A Comparison of Different Approaches to Sanitation Interventions by Various Non-governmental Organizations in Ethiopia

A. Drewko*, R. Otterpohl*, J. E. Ndzana*

* Hamburg University of Technology, Institute of Wastewater Management and Water Protection, Eissendorfer Str. 42 M, 21073 Hamburg, Germany (E-mail: drewko@tuhh.de; ro@tuhh.de, ndzana.emmanuel@tuhh.de)

Abstract
A number of non-governmental organizations (NGOs) in Arba Minch and Addis Abeba, Ethiopia were interviewed in order to analyze and compare their approaches to sanitation projects. NGOs operate either in urban or rural areas, implement sanitation as a part of water supply programs, community development projects or as a means of elimination of blinding trachoma. They may provide institutional or household sanitation, or focus on a specific approach such as community-lead total sanitation (CLTS). In a nutshell, the interviewed NGOs take good care in fostering cooperation with other stakeholders and creating enabling environment for implementation of their projects. They enter into partnerships with other NGOs. In particular, they share experience and knowledge through trainings on their field-tested methodologies and construction of sanitary facilities. NGOs often act as a bridge between the government and communities. The work of NGOs is typically value-driven and they try to take a broader perspective on their sanitation interventions (Scott and Sansom, 2006). Not only is their goal to provide the service or facility, but also to reach development-based outcomes in a form of community mobilization, a good example of which is the work of Refugee Trust International with its CLTS approach. Close contact with future beneficiaries is always on top of their agenda. NGOs often use kebele leaders (kebele being the smallest administrative unit in Ethiopia) to communicate with the community. Preferably, the existing problem for an intervention should be raised by the beneficiary community.

Keywords
Ethiopia; non-governmental organizations; sanitation

INTRODUCTION
There are numerous non-governmental organizations working with projects dedicated to sanitation provision. During a field trip to Ethiopia in September 2008 representatives of ten NGOs operating in the country were met for interviews. They were asked a set of questions in order to obtain information necessary to compare their approaches to sanitation projects. Some of these NGOs belong to big, umbrella organizations, whereas others operate locally. Their work has been analyzed with regard to the manner of implementing sanitation projects (whether they are combined with water supply schemes, hygiene campaigns, development projects, etc.), cooperation with other stakeholders (such as local and regional government administration, community-based organizations, other NGOs, private sector, communities), ways of approaching future beneficiaries, software and hardware technologies they employ as well as success and failure of the chosen methods.

COMPARISON OF NON-GOVERNMENTAL ORGANIZATIONS IN ETHIOPIA

Different approaches to sanitation projects
NGOs may choose different ways of implementing sanitation projects. First of all, the manner in
which sanitation aspects are incorporated into NGOs’ interventions might vary.

African Medical and Research Foundation (AMREF) is an international African organization headquartered in Kenya. AMREF’s strategy seeks to strengthen health systems and to design and enhance interventions that improve people’s access to health through their active participation. Among other activities, AMREF has been working on a water and sanitation project in Kechene slum area in Addis Ababa. The main objective of Kechene Water and Sanitation Project is to improve access to clean water, sanitary and shower facilities as well as personal hygiene of communities in the intervention area. The chosen project area is one of the most severe ones in the capital of Ethiopia. In slums like Kechene, the extent of problems is worse than in other areas in the country. The project’s structure has proved successful both in relation to direct beneficiaries as well as governmental offices. The key factor influencing success of the intervention might be attributed to the fact that future beneficiaries come in groups and communicate their needs to kebele administration, which in turn contacts the NGO. Thus, the intervention is prompted in a legal manner and from the community’s side, which makes acceptance and cooperation easier.

