Report on webinar series: Sanitation programmes throughout and beyond the Covid-19 pandemic

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Introduction

In discussions on sanitation and Covid-19, the continuity of long-term sanitation goals throughout and beyond the pandemic has been rarely considered.

To respond to this gap, the Sanitation Learning Hub (SLH) and UNICEF hosted a webinar series to share knowledge and experience on ways programmes have changed and adapted.

The two webinars presented examples of initiatives which have continued to pursue long-term sanitation objectives during the pandemic, with successes, setbacks and adaptations, and space was provided to reflect on possible future impacts of Covid-19 on sanitation planning, implementation and monitoring.

The webinars took place on 17 August and 31 August 2021, facilitated by SLH, with seven guest organisations (13 speakers and panellists) and 78 and 66 attendees respectively.

Webinar #1 - Working with governments and utilities throughout the pandemic

In this webinar, the focus was on continuing collaboration with local governments and utilities during the pandemic, to ensure continuity in times of crises while adapting to emerging challenges.

(The webinar is available to watch in full on YouTube: https://youtu.be/Pgig3MMZ8WA)

Sanitation service providers – Nandita Kotwal and Effie Akinyi, Sanivation, Kenya

Background	Sanivation is a social enterprise in Kenya, particularly active in the Naivasha area. Sanivation partners with local governments and utilities, focusing on appropriate infrastructure and affordable service provision in informal settlements.
Pandemic-related disruptions	Ability to pay for toilet pit emptying and construction and use of public toilets has declined due to economic difficulties. Cash-strapped utilities have been lagging behind with faecal sludge treatment, and struggling to provide services when customers fail to pay. In informal settlements, crowded shared sanitation facilities risk to become Covid-19 transmission hotspots.
Adaptive measures	Sanivation has kept their waste-to-value plants running with reduced staff, enhanced hand hygiene and Covid-19 safety awareness messaging. Sanivation is supporting utilities to put in place business continuity plans to cope with the current situation, and to develop emergency response plans to be better equipped in protracted or future crises.
Reflections and learning	These adaptations have helped service continuity. Anecdotal evidence suggests this may have generated some indirect positive consequences too, such as increase in handwashing.

Rural local government support – Sweta Patnaik and Sujoy Mojumdar, UNICEF, India

Background	The Government of India, state governments and UNICEF have continued to support Panchayati Raj Institutions (PRIs), the smallest units of self-government in India representing a village or cluster of villages, in the Swachh Bharat Mission Phase 2 (SBM-2) in four of the hardest hit states: Odisha, Chhattisgarh, Maharashtra and Gujarat.
Pandemic-related disruptions	Issues emerged around safety of sanitation frontline workers and crowding at public water points and sanitation blocks. Furthermore, the process of retrofitting (i.e. improving or fixing) existing household toiles and of construction of new toilets slowed down.
Adaptive measures	The Government if India, with support from UNICEF, redirected some SBM-2 funding to personal protective equipment for frontline sanitation workers, and to run community hand hygiene and infection prevention campaigns through mobile phones and vehicles with loudspeakers. There was a push on "ODF+" community certifications in 2020, and states established awards for community sanitation and Covid-19 appropriate interventions.
Reflections and learning	This has shown that continuing sustainable sanitation programming throughout the pandemic is possible, and that local actors are responsive to changing programme modalities, e.g. through a progressive uptake of mobile communication.

