Frontiers of CLTS: Innovations and Insights

Rural Sanitation in Africa: Challenges, Good Practices and Ways Forward

Compiled by Jamie Myers

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CLTS Knowledge Hub at IDS Institute of Development Studies

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About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

Rural Sanitation in Africa: Challenges, Good Practices and Ways Forward

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Front cover

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Introduction

Considerable progress has been made in rural areas through Community-Led Total Sanitation (CLTS) and other rural sanitation approaches that should be celebrated. In some countries we are seeing area-wide results from community-based interventions, for example, open defecation free (ODF) counties in Kenya, districts in Zambia and Local Government Areas in Nigeria. However, the Sustainable Development Goals (SDGs) have raised the bar in regard to both coverage and the level of service needed. Many national strategies for CLTS were developed in the Millennium Development Goal era with revisions needed to take into account the SDG shift in focus, the Ngor Commitments (see page 3) and the better understanding the sector now has in regard to issues such as equity and sustainability.

Ada Oko-Williams, WaterAid International, gives a regional perspective at the West and Central Africa workshop. *Credit:* Elaine Mercer

In order to achieve universal safely managed sanitation across Africa by 2030 the scale and pace will need to increase drastically. With this in mind in the run up to AfricaSan 5 the CLTS Knowledge Hub based at the Institute of Development Studies co-convened two regional rural sanitation workshops. Both events brought together those engaged in rural WASH programmes from different countries across the continent alongside experts working at regional and global levels. The first, supported by SNV, was held in Arusha, Tanzania, 16-20 April 2018, and brought together stakeholders from eight countries across East and Southern Africa.[1] The second held in Saly, Senegal, 25-28 June 2018, was co-convened

Participants at the West and Central Africa workshop. *Credit*: Elaine Mercer

with WaterAid, WSSCC and UNICEF with support from AGETIP and had representatives from 14 countries across West and Central Africa.[2] The aim of both events was to rejuvenate inter-organisational, inter-country regional sharing and learning and build consensus on ways forward in the run up to AfricaSan and beyond.

This edition of *Frontiers of CLTS* draws on the discussions held across both these events. It begins by highlighting the challenges faced by programme implementers (both government and non-government staff) at different levels in relation to the Ngor Commitments and the achievement of universal access to safely managed sanitation. A range of initiatives are then presented that show promise in addressing these challenges – it is designed to be read like a catalogue of ideas which can inspire and be adapted to different country contexts. The issue ends with recommended priority actions.

A range of additional resources including learning briefs, videos, blogs and Hunter-Gatherer reports can be found here: http://www.communityledtotalsanitation.org/regional-africa-sharing-and-learning-workshops-2018. For more information on any of the examples cited below please contact us at CLTS@ids.ac.uk.

The Ngor Commitments

The Ngor Declaration on Sanitation and Hygiene was signed by African Ministers on 27 May 2015 at AfricaSan 4 in Dakar, Senegal, superseding the eThekweni Declaration. The new Declaration is made up of ten commitments (see Box 1) which aim to support the achievement of universal access to adequate and sustainable sanitation and hygiene services and eliminate open defecation by 2030. The African Ministers' Council on Water (AMCOW) Secretariat with support from the AfricaSan International Task force will regularly monitor progress of member states, publish regional and continental snapshots and report to Africa Union Head of State meetings. The monitoring system was developed based

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[1] Burundi, Eritrea, Ethiopia, Kenya, Malawi, Tanzania, Uganda and Zambia.

[2] Benin, Burkina Faso, Cameroon, Chad, Democratic Republic Congo, Gambia, Ghana, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal and Togo.

on lessons learned from eThekwini processes. During AfricaSan 5, the baseline results for each commitment will be presented.

Box 1: The Ngor Commitments

1. Focus on the poorest, most marginalised and unserved aimed at progressively eliminating inequalities in access and use and implement national and local strategies with an emphasis on equity and sustainability.

2. Mobilise support and resources at the highest political level for sanitation and hygiene to disproportionately prioritise sanitation and hygiene in national development plans.

3. Establish and track hygiene and sanitation budget lines that consistently increase annually to reach a minimum of 0.5 per cent GDP by 2020.

4. Ensure strong leadership and coordination at all levels to build and sustain governance for sanitation and hygiene across sectors especially water, health, nutrition, education, gender and the environment.