Water Action is an indigenous Ethiopian NGO and its main goal is to contribute to the alleviation of poverty in Ethiopia. It integrates water supply, hygiene and sanitation promotion together with protection of natural resources and development. AMREF and Water Action work according to a similar scheme, namely through formation of water and sanitation (watsan) committees by beneficiaries. Such a committee is held responsible for operation and maintenance of sanitation blocks within its community. They also mobilize communities and budget as well as keep track on project activities safeguarding it from vandalism.

Catholic Relief Services (CRS) has been operating in Ethiopia since 1958. At first its work was mainly focused on emergency interventions in the water sector, then turned to development-oriented projects and large-scale water supply systems. Finally, since 2000 CRS has showed a great interest and commitment to sanitation aspects, linking it closely with water and health in its projects.

Water Aid has been active in Ethiopia for 13 years. Initially, the NGO was explicitly involved in water supply interventions, but it recognized that this alone was not enough to bring about significant changes so sanitation and hygiene were incorporated into its agenda.

Oxfam has been working in Ethiopia since 1971. The NGO works in Afar, Oromia, Southern Nations, Nationalities and People’s Region (SNNPR) and Somali region in Ethiopia. The first priority of its project in SNNPR is food security, followed by sanitation. The project targets mainly the mostly affected villages. After a community-based approach with extensive training and discussions had been applied and they had been encouraged to build a toilet, the sanitation coverage in the project area has increased from 13% to 70%.

Refugee Trust International (RTI), nowadays also known as VITA, is an NGO that works with the community-led total sanitation (CLTS) approach for rural sanitation interventions. At the time of the interview, RTI has managed to achieve 100% sanitation adoption in four villages, without using any money-related incentives. Communities are normally interested in improving their sanitary conditions. The intervention starts with the NGO approaching a community and, together with kebele leaders, introducing objectives. RTI announces the reason for its intervention and gives the community an opportunity to participate through creating social maps, counting households with and without toilets, etc. Communities are told how much medical expenses they might face as a result of open defecation or other improper sanitary practices. Thus, RTI shows the economic
advantage of adopting sanitation. RTI also teaches the construction, operation and maintenance of toilets, how to prevent fly and mosquito breeding, how to handle community-shared toilets. The NGO also offers technical support (help in site selection, construction materials, etc.), a hand-washing program and explains health-related issues. Also, peer educators visit the village occasionally. After RTI had showed disadvantages of open defecation, community members themselves recommend how they can avoid this practice. They schedule the time they need in order to get free from open defecation. RTI appoints a visit of the village so that a community is given a specific time period in order to bring about required changes. Communities are eager to construct toilets with their own effort and they do so.

Other NGOs have different ways of integrating sanitation interventions, e.g. Catholic Church of Gamo Gofa incorporated sanitation as a part of its water supply program. Red Cross Ethiopia used to be mostly focused on providing public toilets, but is currently moving towards construction of household’s toilets for “poorest of the poorest” in highly congested areas. Another NGO, which asked to remain anonymous, is focused on elimination of blinding trachoma. Environmental sanitation is also within the scope of its interest since it helps remove fly breeding areas. The NGO promotes the use of toilets and constructs toilets at schools. Kale Hiwot Church works on numerous projects in Ethiopia, e.g. Highland Community Development Project. Their projects are based on a “pass-on” principle, which merely means that what one is taught needs to pass on to others. The NGO has made good experience with working with farmers on the development project, as a part of which it also promoted health and sanitation.

Cooperation with other stakeholders
In general, NGOs foster cooperation with other stakeholders. They do not limit it to information sharing on their on-going projects, but they also try to actively involve other stakeholders in their interventions. It applies to all actors in the sanitation sector, including future beneficiaries, local government, community-based and religious organizations, etc. They usually act as a bridge between the government and communities. Also, they often share their knowledge and experience through workshops and trainings. Refugee Trust International may serve as a good example as it encourages other NGOs to implement the CLTS method for rural sanitation interventions and offers training and knowledge sharing activities. Also, Catholic Relief Services is willing to share its experience on ecological sanitation through cooperation with other NGOs.

