

Keys to Sustainability: Asset Appreciation and Motivation

A Malawian Case Study

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Introduction

Sichuan, China once had two monks: one rich, one poor. One day, the poor monk told the rich monk: “I’m planning a trip to Hainan. What do you think?” The rich monk replied: “What are you taking?” The poor monk answered: “I’m only taking a cup for water and a bowl for food; that’s all I have, and it should be enough.” The rich monk said: “I’ve always wanted to hire a boat to take me to Hainan, but I’ve yet to go.” A year later, the poor monk returned from Hainan and told the rich monk about his trip. Upon hearing about the many differences between Hainan and Sichuan, the rich monk regretted his not going.

This ancient story demonstrates that motivation and asset utilization determine a task’s level of difficulty. Although the rich monk had enough assets to travel, he failed to take his trip because he lacked the necessary motivation and the “perfect” boat. The poor monk, conversely, was determined to make the journey and made the best use of what he had. The poor monk took his cup and bowl and journeyed to Hainan successfully.

While working as a non-governmental organization (NGO) advisor through Peace Corps—Malawi’s Community Health and HIV Project, I advised several social change organizations that behaved like the rich monk. They lacked internal motivation and failed to utilize their resources effectively. Fortunately, however, I also advised organizations that behaved like the poor monk. The following case study summarizes what one organization did to fall into the poor monk category and celebrates their resulting accomplishments.

Context Description

Worldwide, diarrheal diseases and parasitic infections claim more lives than wars and natural disasters, but get less attention.¹ Although HIV dominates headlines in Malawi, diarrheal diseases regularly claim more young lives. Children living along the Namandanje River under Traditional Authority Liwonde in Machinga District are, sadly, not exceptions to this phenomenon. In November of 2009, for example, children represented the majority of the patients treated for diarrheal related complications at Namandanje Health Center.²

Although diarrhea is often a symptom of other diseases such as cholera and malaria, poor hygiene creates an environment wherein flies and parasites thrive and transmit diarrhea’s main driver: fecal borne diseases. Hygiene conditions in the Namandanje area have been dreadful. In December 2009, only one in twenty Namandanje area households used traditional latrines at the very least.³ Traditional latrines’ mud floors render them difficult to clean, producing unpleasant odors, flies, and parasites. Adding sanitation platforms, easy-to-clean concrete slabs with raised footrests and covered drop-holes, to traditional latrines is a World Health Organization (WHO) recommended way to minimize disease vectors. These sanitary latrines help reduce fecal borne diseases and, thereby, save lives.

¹ Brandberg, Bjorn (1997): *Latrine Building*, ITDG Publishing, London.

² Banda, Noel (November 2009), “Namandanje Health Center Out-Patient Ward Registry Review.”

³ Fashion, Mollen (December 2009), “Namandanje Health Center’s Household Sanitation and Survey.”

Unfortunately, in addition to many households lacking latrines with sanitation platforms, Namandanje area's government institutions have also had insufficient sanitary latrines. In August 2009, while conducting a participatory community needs assessment, I discovered that the primary school neighboring Namandanje Health center had eight latrines for its then 1,649 pupils. This translated to one latrine for every 206 students. Namandanje primary school's pit-latrines to pupil ratio was significantly worse than the national standard of one to fifty. None of the school's pit-latrines, moreover, had sanitation platforms; and only three latrines were permanent brick structures. According to a leading Malawian newspaper, primary schools' poor sanitation also helped fuel the high levels of female dropout.⁴

Identification of Key Stakeholders / Issue and Problem Identification

When I conducted a needs assessment of the Namandanje area, Namandanje Primary School's Management Committee and its Assistant Head Principal were aware of this problem. They informed me that the school needed 25 additional latrines with sanitation platforms to meet national sanitation standards. They also warned me that the government of Malawi had recently threatened to shut down schools that did not meet sanitation standards.

The committee, however, lacked the necessary funding, materials, and skills to build the requisite latrines. They, therefore, had petitioned local government officials to build the required latrines. Their request had fallen on death ears. (The municipal government could not even afford to pay its own employees.) As a final alternative, the committee asked for Peace Corps's assistance.

After attending Peace Corps In-Service-Training, wherein I honed the participatory project planning skills I learned during Development Project Management Institute's first module, I assisted the committee in designing and implementing a hygiene education and sanitation improvement project. Unfortunately, the desired solution of building all 25 pit-latrines was beyond the community's financial capacity. The school's management committee and I, therefore, devised a small-scale intervention. This intervention aimed to achieve the following objectives:

- (1) Increase the number of pit latrines at the primary school by fifty percent,
- (2) Improve the hygiene knowledge of 1,649 primary school students,
- (3) Mobilize over 100 parents to contribute material and/or financial support,
- (4) Build the committee's project management capacity, and
- (5) Deepen linkages between area institutions.

