



THEME 3 SUMMARY

RECASTING OUR WASH SYSTEMS BOUNDARIES POST COVID-19

SEPTEMBER 2020

BACKGROUND

The Systems Learning Exchange was created to highlight the voices of Agenda for Change member (“Member”) representatives in country programs, and to encourage conversations across Members and countries. A dedicated [webpage](#) hosts all related materials.

The theme for the first discussion was [WASH Systems and Emergency Response](#). The second theme in July 2020 explored how Members were adapting to [The New Normal](#). The third and final theme featured speakers from Cambodia, the Democratic Republic of Congo (DRC), India, and Madagascar who shared perspectives on recasting their WASH system boundaries during the COVID-19 pandemic. Each speaker (or team of speakers) prepared a video presentation for viewing in advance of a live, facilitated discussion held on 2 September 2020.

Francois Kangela and Bezout Ratsimbazafy, Catholic Relief Services:

ACHIEVING IMPROVEMENTS IN WASH IN HEALTH CARE FACILITIES IN DRC AND MADAGASCAR

[Watch Video](#)

Dora Chaudhuri, Splash:

WORKING WITH GOVERNMENT ON WASH SYSTEMS STRENGTHENING POST COVID-19 IN KOLKATA, INDIA

[Watch Video](#)

Sovattha Neou and Geoff Revell, WaterSHED:

SYSTEMS STRENGTHENING AND STRATEGIC EXIT STRATEGIES: WATERSHED’S EXPERIENCE IN CAMBODIA

[Watch Video](#)

FULL DISCUSSION

[Watch Video](#)

SUMMARY OF DISCUSSIONS

All speakers noted that pre-existing relationships with government helped their work and facilitated the integration of system strengthening tools and WASH services in the COVID-19 responses. Chaudhuri provided an example: when the Addis Ababa city government realized that they needed help with hygiene at hospitals and COVID-19 testing/quarantine centers, they asked Splash to install handwashing stations and provide messaging at hospitals across the city.

Catholic Relief Services, DRC and Madagascar

Catholic Relief Services (CRS) used the [Clean Clinic Model](#) for improving WASH in public and Catholic-run healthcare facilities in Madagascar and DRC, among other countries. The Clean Clinic Model is a roadmap, adapted to each country context, that a health facility can follow to maintain hygienic conditions. It is based on promoting ownership of WASH systems at the facility level and capacity building of local actors. Beyond supporting the health care facilities to develop WASH action plans and budgets, CRS is providing on-the-job training to district health teams and the Catholic dioceses¹ to build their capacity for monitoring and supervisory support. Kangela and Ratsimbazafy highlighted several lessons learned from this approach:

- Improving leadership capacities of district teams leads to better governance and strengthened cooperation between municipal health facilities and water supply companies;
- Strong leadership and commitment from the Ministry of Health and church medical leaders are essential to successful, sustainable WASH systems;
- To help healthcare facilities sustain WASH services, it is vital to engage supervisors and improve the oversight and support offered to them;

¹A diocese is an area of land under the charge of a bishop (Wikipedia).



Maintaining a clean, green environment through the facility grounds Clean Clinic Method approach, Manambi Health Center, Madagascar (Catholic Relief Services)

- Including healthcare facility cleaners in training supports a key cadre of under-supported staff, and also reinforces their importance to managers.

Splash, India

[Project WASH in Schools for Everyone](#) (“Project WISE”) aims to deliver comprehensive WASH and menstrual hygiene management services to 1,200 government schools in Kolkata, India. A similar program is underway in Addis Ababa, Ethiopia. The original plan depended on co-funding from the West Bengal state government, but their priorities have changed due to COVID-19, the devastating effects of cyclone Amphan, and a forthcoming state election.