Urban sanitation information management - Nicolas Radanielina and John Peter Archer, Gather, Madagascar

Background	The UK-based NGO Gather collaborates with municipal authorities, sanitation providers and other NGOs to help them collect and analyse sanitation coverage data. In Antananarivo, Madagascar, this is done via an online platform to store and analyse local sanitation data, in partnership with the municipality.
Pandemic-related disruptions	During the pandemic, Gather's UK team was not able to travel to Madagascar to lead a key workshop with local stakeholders. In addition, in the same period, Gather's project grant was on hold for months, leading to significant delays to the whole project timeline.
Adaptive measures	Gather responded by expanding the Madagascar management and technical team, working closer with municipal stakeholders, and recruiting a facilitator for a locally led workshop. All this resulted in a revision of the project's theory of change, strengthening local leadership and incorporating actors from outside the sanitation sector who contribute to sanitation improvements, such as the government's mapping department.
Reflections and learning	This has highlighted the importance of investing in local leadership and knowledge, and of placing an emphasis on partnerships. Likewise, it has shown the importance of keeping the programme agile and adaptive to the circumstances.

Webinar #2 – Sanitation and hygiene and the new normal

This webinar focused on how programmes have changed to adapt to new needs and constraints of the pandemic. While some of these changes will be temporary, some are here to stay: hence the "new normal".

(The webinar is available to watch in full on YouTube: https://youtu.be/w3GnvRhD3vQ)

Jackie Knee from the London School of Hygiene and Tropical Medicine / Covid-19 Hygiene Hub provided an overview of the science of Covid-19 and sanitation:

• There is very limited evidence that Covid-19 is transmitted via faeces, and therefore this transmission route represents a likely low risk factor.

• So far, the only evidence of Covid-19 transmission via faeces emerged once in China, where faecal aerosol came out of faulty sanitation pipes in an apartment block.

• The World Health Organisation does not recommend Covid-19 specific sanitation measures beyond their existing guideline on sanitation and health, although safe sanitation systems as defined in the guideline remain crucial to reduce risk from all faecal pathogens, including Covid-19.

• Generally, although Covid-19 transmission via faeces does not seem very probable, it remains possible, especially where safe sanitation systems are lacking.

CLTS and social distancing - Carlota Muianga and Delfim Nhassavele, UNICEF, Mozambique

Background	The government of Mozambique, with UNICEF's support, uses CLTS as the main approach for the acceleration of rural sanitation coverage. CLTS is implemented by private consultants and local NGOs, often contracted by the government.
Pandemic-related disruptions	Key challenges during the pandemic were limitations to people movements and public gatherings. This is particularly relevant to rural sanitation and CLTS, which relies on external facilitators visiting villages, and typically encourages extensive community participation.
Adaptive measures	While sanitation activities were on hold in the early few months of the pandemic, sector stakeholders discussed how to resume sanitation programming within the existing constraints. This resulted in a Covid-tailored CLTS package, initially tested in three provinces. Triggering and transect walks were reduced in duration and were limited to a restricted group of community members; updated tools combined sanitation with Covid-19 messages; ceremonial aspects such as dances were removed from the triggering package; and action planning was simplified by keeping it verbal rather than in writing. Post-triggering monitoring was strengthened, to ensure the community at large is engaged.
Reflections and learning	UNICEF is reminded that sanitation approaches including CLTS need to be adaptive. Programmes should remain dynamic and adjust to evolving circumstances. The role of local staff and the involvement of the communities they work with are crucial to success.

Isolated indigenous communities - Raquel Porras Gutiérrez and Ernenek Duran, OneDrop Guatemala

Background	Lazos de Agua is a multi-country WASH programme implemented by the One Drop Foundation in Central and South America. In Guatemala, the programme covers rural municipalities where the vast majority of the people belong to indigenous groups. It is implemented with the NGO Water for People, in partnership with communities, community-based organisations, local governments and microfinance institutions.
Pandemic-related disruptions	With the pandemic, movement and gathering restrictions by the government were compounded by further measures set by indigenous communities, who did not let outsiders in, including municipal and project staff. Population's access to credit and to construction materials declined due to stagnating economies, hampering the construction of household toilets.
Adaptive measures	One Drop coped by leveraging local stakeholders' networks that had been nurtured for several years: local governments, education and health institutions, and community committees and leaders. As several community members do not have phones, these networks were essential intermediaries with communities. Despite the challenges, some results were reached, such as an indigenous community becoming ODF during the pandemic.
Reflections and learning	Key takeaways were the importance of flexible project management, and of solid and well-established networks of local actors.