To achieve these objectives, I first helped committee members draft an Asset/Deficit Maps. The map helped committee members recognize, maximize, and mobilize local community resources. First, committee members listed all the knowledge, expertise, and materials needed to build the latrines and educate students about proper hygiene. Second, they listed the resources that could be found at the household level, the community level, and finally, at the district level. Third, committee members listed resources freely found at these levels as assets. These assets included

⁴ *The Nation*, 21 July 2008, "Two Lilongwe schools without toilets for five years."

the following: skilled labor, iron roofing sheets, soft-wire, IBR screws, sand, bricks, quarry stone, and enough money to purchase one bag of cement.

Committee members then listed the resources that could not be found at various levels and labeled them as deficits. These included the following: eight bags of cement, sanitation platform frames, and wheel barrels. Next, they priced assets and deficits. Committee members appreciated community resources better because they saw that local assets accounted for *over 70 percent* of the project's total cost! As a result, when the committee drafted a short proposal to Peace Corps—Malawi for remaining project costs, they argued successfully that the project had strong community ownership.

In addition to Peace Corps—Malawi's USD 95 contribution, the project also received material support from key area institutions. Namandanje Catholic Parish contributed shovels and a wheel barrel. The parish also sold cement to the project at a discounted price. Additionally, the municipal government, through the district health office, contributed sanitation platform casting frames. Health Surveillance Assistants working at Namandanje Health Center provided hygiene education materials. Parents of children attending the school not only donated the requisite bricks, rocks and sand, but also raised enough money to hire a local mason and buy an additional bag of cement. Parents also contributed their time and unskilled labor.

When all the materials had arrived, the school management committee, its assistant head master and I began supervising the construction of four pit latrines. The construction began on December 3, 2009 and ended on January 15, 2010. During this time I taught the Assistant Head Master and a group of older students to cast sanitation platforms. These same students also built six hand-washing stations and taught their parents about good hygiene. After the pit-latrines were completed and installed with sanitation platforms, Namandanje Health Center's Health Surveillance Assistants educated 1,649 students about proper hygiene at a morning rally.

Doubling the amount of pit-latrines at the primary school was the project's main objective. Transferring basic technical, project design, and management skills to the committee seemed, at the time, a necessary means to this end. I undervalued the project's skills transfer component, because I assumed committee members would never use their new skills independently.

I was wrong. Namandanje Primary School's Management Committee members used the skills they learned from the project. They used these skills, moreover, to extend the said project's impact. In April 2010, the management committee collected enough money from parents to build ten additional pit-latrines with sanitation platforms. In May 2010, the committee finished coordinating the construction of ten additional pit-latrines. The four pit-latrines I had helped build inspired ten more—"four for ten." These ten pit-latrines were built independent of external assistance and me. Namandanje residents provided all the materials, management, and technical expertise. This is the definition of sustainability. Although I did not anticipate sustainability, successful skills transfer dragooned it.

Connections to Development Project Management

Sustainability also occurred because the project followed the DPMI maxim of using high levels of stakeholder participation to gather data. In short, primary stakeholders initiated and lead the project. Because committee members led the data collection process, they trusted the conclusions drawn from the data. Moreover, by owning the data generated from this process, committee members bought into the project. After analyzing their assets, committee members understood that they did not have to wait for “outside” solutions to their problem. Additionally, individuals trained based on their willingness to learn and their potential reach ensured that the project would have a greater impact than its immediate objectives.

The committee did require some outside assistance, however. But this assistance was initiated and brokered on their terms. Without using DPMI buzzwords, community members applied systems thinking principles by connecting resources from disparate area institutions. They saw a forest in scattered trees. Instead of seeing a bag of cement here and an iron-sheet there, committee members learned that these inputs could be used to make the structures they desired. This insight enabled them to engage relevant stakeholders confidently.

This project also followed the DPMI concept of adapting tools to local technology constraints. My breaking down complicated ideas of budgeting into smaller, easily digestible pieces allowed committee members to plunge into the budgeting process. Additionally, the school management committee did not wait to receive the “standard” government-made pit-latrines. The committee instead used their resources to build sanitary latrines that satisfied WHO standards.

Like any project reviewed in DPMI, this project did face several setbacks. For example, we did not allocate money to feed the mason and other unskilled laborers. Also, several items proved to have been optimistically priced. Therefore, I learned that it is crucial to allocate extra money for contingencies. Mistakes occur during project implementation, but the key is to relax and manage changes with grace and tact.

Former Defense Secretary Robert Gates once said, “Reality is a very effective teacher.” He was spot on. By employing an asset based approach to development in the field, I learned not only about the power of this approach, but also about the trans-formative power of motivated, and appreciative social change organizations.