The West Bengal State education department is working to ensure a staggered, safe school reopening after COVID-19 shutdowns, but there are many challenges. For example, few schools have adequate handwashing facilities. Splash is making various adaptations, including:

- Revising the WASH and menstrual hygiene training modules to address COVID-19, in collaboration with the West Bengal State education department so the modules can be used across the state;
- Identifying innovative means of delivering critical messages around handwashing behavior and menstrual hygiene through WhatsApp and Facebook



Commune councillors from Kampong Chhnang, Batambang, and Pailin provinces at the Discover Conference in Battambang, Cambodia (WaterSHED). Note: this photo was taken before the COVID-19 pandemic.

on mobile phones and through television and radio for pupils without phones;

- Changing the design of existing handwashing and drinking water stations to accommodate sanitizer dispensers and foot pedals, which address new government Standard Operating Procedures for when schools reopen.

WaterSHED, Cambodia

In 2009, only two in 10 rural Cambodians had access to a toilet. To address this, WaterSHED promoted a range of sanitation market-building interventions that would equip the government to lead and allow WaterSHED and other non-governmental organizations to exit the sector. Phase one included formative research on WASH market development and the design and piloting of a market-based sanitation program. The second ‘Hands-Off’ phase scaled the market-building model across eight provinces, serving 40% of the country’s population. One component was a local government leadership training program, called [Civic Champions](#), which trained more than 1,000 commune councillors in public speaking, planning, and strategic thinking. The third and final phase focuses on sustainability – ensuring government ownership of key roles in market facilitation, multi-stakeholder coordination, data collection, monitoring, and institutionalizing the leadership program within the Ministry of Interior. To date, the Civic Champions program has:

- Cultivated leadership behaviors in local government officials to advocate for toilet adoption and generate demand;
- Strengthened local leadership to begin broad, sustainable community development in other sectors beyond WASH. This has been critical in responding to COVID-19. When foreign staff had to leave the country and local NGO staff were unable to travel, local actors, especially local government leaders, were ready and able to manage the crisis.
- Generated government ownership and commitment from the Ministry of Interior to train the remaining 10,000 commune councillors across Cambodia, without reliance on foreign funding or staff.

Live Event Discussion Highlights

The discussion had simultaneous interpretation in English, French, and Spanish to enable broader participation from across the membership. Representatives from ten Members across 25 countries registered.

Participants asked how the speakers addressed **turnover of key stakeholders**, especially government staff, and whether this can sometimes provide an opportunity to recast the boundaries of WASH systems. Neou and Revell responded that they first conducted an in-depth network analysis to understand who all the actors in the system were beyond the 'usual suspects'. This helped them target their system strengthening efforts by identifying key relationships between individuals and institutions and the important roles they have in communication, trust-building, and knowledge sharing. Secondly, WaterSHED designed the Civic Champions leadership training program so that it would be institutionalized within the government system; hence, new staff would continue to be trained and coached over time.

Kangela and Ratsimbazafy highlighted that CRS' Clean Clinic Model is a multi-disciplinary capacity building approach in which both clinical and non-clinical healthcare facility staff are trained. Each supervisor sets up a mentoring and skills building plan for their staff, and supervisors are also encouraged to prepare for their succession. CRS seeks to ensure the transfer of knowledge and experience by working with local community organizations, setting up knowledge transfer systems in health facilities, and encouraging knowledge sharing between different health facilities.

One participant asked about the challenges facing the school feeding program in **India** and how Splash could use COVID-19 discussions to catalyse systemic change. Chaudhuri noted that the government has responded, in the short-term, by distributing dry goods to pupils. As West Bengal prepares for school reopening, it will be vital for all stakeholders to work together;. For example, Splash is making design changes to ensure better access to handwashing stations, but government and school stakeholders will need to address water supply to ensure the handwashing facilities are functional.

Another participant asked about the perceived **lack of government funding**, especially during a crisis, and what can be done to ensure additional external funds are regarded as only temporary. Neou responded that WaterSHED prefers that government counterparts approach donors directly so that WaterSHED's position as a system strengthener is not compromised. She added: "The only way to ensure that temporary funding doesn't become indispensable, is to simply not offer it."

Kangela and Ratsimbazafy added that CRS openly discusses funding with government and civil society partners to dispel any ideas that financial sources from rich countries are inexhaustible. CRS focuses on co-creating projects with local partners and plans for the withdrawal of external aid together. In several countries (e.g., Madagascar, DRC, Ethiopia), local actors were able to mobilize up to 70% of the resources required to solve identified problems.