There are numerous stakeholders involved in the AMREF’s intervention in Kechene slum. There are about 50,000 direct beneficiaries of the project, including poor men and women, young people and people living with HIV as well as ca. 20,000 indirect beneficiaries of trainings, sensitization workshops, advocacy and experience sharing activities, including parents, community-based organizations, etc. Poor women living in the project area need safe water, sanitation and hygiene facilities. The project enables them to take active part in their own development and behavioral change. Teachers from neighboring schools need support in basic health education so the project provides them with training opportunities. Young volunteers from the intervention area become helpful within the community through interaction and supervision of community education. Sub-city and kebele administration have interest in providing accessible service to the residents. They become active partners in work towards sustainability mainly through acceptance of the project and provision of land for the construction of sanitation blocks. Each watsan committee, which is comprised of community members, is held responsible for operation and maintenance of sanitation blocks within its area. The committees set up rules and regulations that are formed as by-laws. They also mobilize communities for action in health education and sanitation campaigns. They need to report back to the project steering committee, particularly when they require additional investment. The project steering committee is formed at the district level and includes government and
community representatives from each watsan committee. Similarly, Water Action works through watsan and steering committees and interventions requests normally reach the NGO through communities or local administration. Sub-city sanitation departments offer technical input in the project. City Government Addis Ababa Environmental Department Office facilitates project registration and provides on-going support. Addis Ababa City Administration Social and Civil Affairs Bureau gives an official agreement to launch the project, actively participates in monitoring and evaluation and offers technical support.

CRS does not limit itself to working closely with communities, but it also collaborates with other stakeholders, such as federal government officials from the Ministry of Water Resources and the Ministry of Health, local government officials from woreda water, health and agricultural office, WASH movement, international and local NGOs, agricultural development agencies, research institutes, universities and kebele leaders. Private companies develop fiberglass molds and local artisans are contracted by CRS in order to develop slabs made of concrete. Cooperation with such a variety of stakeholders brings along some challenges, e.g. cross-learning might be difficult, everyone might be willing to defend their own interests and approach limitation (e.g. focus on only one technology) might become an issue.

Water Aid does not implement projects directly, but enters into partnerships with numerous stakeholders, including governmental and non-governmental organizations. Water Aid cooperates with e.g. Ethiopian Orthodox Church and Inter Church Aid Commission, local NGOs such as Water Action, Organization for Relief and Development of Amhara, HALT and Zema Setoch Lefith (ZemaSef), which is a women empowerment indigenous NGO. In some of its project areas in Ethiopia, Water Aid works directly with the local government. Cooperation with the local government on project sites, where sanitation coverage is very low and marginalized people live is good. However, in urban settings securing land and bureaucracy issues can become a challenge. Private companies are normally contracted to perform baseline studies, studies of existing water systems or drilling works for boreholes. There is no formal partnership with the private sector with regard to sanitation, however, local contractors are normally involved in desludging of septic tanks and pit latrines. The WASH movement, to which Water Aid belongs, provides a panel where all stakeholders work with international and national NGOs, media as well as the private sector including bottle, soap manufacturers, toilet and septic tank producers (e.g. AquaSan Ethiopia, Roto PLC) and chemicals manufacturers.

Refugee Trust International (RTI) based in Arba Minch cooperates closely with the local government. Review meetings are held with representatives from the government line offices, i.e. agriculture, health, finance, community and kebele leaders, political leaders, women associations, planning offices, etc. RTI makes sure that every sector is familiarized with their activities. As they work with community-based programs, there are also other beneficiaries and partners in their project areas, i.e. for electricity and water connection as well as agricultural activities. Since governmental sectors are well informed about RTI’s programs, they can take an immediate action with regard to e.g. electricity provision. RTI acts as a bridge between the government and communities. RTI uses kebele leaders to communicate with communities. Kebele leaders are middle-aged political leaders selected by the community, so the community members respect them and they, in turn, act as a bridge between RTI and the people living in the project area. RTI’s experience proves that committed and well-trained staff following a good approach is able to encourage and persuade communities to move from open to fixed sanitation practices. Moreover, RTI takes great care in fostering relationships with other stakeholders and creating enabling environment for implementation of its projects.
According to the interviewee from Oxfam, if a sanitation project is clear and one communicates with other stakeholders from the very beginning, especially at grassroots level, a project has prerequisites to become successful. Problems might appear at the regional level or cultural issues might become a challenge. Oxfam has a good working relationship at the federal level and cooperates closely with, e.g. UNICEF within the WASH cluster. Oxfam also involves the private sector in their projects for supplies and procurement.

