

CATS: Community Approaches to Total Sanitation Pilot in Haiti



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Why introducing CATS?

- Traditional approaches to sanitation focus on infrastructures and not on behaviour change
- Traditional HP leverages on health motifs

- In Haiti many toilets have been constructed and are not used/maintained
- Some have been destroyed to re-use the materials
- Haitians tend to see themselves as resilient to bacteria



Ils ont construit des latrines pour nous . Moi j'ai pris pour moi pour faire mon magasin

What is CATS?

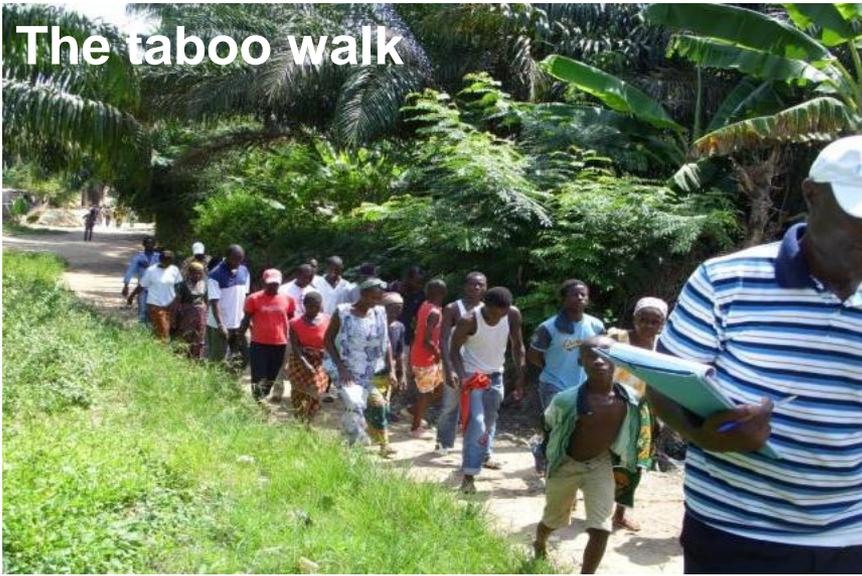
Community approaches to Total Sanitation

- Focuses on **Total elimination of OD** and not on no. of latrines
- Triggers a strong reaction based on **disgust and dignity**, not on health
- Puts pressure on the **whole community** ('if few people have toilets , they are still eating their neighbour's shit')
- Does not focus on any particular technology, and allows for people to build their own toilets at virtually **NO Cost**



Steps for triggering Total Sanitation

The taboo walk



Food + shit contamination



Strong reaction



Communal decision to stop OD



Results of CATS in other contexts

Criteria for Total elimination of OD

1. Every HH has a latrine
2. The toilet is used
3. There are no signs of OD in former defecation signs

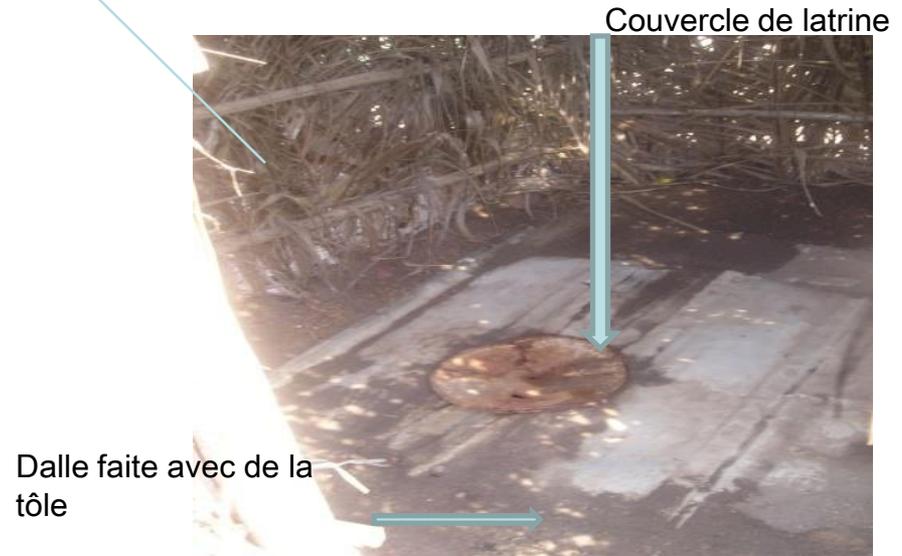
Scale of Total Sanitation

- In Zambia 650 ODF villages in 2.5 yr
- In Mozambique 450 ODF villages in 1.5 yr
- In Cote d'Ivoire 5 ODF villages in 4 months

Never been tried in emergencies!