In relation to **collaboration with different actors beyond the boundary of the WASH**

Splash focal teacher conducting a discussion on menstrual health with a group of girls in Kolkata, India (Splash International). *Note: this photo was taken before the COVID-19 pandemic.*



system, Kangela and Ratsimbazafy commented that CRS is creating coordination mechanisms at the district and community level that define clear roles and responsibilities for government actors, non-governmental organizations, the private sector, traditional leaders, and media. Engaging the health sector and health actors was a challenge for the Clean Clinic Model initially. In Madagascar, CRS found that existing policies, institutions, and mechanisms for WASH in healthcare facilities had not been implemented, so they initiated national workshops to re-train the national training team and shared it with regional and district-level teams. In addition, the healthcare centers had not been able to draw up and implement action plans, so the Clean Clinic Model supported planning and budgeting with the district. CRS applied the same approach in the DRC with the Catholic health clinics.

Chaudhuri added that, thanks to India's Right to Education Act, WASH in schools is a priority within government already. The West Bengal State education department co-created the hygiene curriculum six years ago with Splash. Splash works with school stakeholders to build capacity for resource management and maintenance and with local technicians and plumbers to strengthen the supply chain.

In terms of **holding governments accountable** to their commitments to WASH, especially during a crisis like COVID-19, Chaudhuri discussed the benefits of Splash's direct engagement with the West Bengal State education department and with school staff, who are also government employees. Teachers and local government

Provincial leaders are trained by national officials to lead commune level Civic Champions Program in Cambodia (WaterSHED). Note: this photo was taken before the COVID-19 pandemic.



representatives participate in school management committees which are mandated by the Right to Education Act. In addition, each school has a Child Cabinet/parliament which comprises student leaders with specific roles and responsibilities. Splash field teams have trained these pupil groups on WASH and encouraged them to keep WASH on the agenda by taking their demands to the school management committee.

One participant asked what factors had led to the Government of Cambodia's interest in **institutionalizing the Civic Champions program**. Neou stated that both WaterSHED and the government shared the same goal: to build the capacity of local actors to support the transfer of WASH functions to the local government. In addition, the Civic Champions program is demonstrably cost-effective and the government is willing to cover the costs going forward. Revell also highlighted that WaterSHED worked with government counterparts over many years and have communicated the handover plan and showcased the results for individual participants. Over the course of seven years, government champions have emerged.

Finally, the speakers were asked to share experiences of **conducting advocacy around the COVID-19 response**. Chaudhuri highlighted that the Right to Education Forum, a collective of non-governmental organizations in India, addresses issues pertaining to education, WASH, and the rights of children. The Forum is currently discussing the recently announced national education policy. Collaborative advocacy around COVID-19 has not happened much to date, as many organizations are still adapting their implementation work and awaiting the standard operating procedures for school re-opening. Once that happens, sector stakeholders can determine what needs prioritizing and what the focus of advocacy should be.

Kangela and Ratsimbazafy added that CRS has reinvigorated the health sector training teams' and communes' interest and action to deliver WASH services in healthcare facilities. CRS supports district inspectors, who are key to ensuring that the communes and health centers continue to fulfil their action plans. The Ministry of Health in Madagascar has organized monthly coordination meetings with representatives from the Ministry of Water and Ministry of Decentralization to jointly address emerging challenges relating to the WASH system and WASH in health centers.

Questions and comments that were not addressed in the live discussion are included in Annex 1 with some initial reflections from the speakers. The full discussion can be viewed [here](#).

ANNEX 1 – ADDITIONAL QUESTIONS

Were your COVID-19 responses based on local or national government priorities, part of your organization’s global strategy, or something else?

Chaudhuri responded that it has been a combination of government priorities and Splash’s global strategy. In Cambodia, Neou and Revell highlighted that the COVID-19 response was not significant because of low infection rates. However, any operational adjustments were planned in cooperation with the government.

Which components of your response do you consider to be building on your WASH systems strengthening efforts?