Catholic Mission of Gamo Gofa zone works jointly with other stakeholders at kebele level, e.g. town municipality and other NGOs such as Red Cross and RTI. Catholic Mission works with the local private sector, from which it orders supplies. Before deciding on a project a clear share of tasks is made and a memorandum of understanding is signed in order to avoid problems regarding responsibility. The municipality is normally responsible for collection of construction material, e.g. sand, stone. The prerequisite for Catholic Mission to consider an intervention is that the existing problem is raised by the future beneficiary community. Only then it is understood that the coming project is going to be accepted by the beneficiaries and as such has more potential for becoming sustainable.

Projects of the Kale Hiwot Church are always approved by the regional government. For the mid-term and end-term project evaluation the government representatives are invited. Kale Hiwot Church cooperates with other NGOs and shares its experience and knowledge through trainings, which also government representatives join.

**Sanitation technology choice**

CRS started off with promotion of ventilated improved latrines (VIP), which proved to be non-replicable, mainly due to a relatively high cost of manufactured materials. The cost of a VIP latrine was ca. 90-100 USD/household. Since this approach appeared unsuccessful, the NGO switched to promotion of simple conventional pit latrines, which were cheaper; ca. 40-50 USD/household, depending on locally available materials. After the project’s completion an evaluation was made and, as a result, the approach proved to be non-replicable either. It was realized that communities could not realize the link between sanitation and health improvement neither on the basis of simple pit latrines nor VIP latrines. Also, despite the reduction in costs the structures were not affordable for poor rural households. Thus, a new concept was introduced, namely ecological sanitation, in order to reduce costs even further, minimize labor requirements for construction and to supply fertilizer from human manure for food security as well as to contribute to reforestation. Two technologies were tried out by CRS and its partners, namely Arborloo¹ and Fossa alterna². The cost of Arborloo is mainly in the slab, being currently ca. 5-12 USD/slab. Fossa alterna with its second pit to be dug would cost about the same. According to the newest data, CRS has managed to construct ca. 40,000 Arborloos in 4 years in Ethiopia (Simpson-Hebert and Abaire, 2009). CRS tried out painting slabs in bright colors in order to attract children (refer to figure 1).

¹ Arborloo is a simple pit latrine built over a shallow pit. The slab and superstructure are portable. Full pits are topped up with soil and planted with young trees (Morgan and SEI, 2004).
² Fossa Alterna is a shallow alternating double pit system (Morgan and SEI, 2004).
Water Aid accepts the whole sanitation ladder for toilet technology options, and it is up to households to decide. Composting toilets have been implemented at some project sites, but traditional pit latrines or VIP latrines are mostly common. Water Aid plans to introduce toilets with linked biogas production in Addis Ababa and Konso. Ecological sanitation has been introduced in Oromia as demonstration units, however, communities did not replicate it. They argued that they prefer simple composting toilets for the benefit of obtaining compost. The objective of all Water Aid’s sanitation interventions is replication by communities. Toilets are built at demonstration sites or for poorest households. As a result of this approach, Water Aid has managed to reach sanitation coverage of over 70% in almost all of its project sites.