5. Develop and fund strategies to bridge the sanitation and hygiene human resource capacity gap at all levels.

6. Ensure inclusive, safely-managed sanitation services and functional hand-washing facilities in public institutions and spaces.

7. Progressively eliminate untreated waste, encouraging its productive use.

8. Enable and engage the private sector in developing innovative sanitation and hygiene products and services especially for the marginalised and unserved.

9. Establish government-led monitoring, reporting, evaluation, learning and review systems.

10. Enable continued active engagement with AMCOW's AfricaSan process.

As the African sanitation community come together again for AfricaSan 5 to discuss these high-level commitments, we present challenges and examples that refer to ways they can contribute to specific commitments. Many of these commitments overlap and reinforce one another. To avoid repetition themes have been grouped which often cover multiple commitments rather than addressing each commitment individually.

Challenges

These challenges are ones highlighted by workshop participants working across sub-Saharan Africa (see IDS 2018a and IDS 2018b) – like any generalisations the severity of these challenges will differ across regions and countries. Some may be more appropriate in some contexts than others.

Including the poorest, most marginalised and unserved/ the 'last mile'[3]

Commitments 1, 6, 7 and 9

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[3] Though the 'last mile' is mentioned throughout this piece it is important to note that in many countries across the continent there are huge numbers of people still practising open defecation. Nigeria has 47 million, Ethiopia 27 million, Niger 14 million, Madagascar 11 million and Mozambique 10 million. However, it is still important that these 'last mile' issues are discussed and addressed at this stage so we do not run out of time and let those living in the most challenging environments fall through the cracks. Furthermore, 'last mile' issues are likely to be more and more relevant as we move towards implementing area-wide approaches that need area-wide outcomes.

There are numerous issues that are halting progress to universal access – there are both 'last mile' households within communities and 'last mile'/hard to reach communities. Problems relating to exclusion/marginalisation, disability and poverty persist. Technical challenges are common in difficult terrains. Insecurity and conflict makes accessibility difficult and can lead to the destruction of houses and property (including toilets). It also brings the additional strain of internally and externally displaced peoples and fluctuating populations.

There are limited guidelines or strategies for these more challenging conditions. Programmes also struggle to identify, support and monitor outcomes of vulnerable households and communities.

Institutional sanitation was discussed as a 'last mile' challenge as rural communities and local governments often lack the resources and capacity to tackle limited or poor sanitation in public spaces, schools, health care facilities, markets and bus stations and the ongoing necessary operation and maintenance including faecal sludge management. Institutional sanitation facilities should also be suitable for people with disabilities.

Sustaining gains

Commitments 1, 7 and 9

Open Defecation Free (ODF) slippage rates vary widely within and between countries. It is often the poorest and most vulnerable who are most likely to slip back to practising open defecation (Robinson and Gnilo, 2016). Post-ODF follow-up, including monitoring, is not systematic or regular, despite widespread recognition of the issue (Figure 1). Threats to sustainability include people reliant on unimproved and unhygienic toilets. In addition faeces can remain in the environment due to unsafe practices along the sanitation value chain including containment, emptying, transportation and reuse (where appropriate).

