

## Hygienic Initiative Concept Note

### Purpose

To develop and trial a model that will support ODF communities in upgrading household and institutional sanitation to achieve 'hygienic' status in Bobonaro Municipality.

### Background

#### Improving Sanitation in Timor-Leste

In Timor-Leste, 32% of the population continues to defecate in the open due to a lack of sanitation. WHO estimates that 88% of diarrhea cases are directly associated with inadequate water, sanitation and hygiene (WASH), and that 50% of undernutrition is linked to chronic diarrhea, intestinal worms, and other infections caused by poor WASH. Diarrheal disease is the second highest contributor to child mortality in Timor-Leste and stunting rates in children under five are amongst the highest in the world. Improved sanitation facilities and hygienic behaviors are critical to improving the health and nutrition of children and families.

Both the Sustainable Development Goals and the Timor-Leste National Strategic Development Plan 2011-2030 have established a target of 100% coverage for adequate sanitation by 2030. However, Timor-Leste remains off course from reaching these national targets. Over half of the population does not have access to adequate sanitation, significantly increasing the risk of diseases and malnutrition, especially for women and children.

The Timor-Leste National Basic Sanitation Policy objective is 'to reduce death and disease and bring about social, economic, educational and environmental gains for all through the safe elimination of harmful waste from the environment and the practice of health behaviours.' To achieve this, the policy was built around the concept of phased sanitation development, with the following phased sanitation objectives:

1. Open Defecation Free (ODF) Sucos: excreta-free open spaces, drains, water bodies and institutional buildings.
2. Hygienic Sucos: 100% coverage of hygienic toilets and handwashing stations with soap; universal safe disposal of infant and child faeces.
3. Solid Waste Free Sucos: Free of indiscriminate solid waste disposal.
4. Foul Water Free Sucos: Free of indiscriminate wastewater runoff and stagnant water bodies.



The Partnership for Human Development (PHD) is collaborating with the Timorese government (Ministry of Health and Ministry of Public Works), local authorities, and civil society partners to work with communities, to achieve two categories of sanitation improvement as specified in the Timor-Leste National Basic Sanitation Policy:

1. 'Open Defecation Free' (ODF) status: excreta-free open spaces, drains, water bodies and institutional buildings.
2. Hygienic status: 100% coverage of hygienic toilets and handwashing stations with soap; universal safe disposal of infant and child faeces.

Timor-Leste has made some significant gains in the last year around engaging municipalities and communities in ending open defecation, and improving sanitation and hygiene behaviours, however, remains off course from reaching Sustainable Development Goal (SDG) 6 and national targets of 'equitable and appropriate sanitation for all' by 2030. Over half of the Timor-Leste population still does not have access to adequate sanitation, significantly increasing the risk of diseases and malnutrition, especially for women and children.

The ODF Timor-Leste Initiative piloted in Bobonaro Municipality in 2015-16 successfully improved household toilet coverage from 47% to 92% in eleven months. ODF verification results indicate that 70% of houses in ODF communities have improved toilets, indicating that 30% of toilets remain ineffective at preventing faeces from entering the environment and contaminating people. The Hygienic Initiative will target ensuring that 100%

of houses and government institutions have improved sanitation that will create communities free from pathogens and thus healthier.

## Achieving Hygienic Status

To move from ODF Status to Hygienic Status a suco must achieve the following criteria:

- Sustained ODF status
- Every house having an improved toilet that prevents faeces from entering the environment
- Every toilet having a facility to wash hands that has soap and water
- All primary schools and health facilities have improved sanitation facilities
- Functioning water user groups (in communities with water systems)

The Hygienic Initiative will mobilise houses to improve toilets in ODF communities in order reinforce the behaviour change triggered by ODF achievement and to improve existing sanitation infrastructure to create communities free from pathogens and thus healthier to live in.

## Strategies

There are a number of strategies that have been identified that can be used to achieve the specified criteria for Hygienic Status. The chosen partner will collaborate with PHD and the municipal and local authority to develop mechanisms for operationalizing the strategies.