Community health promoters in Water Action’s project areas facilitate toilet construction. For this purpose, similarly to Water Aid’s interventions, a sanitation ladder approach is used. As a first option a traditional pit latrine made of locally available materials is chosen. Latrine slabs can be made of various resources, e.g. cement, wood, tin, and different types can be chosen depending on a household’s income. Communities proved to be creative and able to e.g. create a stone-type slab by themselves taking a cement slab as an example. The majority of households use locally available materials for construction, but there are also some which buy improved types. Water Action casts their own slabs and employs sanitarians as staff members. Communities can produce their own slabs with the financial help of revolving funds, and sell them with a small profit margin.

**Hygiene and sanitation promotion methods**

Also, hygiene and sanitation (H&S) promotional approaches chosen by the interviewed NGOs may differ. Still, most of the interviewed NGOs train so-called community health animators or promoters (CHPs), who in turn promote hygienic and sanitary principles through house-to-house visits or at group discussion sessions during coffee ceremonies, at market places or community-based organizations (CBOs) meetings (refer to figure 2). There are many CBOs operating in Ethiopia, e.g. idirs and equbs. The original purpose of idirs is in funerals, which they finance and organize, if one of their members dies. Equbs are community organizations, in which members collect money and distribute it among themselves, following set rules. However, CBOs often go beyond their original goals, like in the case of idirs, which also build public water supply taps or educate their members on HIV prevention. Thus, their regular meetings can be used as a good panel for knowledge dissemination on hygiene and sanitation. CHPs teach communities how to maintain and fix their sanitary facilities and, through observation of practices in households, advise how to improve hygiene practices.

Teaching aids, which range from booklets, brochures, leaflets, posters to flipcharts, are either provided by the Ministry of Health, developed by an NGO itself or include Participatory Hygiene and Sanitation Transformation (PHAST) materials. Water Action provides community health promoters with promotion materials such as brochures, flipcharts and posters prepared by the NGO (refer to figure 3) that are field-tested and accepted by communities. They normally include
pictorial aids (e.g. flip charts and posters) that can be understood by illiterate community members, materials prepared in local languages and based on a local context.

Some NGOs involve influential people, e.g. religious leaders and community elders in order to disseminate knowledge in a trusted manner. There are NGOs for which not interfering with women’s daily activities is important so they promote health and sanitation during coffee ceremonies or at market places. Water Aid implemented an unusual but highly successful way of promotion, namely a competition system between households. In one project site in Amhara, households which fulfill all the hygiene and sanitation criteria are rewarded a white flag, others red or green, etc. depending on how many criteria they managed to fulfill. Such a simple approach proved to work as an incentive. Many NGOs focus their promotion efforts at schools believing that children will be able to teach their families and reach out to the next generation by teaching their own children in future. Sanitation clubs are often established at schools where role plays, dramas and songs are created for school hygiene and sanitation promotion. Other ways include facilitation of peer-to-peer discussion, community involvement and health-related activities e.g. collection of solid waste in the area.

![Figure 2: Sanitation promotion during a coffee ceremony. Source: AMREF](image1)

![Figure 3: Flipchart produced by Water Action for sanitation promotion. Source: Water Action](image2)

Community health promoters (CHPs) of Catholic Mission of Gamo Gofa Zone employ different promotion methods. One of them includes community stories, purpose of which is to enable group members to identify important problems facing their community as a result of poor sanitation. It also enables them to help build a feeling of team spirit and mutual understanding as well as to generate group self-esteem and creativity. Mapping water and sanitation facilities in the community is another method, purpose of which is to map the community’s water sources and sanitation practices and show how they are linked. It also develops a common vision and understanding of ways in which water can be contaminated by animals and human beings. Both above-mentioned methods help community members to examine their hygiene behavior, analyze good and bad hygiene practices, select the barriers and jointly come up with possible measures. CHPs often use picture based tool kits, purpose of which is to influence bad hygiene behavior of the community and create a good insight into the consequences of poor personal hygiene and sanitation. Also, simple observation of water, food and garbage handling practices in a household and open defecation practices helps to design education programs accordingly.