Increasing budgets

Commitments 2 and 3

The lack of established budgets for sanitation and hygiene is likely to undermine progress in many countries (AMCOW 2019a, AMCOW 2019b, AMCOW 2019c and AMCOW 2019d). Moving from gaining support at the highest political level to establishing, tracking and spending budgets is a large challenge. Domestic resources are insufficiently allocated to sanitation and there is often an over dependency on donor funding. Where government funds are available, it needs a broader balance between paying salaries and the implementation of programmes. Realistic costing is needed to meet goals and plans.
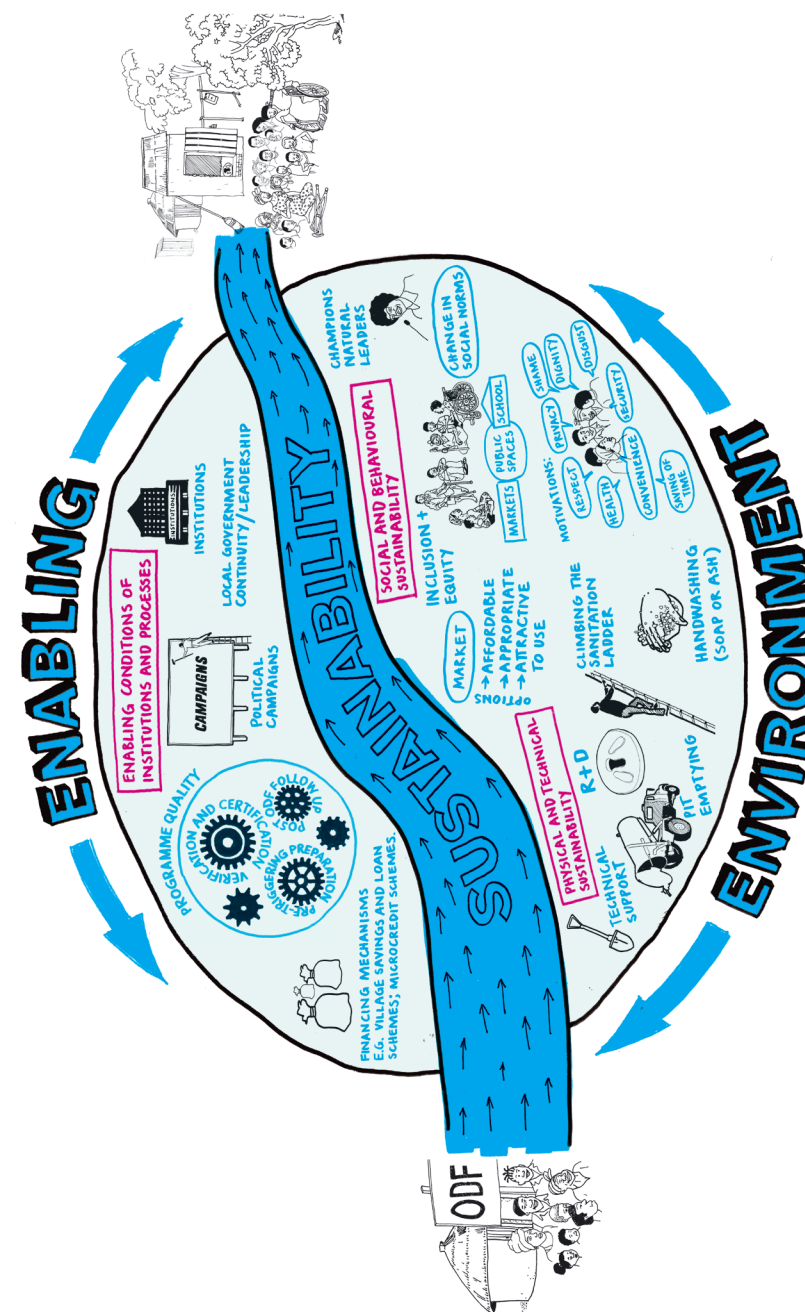

Figure 1: Creating an enabling environment for sustainability (Cavill et al., 2015)

Co-ordination

Commitment 4 — A lack of co-ordination amongst different government departments as well as government and development partners at national and sub-national levels in some countries is leading to different approaches being used which can undermine each other – for example the use of traditional hardware subsidy programmes continuously eroding efforts to focus on changes in social norms and behaviours and large-scale area wide approaches (IDS, 2018b). Furthermore, definitions (such as ODF, improved sanitation and safely managed services) vary between and within countries making comparisons difficult.

Capacity and human resources

Commitments 1, 5 and 9 — There is a lack of capacity to support implementation, monitoring or progress and sustainability at scale at the appropriate levels (municipal/districts). Lack of skilled staff, inadequate capacity building budget, and frequent turnover are posing 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.

Private sector engagement

Commitments 1 and 8 — Barriers to approaching, motivating and working with the private sector remain. To date, market-based sanitation initiatives are in their infancy and as yet have not moved significant numbers of the poorest households up the sanitation ladder both in East and Southern and West and Central Africa. Few effective solutions have been found in areas where construction materials are scarce.

Monitoring and evaluation

Commitments 1 and 9 — Large-scale monitoring and evaluation 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. Furthermore, time lags exist between current data and ground realities.

Learning and adapting

Commitments 9 and 10 — Where monitoring data has been collected it is rarely well utilised, with limited feedback into policy and implementation, and little analysis of what works, what does not work and the sharing of new promising practices. There is an Anglophone/Francophone (no Lusophone participants attended) divide – most WASH focused knowledge management partners operating at the global or continent level have resources only available in English (Uytewaal, 2016) isolating Francophone practitioners. Documents that are translated are not necessarily known about at field-level as dissemination networks of Francophone organisations are weaker.