**Verify ODF and establish a baseline:** The MoH's ODF verification survey should be used to conduct a 100% household survey establish confirmation that the aldeia/suco has sustained ODF and to establish a baseline of understanding around toilet and HWWS coverage and need for achievement of 'hygienic' status. The survey also facilitates the identification of houses with people with disabilities, which will support the partner in appropriate targeting of support to ensure that all people are accessing and using toilets.

**Trigger community change:** The ODF Initiative capitalizes upon the power of peer influence to create a collective action to end open defecation. The community desire to end open defecation is created through a process that 'triggers' communities to recognize that even with only one person defecating in the open an entire community's health can be compromised by the faeces left in the open. To move a community from ODF to hygienic status a similar 'triggering' of the community to work together to improve their sanitation is necessary. The chosen partner will be responsible for working with local authority to engage communities in this a movement to improve their sanitation to hygienic. This will require behaviour change approaches, community mobilization, and regular promotion and monitoring.

**Support local authority to lead the change:** Sustainable change in community sanitation behaviours requires a shift in social norms. To effectively influence total community engagement, local authorities should motivate and lead communities in ensuring that all houses are fully adopting sanitation practices that will promote community health. This will require the chosen partner to follow the lead of the local authority and to support them in implementing actions that are identified by the suco, administrative post and municipal authorities to promote community advancement to hygienic status. In the words of the Atabae Post Administrator, 'We can lead the change with an NGO supporting us from behind.'

**Financial support to enable houses to upgrade toilets:** An ODF Sustainability Study conducted by BESIK in 2016, indicated that 18% of households in communities formally verified as ODF revert back to open defecation. The majority of houses that reverted were those that could not access supplies or resources to upgrading their toilets. Financial support in the form of a household voucher will allow houses that have already engaged in sanitation behaviour change to access supplies and resources necessary to allow them to upgrade their toilets to more durable and improved toilets.

**Motivate community members to ensure that they can hand wash with soap (HWWS) after defecation:** Engage social and behaviour change approaches to motivate household members to hand wash with soap after defecation. BESIK, the former Australian Government water and sanitation program, developed and implemented a behaviour change campaign to motivate care-givers to HWWS after defecation and before contact with food using both mass media tools as well as interpersonal communication activities. These resources can be adapted and used to engage households in equipping their toilet with HWWS facilities and in adopting the behaviour. A professional company can be contracted to implement the campaign at the aldeia level, but it is critical to also engage government health workers to give credibility and gravitas to the promotion of the behaviour.

**Engagement with the water sector:** It is recognized that sustainable access to water is an enabler for both the uptake of toilet use and HWWS behaviour as well for sustaining the practice. PHD plans to work with the

Municipal Water Supply Services, Community Water Management Groups and a Water Sector partner to strengthen community capacity to manage their water systems in a sustainable manner. This work will also promote local authority prioritisation and resourcing for community water for household sanitation practices as well as school and health facility sanitation needs. Improvement of primary school and health facility sanitation and hygiene will require close coordination to ensure that these government institutions have the necessary water access to support sanitation needs.

**Community WASH Grants:** Upon suco level verification of the achievement of 100% improved toilet coverage and handwashing facilities with soap and water, a suco will become eligible for a grant that the suco can use to improve sanitation facilities at health facilities or primary schools. The funds will be managed through a community driven development mechanism similar to that of PNDS, with technical support provided by Municipal Water Services and an NGO social and financial support team. A list of WASH priorities in suco health facilities and schools will be provided to the suco to facilitate prioritization of grant projects.

### Hygienic Initiative Process



## Voucher Use for Toilet Upgrades

This proposed sanitation improvement voucher scheme is a form of results-based financing to ensure equity and programmatic tools that will reduce barriers to access and use of supplies to improve and sustain household sanitation practice. If a vulnerable house has already used their resources to end open defecation by building a toilet, we believe that the house/family can only benefit by additional resources to upgrade household sanitation and improve hygienic practices in their homes.

### Proposed use of vouchers

- Toilet improvements (sanplat, infrastructure – walls, roof, pit, door)
- Improvements to toilet for disability (ramp, railings, widening of door and room)
- Improvement of toilet for MHM (drying place, bin)
- Improvement of hygiene of toilet (tiles for floor, window for ventilation)
- HWWS facility
- Access to water (Toilet water tank, connection to household tap)
- Water filter

*Voucher values:* To minimize administrative requirements and to spread the benefit for a population of which the majority can be defined as the extreme poor (<USD1.90), we propose to provide vouchers to two categories of those defined by MSS as vulnerable.