**Problems with sanitation adoption**

Most of the interviewed NGOs representatives mentioned cultural aspects as a barrier to sanitation adoption. For instance, Refugee Trust International is highly successful with its community-based sanitation project in Arba Minch and Chencha, both located in SNNPR. Unfortunately, difficult socio-cultural conditions hinder successful implementation of the project in Turmi, also located in SNNPR. There, Hammer people, who belong to semi-nomadic and pastoral communities, fail to undergo a necessary behavioral change. They actually built toilets, probably in order to please the
NGO workers, but they are not using them. Moreover, the awareness of the link between health and sanitation is still low in many areas in Ethiopia. The interviewee from Oxfam Ethiopia believes that the main reason for low coverage of sanitation is the traditional culture. Also, the first priority for most of people is the security of their food basket. Thus, it is hard to achieve good results with hygiene and sanitation promotion when communities’ priority is to feed themselves. Obstacles to sanitation adoption observed by Water Aid include: availability of other options (e.g. open field, bush), bad reputation of building so-called houses for excreta, bad reputation of public toilets in urban areas and an economic barrier. Generally, communities cannot understand the immediate consequences of poor sanitation practices. They also tend to give their own justification to the fact why it is not their main priority to move from open defecation. They see open spaces as a sanitation option. They do not understand why sanitation should be fixed in one place, for which, to make matters worse, they are expected to use their limited resources. In communities where financial resources are scarce and the level of knowledge is low bringing about changes in behavior proved to be challenging. It requires more effort to explain the economic benefit of shifting from open defecation, especially focusing on avoiding expenses on medication and working days lost due to illness. In this case, the approach that Refugee Trust International takes has become successful. Not only do communities need to understand the link between poor sanitation and health, but they also need to realize potential economic benefits of sanitation adoption. They have to recognize sanitation as an investment with future returns and not consider it as an unnecessary expenditure that takes away their mostly-valued resources that could be spent on e.g. food.

CONCLUSIONS
Through different ways of approaching sanitation projects, NGOs are focusing on various aspects. Some tend to operate in remote rural areas, whereas others in congested urban areas. Some work with pastoral and others with Muslim communities. There are NGOs for which sanitation aspects are only a part of their program and others for which it constitutes a specific project. Depending on their approaches they need to work with different stakeholders, choose different sanitary technologies for their projects or various methods of performing awareness raising and hygiene and sanitation campaigns. They employ local knowledge in order to successfully implement their projects. For instance, knowing the local cultural context helps them to plan their promotional efforts accordingly. Having gathered knowledge on existing hierarchy in the community they can approach influential and respected people in order to better disseminate knowledge. Moreover, fostering good relationships with stakeholders involved in or influencing their projects is performed according to their understanding on local administrative and social structures. The brief analysis of examples of NGOs’ approaches to sanitation interventions in Ethiopia provides a good selection of methods that proved successful and potential examples for replication. It also shows that even a successful approach to sanitation provision might fail if the cultural barrier is too strong to be overcome. NGOs working as a bridge between the government and communities create an important link in sanitation interventions. Their involvement of future beneficiaries in their projects proves the importance of acceptance and cooperation at grassroots level.

Acknowledgements
The authors would like to extend their thanks to the project members of ROSA (Resource-Oriented Sanitation concepts for peri-urban areas in Africa) in Arba Minch, ESE (Ecological Sanitation Ethiopia) in Addis Ababa and all interviewees from Arba Minch and Addis Ababa.