Involvement in the AfricaSan process to date varies across countries, those with higher levels of participation have reduced open defecation at a higher rate (Coombes et al., 2015).

Positive examples and innovations

The challenges raised above are vast and answers do not always exist. Below are examples of experiences and innovations that have the potential to overcome some of the hurdles.

'Last mile'/inclusive approaches

Commitment 1 — Below are examples of programmes facilitating community-based support mechanisms for those with limited resource and who may need additional adaptations to facilities, both of which can help strengthen equity and inclusion outcomes. It also includes examples where specific strategies have been designed to take into account the needs of particular communities or particular households in communities.

Solidarity funds: In the Senegal Global Sanitation Fund programme the identification, support and monitoring of the CLTS process is managed by Village Development Associations (VDA) made up of community members. Key steps of the process include:

1. VDAs selecting criteria to identify those in need of support to build and maintain a hygienic toilet (e.g. pregnant women, elderly, disabled, chronically poor etc.);
2. Establishing a solidarity fund using income generating activities and regular contributions by community members. These funds are generated and owned by communities although the programme helps boost initial capital through a revolving fund, which is usually paid back after 4-6 months;
3. The provision of loans (with the interest decided upon by communities) to all VDA members. Some have agreed to partial or total toilet donations to households assessed by the VDA to be genuinely in need of assistance;
4. Monitoring of the use of the funds by the committee, with arbitration by the local mayor or district officials if required.

To date, 627 solidarity funds have been set-up, more than 25 million West African francs (approximately US$43,000) have been saved and 10,800 improved toilets built using resources generated through the funds.

Dialogue circles: 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 vulnerable people by assessing the household situation and supporting the development of local solutions. This approach is now being scaled up through the Malawi NGO networking platform, the Water and Environmental Sanitation Network. See: Kaitane, 2018 (also Plan International and WEDC, 2015).

Strategies for hard to reach groups:

Specific sanitation strategy for communities in the beaches and islands, Lake Victoria, Kenya: After finding that using a traditional CLTS approach was ineffective in communities living close to Lake Victoria, the Siaya County Health Department and UNICEF drafted a specific sanitation strategy for beach and island communities. The strategy includes:

- Assessment and preparation: collection of baseline information, sanitation situation analysis, stakeholder analysis, review of previous successes and collation of background information;
- Pre-triggering sensitisation;
- Triggering: community triggering, community action planning as well as the need for institutional advocacy and action planning;
- Follow-up and monitoring;
- Verification, certification and celebration.

During the development of the strategy, UNICEF Kenya made contact with offices in Tanzania and Uganda to understand the progress they were making with communities around the Lake. It was suggested that this discussion was continued and examples shared across countries (Siaya County Health Department and UNICEF, unpublished). See Bevan 2018.

Kamariga beach, Rarieda Sub County, Siaya County. *Credit*: UNICEF Kenya

Pastoralist microplanning tools and strategy: UNICEF Ethiopia and partners have developed national microplanning tools as well as a sanitation strategy for pastoralist regions, including CLTS tools which have been adapted to be more appropriate for pastoralist settings.

Guidelines for targeting the poor and vulnerable for basic sanitation services in Ghana: In July 2018 Ghana's Ministry of Sanitation and Water Resources, released specific guidelines to support poor and vulnerable households. The document is a collaborative effort with technical inputs coming from a national Technical Working Group as well as government agencies at national, regional and district levels, donors, partners and consultants who participated in its development. The guidelines were, 'developed to provide directions for stakeholders to properly target the poor and the vulnerable without undermining strong community cohesion and strength in building their own toilets' (Ministry of Sanitation and Water Resources, 2018).

Post-ODF interventions

Commitments 1, 5 and 9 Post-ODF interventions can help increase sustainability, while incentivising often overburdened community health workers can help increase the quality of post-ODF programming. Examples below come from the Democratic Republic of Congo, Ghana, Mali, Tanzania, Uganda and Zambia.