1. USD 30 for houses with unimproved or improved but non-permanent superstructures
2. USD 40 for houses with a person with a disability living in the home.

This ensures that the poorest 70% (<USD2) are receiving at least USD 30 in support to improving hygiene practices within their homes.

The toilet vouchers will be redeemed through approved suppliers (municipal, administrative post, and suco suppliers, stores and kiosks). The toilet vouchers place the responsibility for taking action for upgrading toilets under the onus of the household and will allow beneficiary houses to make personal decisions on how best to improve their toilet, optimizing sustainability of the improvements and toilet use. Any additional costs past the value of the voucher will have to be financed by the household. At the same time the use of the private sector will promote the growth of toilet supply at the administrative level

### Voucher Distribution Criteria

Upgrade to achieve improved and sustainable toilet or to make appropriate toilet modifications for a person with a disability. Vouchers can be used for upgrades to the following:

- Superstructure
- Door
- Roof
- Floor of toilet
- Toilet pan
- Handwashing facility
- Water storage container for toilet
- Menstrual Hygiene Management Facilities (Drying rack, Disposal facilities)
- Child Faeces Management (child potties)
- Path to toilet (For people with a mobility disability)

Vouchers can only be received at the voucher distribution meeting or during a specified week from a specified individual in the community.

Vouchers must be used within 1 month of receipt.

## Private Sector Engagement

Private sector suppliers, of sanitation related items including stores, masons, and local producers, in administrative posts in proximity of the target administrative post will be engaged to participate in the sanitation improvement voucher scheme through an official agreement. The agreement will include:

- List of items for which the voucher can be redeemed
- A fixed maximum price of the agreed upon items for redemption. The provider can choose to reduce the cost of the item but cannot exceed it during the duration of the agreement. The agreement should define the period of time for which the price list is valid.
- Duration of time for which households can redeem vouchers
- Clear requirements for the Voucher Use Verification Team to approve payment to the provider

Participating suppliers must also participate in a training around bookkeeping, inventory management, voucher utilization, and voucher-use verification for payment.

All participating suppliers will be invited to the community socialization and voucher distribution meetings so that they can promote the use of the voucher at their stores / businesses. Marketing of sanitation products and participation in the voucher scheme will be the responsibility of the supplier.

## Voucher Use

Vouchers will be designed in triplicate, with unique numerical codes, and a unique identifier to prevent duplication. Vouchers must be used within 1 month of receiving.

1. Community Voucher Distribution Meeting
  - Distribute vouchers to all eligible meeting participants. Use baseline data to confirm only 1 voucher / house is distributed and to determine if there is a person with a disability in the house to receive a higher valued voucher.
  - Create list of all people receiving voucher (plus two additional people from the house who can redeem the voucher) and their home aldeia / barrio. Voucher distribution lists must include unique number code corresponding to the number on the voucher to households.
  - Invite all participating private sector partners to introduce and promote products.
  - Distribute a copy of each aldeias' Voucher Distribution List to each participating supplier.
2. Voucher Distribution Alternate Option
  - If community members cannot go to the Voucher Distribution Meeting, they have one week to pick up a voucher from a designated person in the community.
  - The implementation team will have to socialize this opportunity to receive the voucher to ensure that all houses have an equal opportunity to receive a voucher.
3. Household Actions
  - Households will independently visit the store of their choosing and decide what they want to purchase to improve/upgrade their toilet. Households must be represented by one of the people

### Voucher

#### 2 Types of Vouchers

USD 30 General

USD 45 Disability

#### Information in Voucher

*Unique Identifier #* for each voucher that is linked to the same number on the voucher distribution lists distributed to the suppliers.

*Unique Identifier mark* to prevent duplication

Naran Uma kain: \_\_\_\_\_

Naran of two additional people who can redeem the voucher

Aldeia/Barrio: \_\_\_\_\_

Suco: \_\_\_\_\_

**Purchase**      **Date:**

Item	Cost
Total Cost	
Amount paid by customer	

**Reason for selection of items.**

**HH Phone #**

designated on the voucher to redeem the voucher. They must present their electoral card to verify identity.

