East and Southern Africa Regional Rural Sanitation Workshop

CLTS Knowledge Hub
Strengthening and broadening
Community-led Total
Sanitation at scale

The Joint Monitoring Programme estimated that in 2015 28.1 per cent of the rural population of East and Southern Africa practiced open defecation (OD) while 44 per cent were reliant on unimproved sanitation facilities. Furthermore, 64 per cent of rural households had no handwashing facility with an additional 23 per cent having a limited facility (one without water or soap) (JMP, 2017a). Good progress is being made through Community-Led Total Sanitation (CLTS) and other rural sanitation approaches; however the achievement of universal safely managed sanitation in the region by 2030 will require increased scale and pace.

The CLTS Knowledge Hub, based at the Institute of Development Studies, convened a regional workshop in Arusha, Tanzania, 16-20 April 2018 with support from SNV Tanzania. The event brought together those engaged in rural WASH programming from eight countries across the region (Burundi, Eritrea, Ethiopia, Kenya, Malawi, Tanzania, Uganda and Zambia) alongside experts working at regional and global levels. Over the course of five days participants shared experiences, innovations, challenges and learning, and mapped gaps in knowledge with the aim of improving capacity and future learning, and building consensus on the way forward. SNV Tanzania also facilitated a field visit to its Sustainable Sanitation and Hygiene for All (SSH4A) project areas in Babati and Karatu districts.

This learning brief presents the common challenges and barriers to achieving Sustainable Development Goal (SDG) 6.2 that the workshop participants identified across the region. It summarises discussions held across the week, highlights promising practices and considers priority actions moving forward. It is complemented by other resources available at www.communityledtotalsanitation. org/regional-africa-sharing-and-learning-workshops-2018.

Common rural sanitation challenges

1. **Climbing the sanitation ladder**: Although much progress has been made in reducing OD and increasing sanitation access, many households and communities struggle to move to higher rungs on the sanitation ladder. Use of basic[1] and safely managed sanitation[2] remains low in many African countries, and some communities and support agencies stop at the achievement of Open Defecation Free (ODF), even where ODF criteria allow the use of unimproved[3] and limited[4] sanitation services.

2. **Supply chain development and sanitation marketing:** To date, market-based sanitation initiatives in East and Southern Africa have failed to scale, or to move the poorest households up the sanitation ladder away from the use of traditional pit latrines. The affordability of market-based sanitation goods and services by poor and disadvantaged households is

still a major barrier in the region. Few effective solutions have been found in areas where latrine construction materials are scarce.

3. **Human resources**: Governments in the region often lack the capacity to support implementation and monitor progress towards ODF and sustainability at scale. Lack of skilled staff, inadequate capacity building budget, and frequent turnover also pose challenges for implementation quality. Government capacity constraints often lead to an over reliance on community volunteers, which affects the quality of large-scale implementation and the sustainability of outcomes.

4. **External funding and domestic resources (including government budgets) are too low to address the sanitation challenges in the region:** Government funding for sanitation is limited and sanitation remains a low political priority. Domestic resource mobilisation is critical to ensure the resources (including human resources) necessary to deliver and support large-scale sanitation programmes, and implement with sufficient quality and sustainability.

5. **Challenging contexts and vulnerable groups:** Various 'last mile' issues were identified that may halt progress towards the achievement of SDG 6.2. Technical challenges are common in difficult terrains; there are challenges relating to exclusion/marginalisation, disability and poverty. Other challenging contexts include communities living near water bodies (lakes, fishing communities, and beaches), sanitation for pastoralists, refugees, internally displaced people, and people living in conflict-affected or disaster prone areas, as well as geographically isolated communities.

6. **Monitoring and learning:** Large-scale monitoring needs to be improved greatly. Most national systems (including Management Information Systems) do not capture information on disadvantaged and vulnerable groups, or communities that are not easily reached. The reliability of data is often questionable, leading to inconsistency between data from national monitoring systems and data from other monitoring and evaluation efforts. Time lags exist between current data and ground realities, in part because updating the data is cumbersome and overburdens government staff and community volunteers. Furthermore, when

monitoring data has been collected it is rarely well utilised, with limited feedback into policy and implementation, and little analysis of what works and what does not.