Mali's post-ODF strategy: In Mali, a harmonised package of post-ODF interventions was launched in 2014 and now used by all stakeholders in the country. All newly declared ODF villages are targeted directly after achieving ODF, villages certified ODF prior to 2014 are targeted as soon as possible. The strategy identifies a different mix of interventions based on a community's status (not yet reached ODF, reached ODF but has experienced slippage, reached and sustained ODF status) with the objective to maintain sanitation standards, improve toilets, ensure maintenance of hygiene

Malian country team discuss the challenges the country is facing at the West and Central Africa workshop. *Credit*: Elaine Mercer

practices and transfer mobilisation capacity to communities. It defines six steps to be carried out with communities including the community self-evaluation, planning for change, implementation of an action plan, promotion of learning and sharing, evaluation of progress and celebration of achievements. The strategy promotes the involvement of local government through the establishment of contractual documents between municipalities and communities defining roles and responsibilities and accountability mechanisms. At the end of the intervention the community should have the capacity to regularly assess its sanitation situation and the local authority should have post-ODF follow-up included in their communal plans. The intervention is designed to last between 9 to 12 months but can take longer for pre-2014 ODF declared villages. A post-ODF training and a facilitator guide were developed to ensure adequate implementation of the package (see UNICEF, 2017).

Incentivising local level staff/volunteers: Time and commitment from community actors and local governments is needed for post-ODF activities. These can cover financial and professional support, performance contracts, mentoring and supervision or regular capacity development (Wamera, 2016). Examples of incentives are given below:

- In the Democratic Republic of Congo, community-level volunteer committee members are paid to perform monitoring duties using funds raised through community contributions.

- In Zambia, SNV provides traditional leaders who inspect and monitor village progress towards ODF with bicycles. Leaders of Sanitation Action Groups are provided with a phone and a bicycle to help them with their reporting activities plus US$10 for every ten villages that reach ODF status (ISF-UTS and SNV, 2018).

- In Ghana, CLTS League Tables have been used to create competition between districts to improve rural sanitation coverage. Every quarter a table is published showing improvements in each district.

- In Tanzania and Uganda, key performance indicators for health inspectors are linked to the sanitation efforts.

Increasing budgets

Commitments 2, 3, 5 and 9 UNICEF in Kenya and WSSCC in Nigeria and Uganda have been leveraging resources and advocating for budget allocation for sanitation programming.

Leveraging resources for scaling-up sanitation in Kenya: To increase both financial and human capital UNICEF Kenya has been leveraging Country Government resources in four counties (Kitui, Migori, Siaya, and Turkana). High-level advocacy meetings were held with relevant County level staff (Governors, Executive Committees, country level Health Minister, Chief Officer Health and Director of Health) where the status of sanitation in their counties and information about the economic benefits of reaching ODF was presented. UNICEF encouraged the County to then issue an official commitment letter. Highly detailed and costed County level roadmaps were then developed quickly with the County Public Health team. The foreword to these roadmaps was written by County Governors or County Executive Committees as a way of showing formal commitment.

To date, counties have provided salaries for Public Health Officers, stipends for Community Health Volunteers, fuel and/or maintenance for motorbikes and vehicles to research distant villages and allowances/daily subsistence for implementing teams involved in the CLTS process. For example, in some cases County government have financed triggering and regular monitoring by staff and volunteers while UNICEF have funded the training of CLTS facilitators, monitoring information systems and the verification and certification process.

Across the four Counties governments have contributed US$1,308,368 (financial year 2017/2018) and UNICEF have contributed US$176,428 (calendar year 2018). Kitui and Siaya are now ODF.

For more information please contact Julia Aubriot: jaubriot@unicef.org

Leveraging finance in Uganda and Nigeria: Several WSSCC Global Sanitation Fund (GSF) supported programmes in Africa had recent successes in leveraging government finance. In 2016, the Government of Uganda committed to financing US$2 million to the Uganda Sanitation Fund (USF) – a national financing mechanism for CLTS managed by the Ministry of Health which disburses to local government health departments. A total of US$120,000 (450 million UGX) has so far been channelled to ending open defecation in eight districts in the challenging Karamoja region. In Nigeria, the Benue State Government recently disbursed US$120,000 to scale-up the programme in three additional Local Government Areas (LGAs) out of a total commitment of US$2.2 million.

For more information on Uganda please contact David Mukama (mukamadm@yahoo.co.uk) and for Nigeria Nanpet Chuktu (Nanpet.chuktu@united-purpose.org).

Handwashing

Commitments 4, 6 and 8

An example of a tippy tap seen on the East and South Africa workshop field visit. *Credit:* Elaine Mercer

Both SDG 6.2 and the Ngor Declaration are not solely focused on toilets and make explicit reference to hygiene. SNVs Sustainable Sanitation and Hygiene for All Programme has relevant experiences regarding triggering changes in behaviour as well as handwashing infrastructure.