Kangela and Ratsimbazafy consider hand hygiene a key component of the COVID-19 response. Fortunately, CRS had already trained staff, health care facilities had handwashing stations at key locations, and facilities had a focal person for WASH and infection prevention and control. Chaudhuri highlighted that Splash is redesigning the Project WISE behavior change program and hardware, both of which will strengthen WASH systems through education and health institutions in India and Ethiopia.

Has your systems strengthening approach made service delivery more resilient?

Kangela and Ratsimbazafy believe this is a work in progress. CRS typically sees three types of service delivery in health care facilities: boreholes fitted with a manual pump, connections to the public distribution network, and mixed systems (e.g., combining public network and self-supply). Each model requires a specific approach to strengthen its resilience, and CRS works with each health facility team to ensure the services remain functional and reliable by focusing on the maintenance of infrastructure, the production and use of water, safe management of excreta, contingency planning in the event of a breakdown, and securing finance.

Neou and Revell responded that while estimating attribution is sometimes difficult,

they believe WaterSHED’s systems approach has made sanitation service delivery more resilient. They are progressively exiting from their interventions by scaling back field staff and direct market facilitation efforts, then removing them altogether. It has been illuminating to see what works and what doesn’t when activities ended.

How were your systems-focused COVID-19 responses funded? (e.g., existing flexible/unrestricted funds, new emergency funds, other)

Kangela and Ratsimbazafy noted that CRS had flexible funds and emergency funds raised from donors. Chaudhuri added that Splash was able to shift a small amount of current funding to COVID-19 response and existing donors awarded them new grants to further develop their approach. Neou and Revell also had supportive responses from their donors at the onset of the pandemic and are still fundraising for their exit strategy.

Recognizing Splash Kolkata staff and colleagues for their efforts to ensure the success and sustainability of the Splash WASH in Schools program (Splash International). *Note: this picture was taken before the COVID-19 pandemic.*



What is one thing that has been working really well so far and is there something other governments, funders, or non-governmental organizations could learn from this?

Neou and Revell highlighted that the Civic Champions program has been one of the greatest successes in their organization, and has enabled their exit. Research shows the program is cost-efficient and should be considered for replication and scale-up by government and sector actors. There are many well-documented key elements that set it apart from normal leadership or capacity development:

- It is a peer-driven, cascade model;
- There are competitions with tangible targets and recognition is used as a reward;
- Government representatives paid to participate,
- and now, the program is government-led and funded.

Kangela and Ratsimbazafy added that what has worked so far is the clear desire of all stakeholders to change the paradigm from responding to emergencies quickly and moving on towards engage in building systems that last. This can be promoted, for example, through the signing of a memorandum of understanding amongst sector actors or participating in more joint reflection and training workshops.

Chaudhuri thinks that handwashing stations have sometimes been viewed as an afterthought in water projects. The amount of water wasted due to broken taps, or the times water access is turned off because of water leaks, shows how important water service delivery is to maintain hygienic conditions.

How have you been monitoring progress and what feedback have you received?

CRS is implementing simple monitoring tools that can be used by local teams and the authorities. These tools use a scoring system to quantify and visualize the achievements and progress throughout the implementation of action plans.

WaterSHED's metrics have evolved based on the progress of their programs. For example, they used to monitor latrine uptake, followed by quality of the monitoring data collected by government, and then the performance of local government in implementing their own action plan. They understood that system strengthening is changing based on actors and factors; the metrics to monitor it must evolve too. This approach enabled WaterSHED to respond to lessons about and shifts in the system they were attempting to build and monitor. WaterSHED also has received feedback from many officials who feel that they are ready to take responsibility now that the organization is exiting Cambodia.

We are seeking allies to make this case. In your context, who is making the case for long-term attention to WASH systems strengthening, even in an emergency setting?

Kangela and Ratsimbazafy said that political and religious leaders, non-governmental organizations, and pressure groups can encourage communities to build WASH systems that last rather than fragmented actions. Neou and Revell added that there are a few, true advocates within government for systems strengthening and that we should take care to work with them and foster inclusive, long-term connections. Other natural allies might be institutions who see the value of building networks as the core of their work – especially in businesses that express the need to strengthen the system around them (e.g., networks of entrepreneurs, associations of women in business, etc.).