7. **Slippage:** ODF slippage rates vary widely between and within countries. Monitoring of ODF slippage is not systematic, despite widespread recognition of the issue. New practices to address slippage within the region need to be identified rapidly and widely shared.

8. **ODF definitions:** ODF criteria and definitions vary between and within countries, and across the region. As a result, comparisons are difficult, and the utility of ODF data is undermined.

Image 1. Identification of regional and country-specific challenges. *Credit:* Elaine Mercer

Reaching the 'last mile': leaving no one behind

Successful achievement of SDG 6.2 will require area-wide approaches, including active efforts made to identify those without adequate and equitable sanitation and hygiene. These groups will not be the same in all settings, with specific strategies and interventions required to identify and support hard to reach groups.

The participants identified four main 'last mile' groups: Populations with technical challenges (rocky and sandy soils, high groundwater,

water scarcity, remote locations, lakeside/beach communities, disaster-prone); cultural challenges (beliefs/taboos/practices that prevent or limit latrine use and the sharing of latrines); social challenges (exclusion/marginalisation, gender issues, disability and lack of labour, pastoralists, mental health issues) and low social cohesion (seasonal fishing communities, peri-urban, small-scale miners). Though these four groups were discussed separately there was a lot of overlap between the discussions.

Promising initiatives to address these challenges in the region include:

Systematic identification and follow-up of vulnerable households

The Kenya Sanitation and Hygiene Improvement Programme (KSHIP) identifies the vulnerable (older people with limited mobility or physical disabilities, people with visual impairments, people with mobility limitations or physical disabilities, the chronically ill, and people with mental health issues) during the village mapping process, and these households are checked during follow-up visits.

Plan Malawi uses 'dialogue circles' to identify equity and inclusion issues after triggering. Each circle has 20 participants, including one chief or key influencer and ten vulnerable people (e.g. people with physical disabilities, visually impaired people and pregnant women), the other participants include Natural Leaders, village heath coordinators, people from households with a vulnerable family member and neighbours. The aim is to trigger better understanding of the challenges faced by the vulnerable, and develop local solutions. This approach is now being scaled up through the Malawi NGO networking platform, the Water and Environmental Sanitation Network (WESNET).

Specific strategies for challenging contexts

A pastoralist-specific strategy in Ethiopia and a 'beach and island strategy' for fishing communities along the coast of Lake Victoria in Kenya are both under development by UNICEF.

Monitoring, evaluation and learning

Key monitoring and evaluation challenges identified in the region include:

- Government monitoring systems rarely collect information on gender, disability,

poverty or other indicators related to 'last mile' groups;
- Government monitoring systems face challenges related to scale, finance and data quality, reliability and timeliness;
- Project monitoring systems incorporate more disaggregated indicators, but are not always aligned well with government systems;
- Learning is often not prioritised.

Ongoing initiatives across the region are attempting to address these challenges including:

Monitoring for inclusion

Gender monitoring: Plan Tanzania has developed a field visit form which collects supplementary information during household follow-up visits on gender, age, pregnancy and number of children. This information is used to identify vulnerable groups and check on progress in these groups, as well as for the targeting of micro-finance and sanitation marketing activities.

Improving grassroots monitoring

Delegated monitoring systems: in both Tanzania and Ethiopia, community members support health extension workers to monitor sanitation access. Ethiopia's 'Health Development Army' consists of community members who are each in charge of 30 households to follow-up with. In Tanzania, sanitation committee members in the SNV project area in Karatu district were each allocated 13 to 24 households for regular follow-up. This delegated approach helped increase the number of follow-ups after ODF triggering and improve post-ODF monitoring.

Improving data quality

Verification checks: SNV implements representative household surveys in its SSH4A country projects (in Ethiopia, Ghana, Kenya, Mozambique, Nepal, Tanzania, Uganda and Zambia), which provide regular checks on the reliability of government monitoring systems. The analysis of differences between the SNV surveys and government data has enabled both project and government weaknesses to be identified and addressed.