References


**Notes**

The interviews with the following people were conducted for the purpose of this paper: Mr. Abaire, Mr. Tolessa and Mr. Tsegaye from Catholic Relief Services Ethiopia, Mr. Asrat from Catholic Church of Gamo Gofa Zone, Mr. Banjaw and Mr. Feseha from Refugee Trust International, Mr. Hailu from the African Medical and Research Foundation, Mr. Kassa from Water Action, Mrs. Mamo from Water Aid Ethiopia, Mr. Mekonnen from Oxfam Ethiopia, Mr. Negesh and Mr. Mikonen from Red Cross Ethiopia, Mr. Nigussie from ORBIS and a representative of Kale Hiwot Church Ethiopia.
Numerous non-governmental organizations (NGOs) implement sanitation projects in Ethiopia. Their approaches differ with regard to: the manner of implementing sanitation projects (e.g. with water supply schemes, hygiene campaigns or development projects); cooperation with other stakeholders (e.g. local and regional administration, community-based organizations, other NGOs and private sector); ways of approaching future beneficiaries as well as software and hardware technologies that they employ.

Different approaches to sanitation interventions

Project implementation

- **Urban areas** (African Medical & Research Foundation, AMREF);
- **Rural areas** (Refugee Trust International, RTI; Catholic Relief Services, CRS);
- **Household sanitation** (Red Cross Ethiopia);
- **Institutional and shared sanitation** (AMREF, Catholic Church of Gamo Gofa Zone);
- Sanitation as a component of a **water supply scheme** (Catholic Church of Gamo Gofa Zone; Water Aid);
- Sanitation as a component of a **community development project** (Kale Hiwot Church);
- Sanitation as a means of **eliminating blinding trachoma**;
- Sanitation integrated with **water supply**, **protection of natural resources** and development projects (Water Action);
- **Active participation of beneficiaries**: formation of water and sanitation committees (Water Action; AMREF), a community’s request for intervention (AMREF, Catholic Church of Gamo Gofa Zone), community-led total sanitation approach (RTI).

Sanitation technology choice

- **Catholic Relief Services** moved from promotion of ventilated-improved pit latrines and traditional pit latrines to **ecological sanitation options**, e.g. Arborloo and Fossa alterna. They implemented 40,000 of Arborloos in 4 years in Ethiopia.
- **Water Aid** and **Water Action** accept the whole sanitation ladder for toilet technology options, leaving the decision to households.
- **Refugee Trust International** uses the community-led total sanitation approach, leaving the decision on technology choice to communities, but provides training on toilet construction, operation and maintenance.

Hygiene and sanitation promotion

- Education of **community health promoters**, who teach through house-to-house visits, during coffee ceremonies or meetings of community-based organizations;
- **Teaching aids** (e.g. booklets, brochures, leaflets, posters and flipcharts) prepared in local languages, including pictorial aids for illiterate community members;
- **Involvement of influential people**, e.g. religious leaders and community elders;
- Implementation of unusual and **modern methods**: a competition system between households, community-led total sanitation and Participatory Hygiene and Sanitation Transformation approaches;
- **Promotion at schools** through sanitation clubs, role plays, dramas and songs;
- **Facilitation of peer-to-peer discussion**, **community involvement** and health-related activities e.g. collection of solid waste in the area.

Problems with sanitation adoption

- Cultural aspects as a serious barrier to behavioral change;
- Low awareness of the link between health and sanitation;
- Food security as the first priority;
- Availability of other “sanitation options”, e.g. open space, bush;
- Bad reputation of building “houses” for excreta;
- Bad reputation of badly maintained public toilets in urban areas;
- **Economic constraints**.

Conclusions

Some NGOs operate in remote rural areas, whereas others in congested urban areas. There are NGOs for which sanitation aspects are only a part of their program and others for which it comprises a specific project. They need to work with different stakeholders, offer various toilet technologies options and methods of promoting hygiene and sanitation. They employ local knowledge in order to successfully implement their projects. Having gathered knowledge on existing hierarchy in a community, they can approach influential and respected people in order to disseminate knowledge.

NGOs acting as a bridge between the government and communities create an important link in sanitation interventions. The involvement of future beneficiaries in their projects proves the importance of acceptance and cooperation at the grassroots level.