Exemple of toilets and slabs built without external help!



2 expected results in Haiti

1. Camps/ sites where some form of sanitation exists, but OD continues

Result: Community takes ownership of cleaning, maintenance and proper use of toilets --- > OD stops

2. Camps/sites where no sanitation

Result: Community takes decision of building latrines and puts pressure on everybody on using them –OD stops

Which are the bottlenecks in Haiti?

- In urban settings there might not be space to dig pits (or the landlords might not be willing to allow this)
- Some cleaning/management issues, might be beyond the reach of self-helps (e.g. dislodging)
- There might be less social cohesion in camps than in communities
- Several concurring supply-driven projects might not encourage people to take ownership
- Focusing on disgust might not be appropriate/ethical in people who have already been experiencing a shock

Which are the potential factors of success?

- Disgust/dignity might be a stronger factor of behaviour change for Haitians than fear of diseases
- Pit latrines being destroyed, are an indication that OD is not just a temporary forced behaviour, due to the recent emergency living conditions

Scenarios for pilot

Sanitation coverage

1. Camps/ sites where some form of sanitation exists
2. Camps/sites where no sanitation

Geographical location

1. Rural sites (Tapion)
2. Peri-urban sites (Grassier)
3. Urban sites (PAP)

Size of the site

Max 130 HH

Preliminary results of pilot - Positives

1. Of 5 communities triggered, 1 had the max reaction (matchbox in a gasoline station), 2 were promising\
2. The immediate result of the triggering seemed to be more related to the quality of facilitation than to the type of site
3. It is seemed not to be shocking for people to talk about 'shit' after an emergency
4. In the post-triggering only the site with existing latrines seemed to have made progress (with 34 families contributing to cleaning of toilets)

Preliminary results of pilot - Negatives

1. All communities expected some form of support in building their latrines
2. Communities did not seem to know NO-cost models of latrines that could be self-built
3. Wood and other natural resources seem not available at reasonable price (environmental degradation)
4. There is a lot of pressure on agencies involved to 'supply' sanitation rather than trigger and wait
5. In some communities open conflicts with the camp management emerged, hampering the cohesiveness of community decision

Absolute MUST if considerign rolling out

1. Follow-up closely the results in the 5 triggered sites, as we do not yet know if there has been improvement in eliminating OD
2. Prioritize CATS in sites where sanitation already exists, as at this stage self-help seems more realistic for cleaning than for building one's own toilets
3. Do not forget that the aim is TOTAL elimination of OD: until then neighbors are eating each other's shit
4. Do not underestimate role of quality of facilitation and of team play. Only 2 facilitators (1 IDEJEN, 1 Oxfam Quebec) would be ready + Min team size of 3 → logistical challenge!

Introducing CATS in existing programmes

1. All sites where toilets have been built + HP has been carried out, but OD carries on

Introduce 'CATS' as shock therapy from cleaning and maintenance, and stay away from any further supply

2. Urban sites where no toilets have been built and HP has not been carried out

- Try CATS as entry point to stimulate demand.
- Solution is possibly only communal. Negotiate community participation + \$ contribution prior to starting any work. Engineers need to be actively in the loop and negotiate design and location (not impose)

2. Rural sites where no toilets have been built and HP has not been carried out

- same as above, but aim at Family toilets and more durable. CELEBRATE when ODF (in 2 months?)

Remember it is a pilot

MUST follow-up results closely before becoming too enthusiastic

MUST avoid rolling-out at any price

MUST work together to have team of skilled facilitators

MUST keep lo-w profile in press and do NOT use the CLTS, just refer to participatory approaches to sanitation

Please acknowledge the role/support of UNICEF

Possible role of UNICEF

Besides initial training and pilot....

- Support monitoring of 5 triggered sites
- Support quality control and improvement of facilitators
- Finance the availability of a team of facilitators (e.g. IDEJEN) to support co-facilitators in 3 piloting agencies (PCAS with IDEJEN ?)
- Prepare guidelines and Haiti specific manual
- Support 3 pilot agencies in developing rolling-out plans