Zambia DHIS-2 mobile monitoring: monitoring data is aggregated by sanitation champions, and submitted by mobile phone to the district database. However, the data is not always complete or reliable, due to low motivation in, and

supervision of, the Sanitation Action Groups who collect the household data. There have also been problems in ensuring regular data submission and maintenance of the DHIS-2 app, largely due to the difficulty of providing support to remote areas.

Moving up the sanitation ladder

There has been little movement up the sanitation ladder in the region, with some people stuck using unimproved and unhygienic toilets. Sanitation marketing has seen some pockets of success, but there are no clear examples from the region of successful or large-scale market-based sanitation initiatives. Sanitation marketing has received little government support, with few incentives for the private sector to accelerate the pace of change. Those reached are often not the poorest or most vulnerable. A step change is required in the region.

Questions for the region to consider include:

- What else needs to happen to reach SDG targets?
- How do we get households to basic sanitation, and on to safely managed sanitation?

Various initiatives aim to move communities up the sanitation ladder, for example:

Sequencing CLTS and upgrading of toilets

Some households use incremental upgrading to make toilets durable. Other households are ready to move immediately from OD to improved sanitation facilities. It is important to analyse the community situation, and the demand of households to move up the ladder. Supply options are now introduced at different stages of the CLTS process.

During follow-up visits: SNV Tanzania introduces improved products, and encourages households to compact soil floors and construct roofs; Uganda Sanitation Fund provides guidance on improving toilets using existing local or market-bought materials (improving on traditional toilets).

During triggering: In Zambia, SNV piloted an approach where masons were available at the triggering to present the options available, after explaining the cost of a traditional toilet. Within two months, 60 toilets were sold in the pilot area, showing higher sales than the previous approach of introducing the products after triggering.

Improving supply chains

Various initiatives in the region aim to improve the supply chain and make products more affordable and attractive for households.

- The SaTo pan (http://www.sato.lixil.com/) is a low-cost plastic 'flapper' pan promoted through the Uganda Sanitation Fund and Transform WASH programme in Ethiopia.
- The Safi latrine (SNV programme areas, see images 2 and 3) – various institutions have been trained but there are ongoing issues with motivation/incentives, effectiveness and dropout (http://akvopedia.org/wiki/SAFI_Latrine).
- In coastal Kenya, communities wanted to improve their superstructure but were not able to access concrete blocks. Plan Kenya trained artisans on block making for superstructures and floors, and provided block making machines in each sub-county in the project area.

Image 2. The Safi latrine, workshop field visit to Babati and Karatu districts, Tanzania. *Credit*: Elaine Mercer

Market-shaping activities have been used in other contexts. SNV Nepal held sanitation cafes for local entrepreneurs and producers, in which they discussed untapped demand and business potential. In Kenya, American Standard aimed to subsidise the sanitation market and businesses rather than the household.

Increasing the capacity of sales people

The WASH sector has limited capacity/expertise on sales and developing the supply chain. It is important to work with others who have expertise in the private sector and market-based approaches.

- In Ethiopia and Tanzania, SNV and Plan have partnered with marketing professionals (e.g. PSI and international sales companies) to improve their ability to sell toilets. The new SNV Tanzania sales strategy is ACE (effective sales require good: Attitude + Competence + Enthusiasm).

Increasing finance (affordability)

Although products are available, few reach rural households. Initiatives in the region to address affordability, by supporting businesses and households to invest include:

- External financial support for the most vulnerable: experience of loans, Village Savings and Loan Associations and vouchers (loans are given as vouchers in Malawi; loans in the Ethiopia Transform WASH programme are given through partnerships with microfinance institutions).
- Tools for identifying the poorest: community selection of the most at need; wealth scanning – house type/land; national poverty identification systems.
- Non-market based solutions for moving up the sanitation ladder: community support mechanisms, targeted subsidies (limited experience in the region), use of locally available materials to improve toilets (e.g. smearing slabs, adding a roof, etc.).

