



**MCDI**  
MEDICAL CARE DEVELOPMENT INTERNATIONAL

## Water, Sanitation and Hygiene



*A CLTS Triggering event in Madagascar*

**Today, 780 million people still have no access to clean water, and over 35 percent of the world's population lacks access to improved sanitation. MCDI is determined to help reduce both of these numbers to zero through innovative, community-based methods.**

### **Community-Led Total Sanitation**

The majority of deaths from waterborne diseases are pregnant women and children under five, a tragic and completely preventable result of inadequate hygiene and sanitation. Open defecation is one of the biggest challenges to reducing these illnesses and their burden on children and families.

MCDI is a world leader in the implementation of Community-Led Total Sanitation (CLTS), a methodology that mobilizes communities to completely eliminate open defecation by conducting their own appraisal and analysis of open defecation and taking their own actions to become open defecation free (ODF).

The CLTS approach includes several steps, but begins with a pre-implementation preparation, "triggering" of a community (which creates awareness about the sanitation and hygiene conditions of a community, provoking a strong emotional response and plans to eliminate open

defecation within the community), and continues with a process known as Follow-Up MANDONA, which is used to motivate communities to take actions that lead to certified ODF status.

The CLTS process engages community members, community leaders as well as institutional leaders. Institutional triggering is a vital advocacy tool based on the same principles as community triggering, but is targeted at influential agencies, organizations and leaders in order to inspire greater government and institutional support for the provision of adequate sanitation facilities. CLTS also allows for scaling up of ODF status from villages to larger administrative units.

The Improved Access and Hygiene Practices in Rural areas (PAPHyR) program works with local organizations and rural residents in Benin, creating demand for improved water and sanitation through behavior change and sanitation marketing interventions.

Using CLTS, the program is engaging 1.9 million people in adopting good hygiene and sanitation practices. As of July 2018, PAPHyR has improved sanitation and hygiene conditions for over 477,000 people.

The PAPHyR program incorporates the best practices from another Global Sanitation Fund-supported program in Madagascar, an initiative that is building the capacity of 30 local NGOs to improve community adoption of healthy water, sanitation and hygiene (WASH) approaches.



*Raising of a flag celebrating ODF status in Alétan, Benin*

The Madagascar Fonds d'Appui pour l'Assainissement (FAA, "Sanitation Support Fund" in English) program marries a CLTS approach with mass communication campaigns that are transforming behaviors and creating demand for sanitation and hygiene services. The program has already exceeded its target of providing access to handwashing facilities for 1.6 million and instead brought facilities to 3.6 million people.

As of July 2018, 16,455 villages have been declared open defecation-free, improving the health and safety of approximately 1.8 million people. All told, FAA activities have reached 8.3 million people. FAA has become part of the Ministry of Water's Basic Sanitation Strategy. It is now a driving force in the development of a national roadmap to reach an open defecation-free Madagascar by 2020.

### Hygiene promotion and sanitation marketing

To prevent deaths and disease, MCDI takes a holistic approach that melds technical expertise with health education. While investments such as latrines and wells are necessary for a healthy community, simple things like washing hands with soap and water also make a huge positive impact at very little cost. Through CLTS, communities are encouraged to build their own latrines without subsidies and to develop low-cost handwashing facilities.

Through MCDI's sanitation marketing strategy, suppliers of sanitation and hygiene products and technologies are supported to employ commercial marketing techniques to sell and advertise products. Linkages between private sector suppliers and communities are strengthened and support the development of more advanced latrines or hand-washing facilities if the community so desires. Private sector suppliers are also supported to work with communities to develop locally



### Serving remote populations in Madagascar

The Healthy Environment for Healthy Communities Project improved the availability of and access to family planning and WASH information and services for thousands of rural families in Madagascar's Atsimo Adrefana Region.

Using a community-based distribution program, the program trained and equipped community health volunteers to provide essential health and sanitation products as well as counseling and outreach.

Under the project, more than 66,000 people learned about hand washing with soap and 7,462 people were given access to a latrine for the first time in their lives.

acceptable sanitation and hygiene solutions. MCDI will focus on Menstrual Hygiene Management and Equality Non Discrimination to meet the needs of girls and people in vulnerable situations (elderly, people with disabilities, children).

### Developing healthier communities through schools

MCDI has supported the developing of water supply and sanitation systems in schools as well as promote hygiene practices to students of schools in Benin and Mali through integrated health programs targeting school-aged children.

The USAID Food for Education (FFE) program in Benin was a comprehensive health program that included the provision of 30 wells, numerous cisterns and latrines to schools to improve sanitation and hygiene. The USAID Health Education for Primary Schools Project (HEPS) in Benin improved the sanitary infrastructure of schools, impacting over 300,000 students, in addition to developing health education materials focusing on preventing communicable diseases.

Through the USAID-funded Northern Region Health and Hygiene Project in Mali, children were used as agents of change to improve knowledge and promote behavioral change regarding basic sanitation and disease prevention. Through a combined approach that coupled Information, Education and Communication activities with Behavior Change Communication and the construction of wells and latrines, these young change agents were able to drastically increase preventative health practices for over 225,000 people.



To learn more about MCDI, please visit [www.mcdinternational.org](http://www.mcdinternational.org)

8401 Colesville Road, Suite 425  
Silver Spring, MD 20910, USA  
+1-301-562-1920  
[mcdi@mcd.org](mailto:mcdi@mcd.org)