Communication technologies for community engagement - Sanjay Singh and Dinesh Kumar Pandey, PSI, India

Background	The NGO Population Services International (PSI) in India leads a behaviour change programme in a district in Andhra Pradesh, in a context of high toilet coverage but low toilet use. The programme has an approach based on direct and extensive community engagement.
Pandemic-related disruptions	During the pandemic, campaigns and trainings were put on hold. Group meetings and household visits were discouraged even after lockdowns were lifted. Government counterparts deprioritised sanitation in favour of direct Covid-19 responses.
Adaptive measures	The adaptation that allowed PSI to continue the programme was the introduction of telephonic counselling, which included both sanitation and Covid-19 messages. This involved redesigning tools, adapting scripts, and training (virtually) all staff on phone communication skills. Tele-counselling, far from being a short-lived change, is a modality that PSI is now integrating in sanitation BCC programmes on a regular basis in the region.
Reflections and learning	Combining in-person communication with tele-counselling can be time- and cost-effective, and can increase programme flexibility as there is less reliance on physical presence. However, this requires thorough preparation and staff training, and cannot be a full substitute for in-person community work. It also requires reflections on how to prevent the exclusion of individuals and groups with limited access to telecommunication.

Emerging themes, gaps and priorities

This webinar series brought into focus concrete examples of impacts and adaptations of long-term, SDG6 oriented, sanitation programmes, from a diversity of contexts. By doing so, it identified emerging themes, gaps and priorities, while recognising the uncertainties about how the Covid-19 pandemic will evolve, and about how this will shape sanitation programming now and in the future.

The following points emerged from the discussions with speakers, panellists and attendees in the two webinars.

• There is a need to further strengthen the role of, and whenever possible transfer decisions and resources towards, **local actors and networks**, from international actors (such as in the examples from Madagascar and Guatemala) and from national-level actors (example from Mozambique). Frequent movement of people is made difficult during the pandemic, and reliance on communication technologies has limits, therefore strengthening local systems and capacities becomes a necessity to make sanitation programmes more resilient to future shocks.

• The point was raised of **safely managed sanitation** services, as outlined in SDG 6.2. Although faecal-oral transmission is not a main route for Covid-19, safely managed sanitation services represent a powerful mitigation to the risk of future pandemics of diseases that are mainly transmitted via faeces.

• All stakeholders should be open to **question the 'usual ways'** of thinking and doing sanitation. Openness to discuss well-established practices can allow programmes to stay

adaptive to evolving circumstances. For instance, in order to stay operational during the pandemic, the Mozambiquan sanitation sector examined tried-and-tested CLTS methodologies and introduced changes to core components.

- A prevalent theme was the role of remote work and of **(digital) communication technologies** for continuity of sanitation programmes and services. Examples of this were utilities enabling mobile bill payment in Kenya, or development actors carrying out phone-based sanitation promotion in India. However, communication technologies are not a stand-alone solution, and need to integrate in-person methodologies rather than replacing them. This applies particularly to community work, where engagement through in-person meetings and visits is likely to remain an essential component, although in combination with enhanced use of technology.

- The pandemic can make pre-existing exclusionary dynamics worse, and placing an emphasis on **equity and inclusion** remains essential, during and beyond the pandemic, to counter the risk that existing sanitation gaps become wider. For instance, shifting towards communication technologies may leave behind those who lack access to those technologies, who are also likely to be those who lack access to sanitation. Similarly, informal settlement dwellers, who rely on shared WASH facilities, may be hit disproportionately by Covid-19, as they do not have "the luxury to isolate" as pointed out from Kenya.

The Sanitation Learning Hub will continue to document and share lessons around adaptations made during the Covid-19 pandemic and how these impact the design, implementation and monitoring of sanitation interventions in the future. If you are interested in contributing to this discussion, please contact slh@ids.ac.uk.