Triggering for handwashing: SNV Tanzania has trained health workers to use emotional triggering during vaccination clinics held for young babies at health facilities to raise awareness of the importance of washing hands with soap among pregnant women, mothers and caregivers. 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, what could have been done differently and what the critical times for handwashing with soap are. A survey conducted in Misugwi district in 2018 reported that households handwashing with soap had increased from 20 per cent to 40 per cent (Rieiro, 2019).

Climbing the hygiene ladder: Rather than focusing purely on toilets 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 (Institute of Development Studies, 2018a). Furthermore, in Ethiopia, roadshows including artisans and entrepreneurs have been organised that include different options for handwashing facilities as well as latrine products. See: Simangolwa, 2018.

Monitoring and learning approaches

Commitments 9 and 10

Relevant and timely approaches to monitoring and learning can help ensure policy-makers and practitioners are able to keep-up-to date and respond to the realities on the ground.

Monitoring the Ngor Commitments' sub-regional meetings: In September and October 2018 the African Ministers' Council on Water held four sub-regional meetings for East, Southern, West and Central Africa. The meetings brought together representatives from government, development partners and civil society to enable country self-analysis, learning from others and plan future actions in relation to the Ngor Commitments. Two of the four major objectives were to initiate an opportunity for peer-to-peer learning and knowledge exchange within the regions and to reflect on what is learnt to identify national planning priorities and develop country plans including actions and timelines (AMCOW, 2019a; AMCOW 2019b; AMCOW 2019c and AMCOW 2019d).

Regional sharing and learning workshops: The two regional workshops that this publication is based on are also examples of an action-orientated learning approach. The overarching aim was to reflect and share the latest experiences, improve capacity and knowledge in the region, support stronger dialogue between key players and help to identify effective ways to strengthen policy and practice. Workshop outputs created by facilitators and participants recommended actions for both policy and practice, and after the events initial reports were rapidly produced and disseminated amongst participants to ensure momentum was maintained (the East and Southern Africa workshop report was produced and shared within a week). Participants also committed to take the discussions and learning back to their countries and organisations to ensure dissemination to relevant actors.

Icebreaker at the West and Central Africa workshop. *Credit:* Elaine Mercer

Identification of regional and country-specific challenges at the East and Southern Africa workshop *Credit:* Elaine Mercer

IDS, WSSCC and different levels of the Indian administration have been trialling similar workshops between local government staff. Called **Rapid Action Learning (RAL) workshops** they enable districts (local level administrative divisions) to come together to share, learn and plan for the implementation of the Swachh Bharat Mission. Guidance notes for convening and facilitating similar events have been produced (see Chambers et al., 2018).

Real Time Emergent Learning (RTEL): Accepting that rural realities are complex, diverse, messy and often rapidly transforming, the Global Sanitation Fund (GSF) have introduced the Real Time Emergent Learning (RTEL) approach in five programmes, four of which are in Africa: Benin, Kenya, Nigeria and Senegal. The objective of the RTEL approach is to nurture and generate learning in real time. The approach involves a combination of stakeholders writing micro-narratives of current practice, pause and reflect learning meetings or workshops and sharing learning with other practitioners through a closed Facebook group. The exact activities differ across different countries with each programme deciding what works best for them i.e. how they would like to learn, what thematic areas to prioritise etc. All four countries have selected equality and non-discrimination as a priority learning theme, for example.

The Facebook groups allow real time exchanges (including during inter-county learning and exposure visits), makes documentation, photos and videos available instantly, enables a faster identification of emergent issues, practices, learning, and opportunities and provides a platform for peer-to-peer advice. Each group has approximately 150 members including sub-grantees (local implementing partners), executing agencies (those managing the GSF in country) and in some cases government officials and donors. The Kenya Sanitation and Hygiene Programme (KSHIP) group, for example, includes sub-grantees, WASH sector partners and public health officers.

Keeping things simple and non-prescriptive, securing institutional support and budgets and letting local partners develop their own learning agenda have all been important to the success of establishing real time learning platforms.

For more information please contact Hakim Hadjel: hakim.hadjel@wsscc.org. *KSHIP has developed its own RTEL 'How to' Manual which can be found here:* www.communityledtotalsanitation.org/resources/how-manual-k-ship-real-time-learning-approach

Post Implementation Monitoring Surveys (PIMS): WaterAid use PIMS to check the sustainability of interventions post project-implementation. Surveys take place at both the community and the household level using the mWater platform. Results are then used to adapt future programmes and approaches making them more sustainable and effective. Every national team carries out a PIMS during five-year strategy cycles. The use of mWater has streamlined the monitoring process, increasing data quality and geo-locating data making it easier to share and use the findings (WaterAid, 2018).

