eau désinfectées par le produit de traitement de l'eau (nombre pour chaque produit/technologie utilisé)</p>	
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NB : Pour la mesure d'impact, à la fin de l'intervention, une comparaison sera faite avec un quartier similaire dans une zone éloignée.

3. Intermediate Results Table

WASHplus Intermediate Results Framework



4. Situational Analysis Executive Summary

Executive Summary

SITUATIONAL ANALYSIS FOR IMPROVING HYGIENE IN TWO PERI-URBAN NEIGHBORHOODS IN COTONOU, BENIN, 2014

CONTEXT

Diarrheal diseases are one of the main causes of death in children under 5 years in developing countries (14%. Wardlaw et al. 2012). In Benin, they represent the third leading cause of death in children under 5 after malaria and respiratory infections. In addition, 54% of households practice open air defecation (DHS 2011). In terms of hygiene, only 23% of mothers and caretakers practice handwashing. (Public Private Partnership for Handwashing/Benin, 2009).

In an effort to reduce the morbidity and mortality related to waterborne illnesses and poor hygiene and sanitation in the general population and particularly among households with children under 5, the WASHplus project funded by USAID in Benin conducted a situational analysis, whose main objectives are presented below:

OBJECTIVES

- ☞ Highlight the knowledge, beliefs, attitudes and perceptions of households in relation to hygiene and basic sanitation (water treatment, handwashing with soap/soap substitute, use of latrines/ improved toilets, safe transportation and proper storage of water)
- ☞ Assess the motivations, constraints, and accessibility of populations
- ☞ Identify the most used, most effective, and most efficient communication channels (institutional, media, socio-traditional or socio-cultural)
- ☞ Identify the expectations and needs of households to design a marketing model that offers WASH products/services that cater to their specific needs
- ☞ Identify services, actors, and structures operating in health and WASH and evaluate the capacity of these actors, and seek out opportunities for collaboration and complementary activities that exist in these areas

METHODOLOGICAL APPROACH

The situational analysis was conducted in two peri-urban neighborhoods in Benin (Enagnon and Agbato). The target population consisted of mothers/caretakers of children under 5, landlords/tenants, local authorities, local leaders, leaders of collectives, masons, hygiene agents, NGOs/institutions, and community health workers.

A total of 94 individuals were interviewed as part of four focus groups and 53 individual interviews were conducted. Using the guides for the individual and group interviews, two trinomial interviewers were responsible for collecting data from the population. The interviewees' answers were then recorded on digital media. This data was then transcribed, inputted, compiled by theme and analyzed according to the content.

SOME KEY RESULTS

- The main illnesses cited in both the two neighborhoods were diarrhea and malaria
- Concerning hygiene and sanitation, these two neighborhoods lack household garbage collection services and consequently, residents themselves improvise ways to manage waste
- Despite a good understanding of modern latrines, most households in the two neighborhoods do not have them at their disposal and many defecate in the open air on piles of garbage, in the lagoon, by digging holes in the riverbank, and sometimes in trash cans (in the case of children). Here is a statement which assesses the situation:

"I want a modern latrine; it is pretty to look at and when you sit on it, you are comfortable while tending to your business. With traditional latrines made out of cement slabs, you have to crouch and if people have not learned how to squat properly, they defecate everywhere. If you want to go after them, you can't go anymore if you see that; but if it's a modern latrine you can sit comfortably. After you defecate, you pull the water and the excreta are washed away and so on. Whoever wants to clean it will have an easier time with modern latrines than with a latrine made out of cement slabs. That's why I want a modern latrine." (Mother, 30 years old, unschooled, 1 child, Agbato).

- Few households visited have clean drinking water at the house and some treat well water with dubious products
- Although the majority of people recognize the importance of handwashing, the absence of handwashing devices nearly everywhere is noticeable as evidenced by this statement:

"We're not going to lie; the practice of handwashing is not yet a reality. Our way of washing hands is not practical. I call this way "sauve qui peut"; very quickly and that's it. We have no ability regarding handwashing." (Male, 38 years old, educated, 3 children, Enagnon).

"The products you are talking about are not sold here. There are people who make soap that we buy over there. I use bleach and liquid dish soap. There are other women who use powders that are sold at 100F for water treatment. There is also the product called 'silome'; at least it's not everyone who does that." (Mother, 50 years old, educated, 1 child, Enagnon)

- The most reliable and used channels of communication are: local authorities, town criers, radio (FM Capp, Tokpa, Gulf FM), television (Channel 3 ORTB, Gulf TV), and posters

- A number of socially responsible entities are willing to support initiatives that place handwashing devices in schools and support communication on good hygiene practices.

CONCLUSION

The populations of Agbato and Enagnon live in distressing socio-health conditions: lack of latrines, poor management of solid waste and of waste water, virtual nonexistence of handwashing devices in households, treatment of drinking water with products of questionable quality, low awareness of Aquatabs, etc. It is urgent to initiate outreach activities and establish sanitation systems adapted to this type of environment, while taking into account the aspirations and economic resources of these populations.

5. Program Start and Program End Household Questionnaire Results for MIS

<i>INDICATEURS ETUDE EVALUATION</i>		<i>1^{er} passage Sept. 2014 N= 1708 ménages</i>	<i>2ème passage Mai 2016 : N= 1708 ménages</i>
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<i>% des ménages qui possède de latrines à la maison</i>	<i>Pourcentage</i>	10%	17%
<i>% des ménages qui possède de latrines bien entretenues</i>	<i>Pourcentage</i>	9%	12%
<i>% des ménages qui pratique la défécation à l'air libre</i>	<i>Pourcentage</i>	77%	60%
<i>% des ménages qui dispose d'un point de lavage des mains équipés de savon à proximité des toilettes</i>	<i>Pourcentage</i>	22%	50%
<i>% des ménages qui dispose d'un point de lavage des mains équipés de savon à proximité de la cuisine</i>	<i>Pourcentage</i>	22%	42%
<i>% des ménages qui n'utilise pas l'eau de puit pour la boisson</i>	<i>Pourcentage</i>	52%	98%
<i>% des ménages qui traitent correctement l'eau de boisson</i>	<i>Pourcentage</i>	14%	53%
<i>% des ménages qui stocke correctement l'eau à boire</i>	<i>Pourcentage</i>	81%	82%
<i>% des ménages qui sait comment se laver correctement les mains à l'eau et au savon</i>	<i>Pourcentage</i>	24%	52%
<i>% des ménages qui connait les moments clés de lavage de mains</i>	<i>Pourcentage</i>	23%	67%
<i>% des ménages qui désirent fabriquer un dispositif de lave main (tippy tap)</i>	<i>Pourcentage</i>	94%	95%

6. Success Stories and Blog Posts

[Advocacy in Cotonou's Neighborhoods Galvanizes the PTA to Take Action](#)

[Improved Classroom Drinking Water Leads to New Initiative by Students \(English and French\)](#)

[WASHplus Benin Carries Out Experimental Urban CLTS](#)

[Approche systémique pour la promotion de l'hygiène en milieu périurbain au Bénin](#)

Citations

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