Developing inclusive toilet designs

Several toilet designs are available for people with a disability, including through SNV projects in Zambia, Tanzania, and Kenya. See image 3 below.

Image 3. An inclusive adaptation of a Safi latrine. *Credit*: Jamie Myers

Innovation in handwashing stations

There has been limited experience of moving up the ladder with handwashing facilities – people tend to build basic 'tippy taps', which provide a short-term solution (image 4).

Image 4. A example of a tippy tap seen on the field visit. *Credit*: Elaine Mercer

- In Ethiopia, roadshows including artisans and entrepreneurs have been organised where different options for handwashing stations are available alongside latrine products.
- In Zambia, SNV have supported the spread of a new lower cost handwashing technology into seven districts. It is made of metal and more durable than the basic tippy tap.

Innovation in behaviour change: triggering for handwashing

SNV has trained health workers to use emotional triggering during vaccination clinics held for young babies at health facilities. A mother is asked to change her baby's diaper and clean up the baby's faeces in front of the vaccination queue, before offering biscuits to the watching crowd without washing her hands. Audience members who witness this unhygienic practice refuse to take one. The clinic staff then ask why they did not accept the biscuit, before asking about the critical times for handwashing with soap. This triggering tool was observed by the workshop participants during the field trip.

Strengthening government systems

Most governments in the region support a no-subsidy approach to CLTS, as evidenced by no-subsidy clauses in national policies and strategies. Challenges remain however that could delay the achievement of the SDGs. Most countries have limited budgets allocated for sanitation (and are over-reliant on donor funding), and

there are not enough staff with the necessary capacity to ensure that all communities are reached, and that regular follow-ups and long-term support are provided. Where devolution has taken place, delivery mechanisms still need strengthening to ensure equity of budgets and resources across local government areas. Although coordination mechanisms exist in many countries, the effectiveness of these mechanisms varies, with some functioning well at the national (policy and regulation) level and less well at the implementation (sub-national) level, and vice-versa. These challenges affect ongoing efforts, and limit the reach of sanitation programmes.

Approaches being undertaken across the region to address these challenges include:

Institutional triggering

Institutional triggering has been used in Uganda, Malawi, and Tanzania to increase both national and district budget and human resource allocations for sanitation. In Uganda, institutional triggering improved coordination of partners, including non-governmental organisations and local government. In Tanzania, a campaign called 'I am ready' was used to trigger leaders to prioritise sanitation.

Image 5. Anyitike Mwakitalima, Tanzania National Sanitation Coordinator, explains the 'I am ready campaign'. *Credit:* Elaine Mercer

Institutional triggering is a type of advocacy where government departments are sensitised on the sanitation problem within the country and adequate attention and budget support is requested to reach national sanitation goals.

At the local and county level, advocacy forums are held with partners in relevant technical working groups to ensure that the funds available are used in high priority areas and that government departments allocate additional funds where required for sanitation programmes.

Evidence for advocacy

In Burundi and Ethiopia, budget briefing notes and a budget analysis were conducted, which included costing the implementation of activities, and ODF sustainability. With this evidence, partners and local government were mobilised to contribute to financing rural sanitation.

Plan Kenya supported county governments to draft sanitation bills to advocate for CLTS funding after operational research on ODF scalability informed that effective capacity development of local government officers could accelerate ODF achievement.

Strengthening local governments

In several countries, sanitation is led by local governments, including coordination of human resources and budgeting for implementation. Promising practices include: in Uganda and Tanzania, after institutional triggering was conducted, budgets were allocated for post-ODF monitoring. In Kenya, Ethiopia and Uganda, local governments lead implementation and have had good experience coordinating partners around a common goal, using micro-planning to detail the sanitation capacity, resources and finance required in order to reach the national sanitation goals.

Matching funds requirements

UNICEF in Kenya and the Uganda Sanitation Fund introduced a matching fund mechanism, whereby national and county governments have to match the sanitation funds put in by external support agencies (otherwise the external funding is not provided). The matching fund approach was found to increase government sanitation budgets.