Tanzania's National Management Information System (NSMIS): The Ministry of Health, Community Development, Gender, Elderly and Children, Tanzania, partnered with USAID's Water for Africa through Leadership and Institutional Support programme to roll out the National Sanitation Management Information System (NSMIS). Previously reliant on a paper-based system under the new NSMIS household, sub-village and village level data collection remains the same but at the council level data is uploaded digitally. This has transformed the way data is collected, stored and analysed. It enables decision makers to access information anywhere at any time and supports planning, resource allocation and capacity development processes at different levels (Gevorgyan and Mwakitalima, 2018). The Ministry is also currently developing a web portal that will be publicly accessible, allowing civil society organisations, the public and other Ministry counterparts to have additional insight into the national sanitation metrics. The web portal will open the accessibility of this information to new stakeholder groups.

For more information please contact Alayne Potter: Alayne_Potter@walis.org

Gender monitoring: Plan International have developed a field visit form which collects supplementary information during household follow-up visits on gender, age, pregnancy and number of children. The tool being applied in Tanzania used the information to identify vulnerable groups and check on progress in these groups, as well as for the targeting of micro-finance and sanitation marketing activities (see IDS 2018a and Plan International, 2014).

Integrating approaches and adaptive programming

Commitments 1 and 8 Recent evidence reviews have suggested that neither CLTS nor market based sanitation approaches are going to work for everyone, everywhere all the time (USAID, 2018a and USAID 2018b) and that there is a need to move away from standalone interventions. We therefore need to be better at contextualising approaches and integrating where appropriate.

Practical guidance on programming for rural sanitation: WaterAid, UNICEF and Plan International are about to start piloting guidance for large-scale, area-wide rural sanitation programmes that encourage flexible and adaptive programmes. Moving away from a singular approach the guidance recommends that approaches used need to be context driven and evidence based, flexible and adaptive including rapid feedback activities to support the changing of approaches where appropriate (WaterAid, Plan International and UNICEF, forthcoming).

Integrating approaches: In Nigeria, WaterAid have been promoting the Emerging Framework on Sustainable Total Sanitation. The framework integrates targeted support to supply-side actors (business support, financing and marketing activities) with effective, transformative demand generation (including CLTS, information, education and communication activities, hygiene behaviour change and hygiene promotion) as well as working to support the enabling environment (Akwunwa, unpublished).

In Burkina Faso, Leader-Led Total Sanitation is used to complement CLTS interventions as well as to generate local fundraising initiatives. Local leaders have committed their personal resources to support the drive towards ODF (WaterAid, 2013).

Ways forward

Reflecting on the challenges and potential initiatives five priority areas for action have been identified that cut across different commitments. These are the critical challenges that need tackling in order to increase scale and speed.

Focusing on the poorest and the most marginalised

Although many countries still have large proportions of the population without improved sanitation, so are not at the 'last mile' stage per se, it

is essential to have strategies in place for the poorest, most marginalised and hardest to reach. It is important that these are considered now so that they do not fall down the priority list as we progress towards 2030.

An important first step is to *identify who the 'last mile' communities and households are*. This requires reflecting on current programming and assessing who is currently not being reached, or who is not able to sustain improved sanitation practice and hygiene behaviours.

The second step is to *collect information on the numbers of people we are talking about*. Collecting information on disease burdens and associated costs of inaction can help support advocacy efforts.

The third step is *recognising the 'last mile' in policies, guidelines and programme processes*. This can include:

- Allocating human resource capacity and budget to reach the 'last mile';
- Promoting effective coordination between government and partners to ensure resources are spread across the country and certain regions to enhance coverage and reach;
- Developing specific strategies for hard to reach groups. These can be done at sub-national, national and even regional level where the issues are similar and local solutions are limited;
- Working with specialist organisations that are already familiar with the relevant issues, and know how to communicate and work with vulnerable groups;
- Monitoring progress and outcomes in 'last mile' groups;
- Ensuring that 'last mile' groups are targeted in follow-up visits;
- Sharing lessons, case studies and innovations.

There are few well documented best practices on how to implement programmes in areas of conflict and insecurity, however it must be considered in strategies, plans and programmes and so this is an area that desperately needs attention.

