Model Households: Promising Approach to Sustaining Sanitation Gains in Madagascar

Nearly 90% of people living in Madagascar do not use basic or improved sanitation in their household, and more than half of the population practices open defecation. These practices contribute to poor health outcomes, including high rates of chronic malnutrition and diarrhea among infants and young children.

A local nongovernmental organization MIARINTSOA is using a 'model household' approach to reinvigorate and sustain sanitation and hygiene improvements in 94 villages of Madagascar's Haute Matsiatra region. MIARINTSOA adapted the approach and implemented it with technical and financial support from the MCD International (MCDI)-led Fonds d'Appui pour l'Assainissement, (FAA) program. Model households in Ambalandapa helped the village regain its open defecation free (ODF) status within three weeks of re-triggering, and nine out of 10 neighboring villages subsequently regained their ODF status two to three weeks after employing the model household approach.

Community-Led Total Sanitation

Community-Led Total Sanitation (CLTS) works with entire communities to change their sanitation and hygiene behaviors. Through a participatory, community-wide 'triggering' exercise, CLTS raises awareness of the harmful effects of open defecation and inspires community members to independently adopt improved sanitation practices and break the chain of fecal-oral contamination in their community. The CLTS approach has been used in more than 60 countries and is frequently part of national policy, including in Madagascar. In FAA experience, CLTS is often effective in the short term; however, communities may struggle to sustain improved sanitation practices and ODF status without ongoing reinforcement efforts. In program intervention areas, MCDI has found that with such reinforcement, less than 8% of ODF villages are likely to return to open defecation or otherwise fail to comply with ODF criteria.

Initiating and Sustaining Change: Natural Leaders and Model Households

Natural leaders (NLs) spontaneously emerge from CLTS processes as early adopters, influencers, and advocates for new attitudes and practices related to improved sanitation. They are invaluable to the program and other CLTS programming. These leaders help initiate, sustain, and spread community-level change by supporting fellow community members to ensure that everyone can access and use adequate sanitation and hygiene.

Rajao (right) and his wife, Rasoa (left), pose in front of their latrine. Rajao takes great pride in his family's role as a model household in the village of Ambalandapa.

"It's a joy for my family to help other households become role models," he said. "Our goal will now be focused on eradicating fecal-oral transmission in our community."

Through its work in the Haute Matsiatra region, MIARINTSOA identified a need for more NLs in several communities and saw great potential in the community members closest to the NLs: the other members of her/his household. This model household approach helps to address key aspects of FAA programming by influencing opinions and

Since 2010, MCDI has implemented the FAA program with funding from the Water Supply and Collaborative Council's Global Sanitation Fund. MCDI provides grants to local organizations across 21 of Madagascar's 22 regions. With technical, operational, and financial support from MCDI, these local implementers use CLTS, sanitation marketing, and behavior change communication and other approaches to improve equitable access to sanitation and hygiene infrastructure, particularly among vulnerable communities.

MCDI is committed to strengthening the capacity of each community's local operators to sustain access of population, especially, the most vulnerable, to improved sanitation and hygiene.

With support from MCDI and the FAA program:

23,947

villages have achieved ODF status

4.5M+

individuals have access to improved latrines and hand-washing facilities with soap

attitudes among other community members (e.g., disgust, pride and dignity associated with open defecation) and by sharing knowledge and expertise (e.g., how to build a basic latrine). By demonstrating optimal attitudes, behaviors, and practices, model households set an example for their neighbors, fostering enthusiasm for and encouraging adoption of good sanitation and hygiene practices. MIARINTSOA found that model households helped their communities rapidly return to positive sanitation behaviors and restore their ODF status as well as rekindled community-wide commitment to improving sanitation. Critically, vulnerable households (or households with vulnerable members) can serve as model households in a community; thus, helping promote equity and inclusion in CLTS.

Identifying Model Households

Consistent with CLTS principles of community-driven change, members of the local sanitation committee or local community governance group, with support from the external facilitator, identify model households. An ideal model household has demonstrated and continues to demonstrate good sanitation and hygiene practices and infrastructure in their home and has the capacity to:

- Communicate ODF criteria to other community members.
- Positively influence and affect change in their community.
- Demonstrate appropriate sanitation behaviors and technologies.
- Provide knowledge and technical expertise to other community members.

Model households typically emerge as leaders or as early or effective adopters during meetings, activities, and community actions, such as a follow-up MANDONA, an action-oriented approach used to support CLTS after triggering to hasten the end of open defecation. Generally, one or two model households per village is sufficient, but more might be appropriate in a larger village or to exemplify different innovations or behaviors.

The model household approach reflects similar and highly successful practices in other sectors, such as agriculture (model or lead farmers) and nutrition (positive deviance), in which community members can directly observe that improved practices/technologies are feasible and have an impact in families similar to their own. Further, community members can learn how to adopt the context-specific practices/technologies from their neighbors and peers.

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