Provision of support to government extension workers through community volunteers

Some experiences suggested that sustained engagement of community volunteers requires incentives, such as recognition of volunteer efforts (Kenya, Tanzania, and Zambia), and inclusion in other health programmes (Uganda).

Moving forward in the region

- Improve efforts to identify the 'last mile' – those not currently reached (or not able to sustain improved sanitation and hygiene behaviours). This should include collecting information on disease burdens amongst these groups and associated costs of inaction to help advocacy efforts.

- Advocate for and develop more inclusive systems and processes:
  - Recognise the 'last mile' in policies, guidelines and programme processes;
  - Allocate human resource capacity and budget to reaching the 'last mile';
  - Promote effective coordination between government and partners to ensure resources are spread across the country and certain regions to enhance coverage and reach;
  - Develop specific strategies for hard to reach groups (consider regional strategies where the issues are similar and local solutions are limited);
  - Work with specialist organisations that are already familiar with the relevant issues, and know how to communicate and work with vulnerable groups;
  - Monitor progress and outcomes in 'last mile' groups;
  - Ensure that 'last mile' groups are targeted in follow-up visits;
  - Share lessons, case studies and innovations.

- In the region, there is a need for an alignment of indicators (across government, development partner and international systems) to enable better use, aggregation and comparison of data, and to align with SDG indicators.

- Strengthen the quality of monitoring systems to include equity, gender, moving up the ladder (results including failures and reach), and more systematic post-ODF sustainability monitoring. This will require both planning and budgeting.

- Process monitoring (e.g. of capacity, resources, use of systems) is important for data reliability. Systematic spot checks on the accuracy of the data collected are recommended.

- Sequence rural sanitation initiatives based on good analysis of community needs and demand. Affordable options must be available to capitalise on household demand, because it could be difficult to introduce improved toilet options later in the process.

- Promote different options to move up the sanitation ladder, which are targeted to the various market segments:
  - Improvements can include incremental upgrades to existing, unimproved toilets using locally available solutions, and based on ability of households to pay;
  - Local solutions to make toilets accessible for people with disabilities or older people should also be promoted;
  - Develop options for hygiene and services down the sanitation chain;
  - Improve affordability, including effective finance solutions that reach many, and the last mile.

- Support governments to create an enabling environment for businesses to accelerate the scale of sanitation marketing, and lower the cost of materials. Market-shaping activities that connect the private sector to demand could also be explored.

- Use evidence like budget briefs or costed analyses for institutional triggering to advocate for increased sub-national and national government budget. Where funding is available at sub-national level, this can be leveraged for planning, human resources development, implementation and ongoing monitoring.

Image 6. Workshop participants came from across the WASH sector in the region, including: Plan International, SNV, the Tanzanian National Sanitation Campaign, The Aquaya Institute, UNICEF, WARIDI, WaterAid, World Vision, WSSCC, and key local and national government staff.

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This brief amalgamates a variety of different views and does not necessarily fully reflect the opinion of each individual or their respective organisation.

References

JMP (2017a) A *snapshot of Drinking Water, Sanitation and Hygiene in the UNICEF Eastern and Southern Africa Region: 2017 Update and SDG Baselines*, Joint Monitoring Programme, WHO/UNICEF, Geneva

JMP (2017b) *Sanitation*, Joint Monitoring Programme, WHO/UNICEF, Geneva, https://washdata.org/monitoring/sanitation

Further workshop resources

To discover additional outputs from this workshop, see http://www.communityledtotalsanitation.org/regional-africa-sharing-and-learning-workshops-2018. This includes:

- Thematic notes on a variety of priority topics, for example: moving up the sanitation ladder; working with governments to increase sanitation funding; IDPs and refugees; equity and inclusion; tracking sustainability.
- Blogs and videos.

Notes

[1] Improved sanitation facilities not shared with other households (JMP, 2017b).

[2] Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site (Ibid).

[3] Unimproved sanitation facilities are less likely to provide hygienic separation of human excreta from human contact (Ibid).

[4] Improved sanitation facilities which are shared with other households (Ibid).

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