#### 4. Supplier Actions

- The supplier / store can provide advise on products that can contribute to an improved toilet.
- The supplier / store cross references the voucher name and unique number code with the information on the Voucher Distribution Lists and the electoral card information.
- The supplier /store provides the HH with sanitation related supplies as chosen by HH and records price, items purchased, total value of the items, and the total additional expenditure of the HH onto the voucher. One copy of the voucher is provided to the HH as a receipt and the other two copies are retained by the supplier; one for the supplier's records and one to submit to the Verification Team for approval and payment.

#### Voucher Use Verification

An independent Verification Team will be established to approve payments to the suppliers based on voucher use. The Verification Team should be composed of the following members:

- National and/or Municipal Basic Sanitation Directorate representative
- National and/or Municipal Environmental Health / Health Promotion Representatives
- Administrative Post Authority Representative
- Administrative Post Health Service Representative
- Implementing NGO Representative

#### Verification Process

The suppliers will provide one copy of each voucher to the Verification Team on a monthly basis. Only vouchers that are submitted to the Verification Team will be paid.

The team will select a random sample of vouchers for verification through two different mechanisms:

1. Telephone verifications during which the team member will confirm that:
    - a. the voucher was redeemed from the submitting provider
    - b. the materials indicated on the voucher were received by the household (verbal confirmation)
  2. Household visits during which the team member will confirm that:
    - a. the voucher was redeemed from the submitting provider
    - b. the materials indicated on the voucher were received by the household (visual confirmation)
    - c. assess the use of the materials to upgrade the toilet (this will not influence payment approval)
- After the Verification Team verifies submitted vouchers, it provides approval to the implementing NGO to make the full payment for voucher use to the supplier's bank account within one week of receipt of approval.
  - If the Verification Team does not approve the submitted vouchers feedback and actions must be provided to the supplier within one week.

#### Handwashing with Soap

In Timor-Leste, the top two causes of mortality in children under five are ARIs and diarrhoeal disease. Washing hands with soap has been proven to reduce the risk of diarrhea by up to 47% and acute respiratory infections by up to 45%.<sup>1 2</sup> In 2013, the Ministry of Health (MoH) developed an evidence-based handwashing with soap (HWWS) behavior change campaign that harnesses both the expertise of the private sector in developing a program to market the social benefits of washing hands with soap as well the Ministry of Health's community level public health practitioners to reach mothers and care-givers of children under

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1 Curtis, Val and Craincross Sandy. Effect of washing hands with soap on diarrhoea risk in the community: a systematic review Lancet Infect Dis. 2003 May;3(5):275-81.

2 Lorna Fewtrell, Rachel B Kaufmann, David Kay, Wayne Enanoria, Laurence Haller, and John M Colford Jr, Water, sanitation, and hygiene interventions to reduce diarrhoea in less developed countries: a systematic review and meta-analysis. Lancet Infect Dis 2005; 5: 42-52.

five with messages promoting the health benefits of HWWS. The campaign tools and implementation mechanisms have been documented in the 'Hametin Domin ho Liman Mos' campaign booklet and will be used as a guide by the implementing partner. As one of the key predictors for a household to have a place to wash hands is the presence of a toilet, the HWWS campaign should be sequenced for implementation after at least 85% of the houses have a hygienic toilet.

### Hygienic Toilet Verification

Verification and declaration of Hygienic Status is a critical step in Timor-Leste's advancement around sanitation improvements. Ensuring that all homes in a community have a hygienic toilet will optimize the sustainability of the open defecation free achievements, which are crucial to eliminate faeces from the environment that causes disease and compromises nutrition.

The Hygienic Toilet Verification process measures and ensures that all houses meet the following criteria:

- Sustained ODF status
- Hygienic toilet
- A handwashing with soap facility next to the toilet

The verification is conducted by a team from the Municipal and Administrative Post government, including health representatives, sanitation representatives, education representatives, and local authority. The verification process is organized through the Municipal Authority and submitted to the National Ministry of Health to be included in the national sanitation monitoring system.