Improving budgets

Under the Ngor Declaration, countries have committed to establish and track budget lines that increase annually to a minimum of 0.5 per cent of GDP. In order to achieve this proposed actions include:

- The costing of activities through budget briefs and costed analyses.
- Advocating at both national and sub-national levels to set up dedicated budget lines.
- Highlight the economic benefits of all having access to safely managed sanitation and the loss to GDP of inaction (i.e. the Economics of Sanitation (WSP, 2018)).
- Where domestic resources are available leverage them for planning, human resource development, implementation and ongoing monitoring.

Climbing the ladder

Market shaping: governments and development partners should be creating an enabling environment for businesses to accelerate scale for market-based sanitation initiatives and lower the cost of sanitation and hygiene materials as well as connecting the private sector to demand creation.

Pro-poor solutions: Consider different market segments and promote different options to move up the sanitation and hygiene ladder. There is evidence to suggest that rural populations in Sub-Saharan Africa are unlikely to gain access to affordable market sanitation and hygiene products in the near future (Robinson, 2018). In the interim:

- Identify, strengthen and promote local technological solutions – including solutions that make toilets accessible for people with disabilities or older people.
- Consider incremental upgrades to existing unimproved facilities.
- Look at hygiene options.
- Improve affordability, including effective finance solutions that reach many, and the 'last mile'.

Monitoring

National strategies, protocols and definitions as well as monitoring systems are likely to need review and revision as the level of service we are aiming for has increased. Include equity, gender and moving up the ladder in monitoring systems. Post-ODF sustainability monitoring is also required. Make data publically available so stakeholders are able to respond to it. Data should be fedback to the regions and districts to improve targeting. This will require both planning for and budgeting.

It is also important to monitor (or verify) monitoring (e.g. capacity, resources, use of systems) to ensure data reliability. Systematic spot checks are recommended to ensure the accuracy of the data collected.

Learning, research and adaptive programming

Research is needed on:

- The 'last mile' to better quantify and understand these groups and identify specific barriers to the use of improved sanitation options;
- Sustainable, locally available solutions;
- Ways to change behaviour and social norms over the long-term.

Learning: Global knowledge management initiatives must also recognise the priorities of the governments, countries and regions they are working in and target policy makers and practitioners with their dissemination. Communicate better with Francophone countries and tap into Francophone and Lusophone networks – this includes documenting and evaluating promising practices in French speaking countries and ensuring French speakers are better engaged in global discussions. Quick wins include translating and disseminating relevant documents only available in English.

Adaptive programming: There is a need to be less dogmatic about what approaches are used (market-based vs. community-led etc.). Avoid rigid policies and practices that only promote one approach. Different contexts will require cocktails of interventions. Encourage flexibility and adaptability. Programmes must be designed and adapted to meet the needs and priorities of their target group.

Final thoughts

As the African sanitation community reassemble for AfricaSan 5 we hope the opportunity is grasped to rejuvenate commitments to those who still lack the fundamental human right of access to sanitation and hygiene facilities. What is needed now is for policy makers, donors, and development and knowledge partners to come together to:

- Ensure a focus on the poorest and most marginalised;
- Understand better the cost implications, budget accordingly and realistically;
- Get everyone to safely managed sanitation;
- Monitor progress, disaggregate and share data;
- Learn, adapt and innovate.

Contact details and/or publications have been cited where available, for more information on any of the examples given in this publication please email the Knowledge Hub at CLTS@ids.ac.uk who will also put you in touch with relevant stakeholders where appropriate.

Though African focused, it is hoped that the ideas and examples presented in the publication are relevant to others working outside the continent. Feel free to let us know.

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Rural Sanitation in Africa: Challenges, Good Practices and Ways Forward

In order to achieve universal safely managed sanitation across Africa by 2030 the scale and pace will need to increase drastically. As the African sanitation community reassemble for AfricaSan 5 we hope the opportunity is grasped to rejuvenate commitments to those who still lack the fundamental human right of access to sanitation and hygiene facilities. This edition of *Frontiers of CLTS* draws on the discussions held across two regional Africa events in 2018, highlighting the challenges faced by programme implementers (both government and non-government staff) at different levels in relation to the Ngor Commitments and the achievement of universal access to safely managed sanitation. A range of initiatives are presented that show promise in addressing these challenges, along with recommended priority actions.

About the author

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Illustration by Jamie Eke

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