Guidance on Programming for Rural Sanitation

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Glossary and abbreviations

BCC	Behaviour change communication
CLTS	Community-Led Total Sanitation
DFAT	Australian Department of Foreign Affairs and Trade
DFID	United Kingdom Department for International Development
DHS	USAID Demographic and Health Survey
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
JMP	WHO-UNICEF Joint Monitoring Programme for Water Supply and Sanitation
LSMS	World Bank Living Standards Measurement Study
MICS	UNICEF Multi-Indicator Cluster Survey
NGO	Non-Governmental Organisation
ODF	Open defecation free
PHAST	Participatory Hygiene and Sanitation Transformation
SDG	Sustainable Development Goal
SNV	Netherlands Development Organization (*Stichting Nederlandse Vrijwilligers*)
SWA	Sanitation and Water for All
UNC	University of North Carolina at Chapel Hill, Water Institute
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene (sector)
WHO	World Health Organization
WSP	World Bank Water and Sanitation Program

Contents

Purpose of this guidance note

This guidance note is intended to encourage the development of rural sanitation programmes that:

- Align with and support government objectives, enhance government leadership and strengthen country systems;
- Enable large-scale and area-wide implementation (aiming for universal access);
- Achieve equitable and sustainable outcomes and services (including all aspects of the SDG sanitation goal, and wider government sanitation and hygiene objectives);
- Encourage evidence-based and learning-responsive programming (designed for context and for adaptive management); and
- Produce lessons and evidence that inform national policy, programming and practice.

The guidance note aims to use and build on existing guidance and sector materials wherever possible. The intention of the guidance is to bring together current knowledge and recent thinking on how best to achieve the sanitation SDG in a user-friendly format.

About this guidance note and the *Rural Sanitation Approaches* series

This guidance note is part of **Rural Sanitation Approaches and Costing Analysis,** a joint initiative by WaterAid, UNICEF and Plan International. The guidance note completes a set of three papers:

1. Review of Rural Sanitation Approaches, August 2017. Available here.
2. Rural Sanitation Costing Guidance, February 2019. Available here.
3. Practical Guidance on Programming for Rural Sanitation (*this document*).

This guidance note was developed based on: a) desk reviews of literature on rural sanitation and hygiene approaches and existing guidance materials, b) mapping of experience, innovations and lessons learned from large-scale rural sanitation and hygiene programmes, and c) consultation with key sector informants through interviews, workshops and ongoing consultations with the strategic and user reference groups. The guidance note builds on existing sector guidance wherever possible.

How to use the guidance note

The guidance includes three main sections:

Introduction: Guidance overview
Section 1: National analysis and programme strategy
Section 2: Implementation strategy

The guidance also includes a set of **Annexes** that provide additional advice on the main implementation approaches. The format of these annexes is designed to allow them to be easily incorporated into a user-friendly online tool or website, which can be updated with new information, programme experience and links to other relevant guidance as it becomes available.

Annexes
1. Community-based sanitation approaches
2. Non-market technical support
3. Market-based sanitation
4. Sanitation finance
5. Equality & non-discrimination and support to the disadvantaged
6. Sustainability support
7. Hygiene behaviour change
8. Environmental sanitation
9. Nutrition
10. Monitoring, evaluation & learning
11. Enabling environment
12. Programme management

Who should read this guidance note

The audience for this guidance includes governments, donors, implementing agencies, NGOs and private sector actors who are familiar with the main rural sanitation and hygiene approaches and who are involved in the development of more effective, sustainable and equitable large-scale rural sanitation and hygiene programmes. The partners (Plan International, UNICEF & WaterAid) envisage that the guidance note will be used by their staff while supporting government partners to develop programmes, and hope that the content will form the basis of a training course on rural sanitation programming that can be rolled out to other partners over time.

Scope of this guidance note

Guidance is provided on the design of **large-scale sanitation programmes in rural communities**, with a focus on the achievement of sustained household and collective sanitation and hygiene outcomes.

Detailed guidance in the following areas is beyond the scope of this document:
- Sanitation technologies
- Institutional (non-household) sanitation and hygiene
- Urban sanitation and hygiene
- Faecal sludge management
- Hygiene behaviours (except handwashing with soap)

For further guidance on these areas, consult **other resources** including:

Guidelines on sanitation and health
WHO, 2018: new guidelines that provide comprehensive evidence-based recommendations, definitions and guidance on safe sanitation service delivery, behaviour change and sanitation-related pathogens.
http://www.who.int/water_sanitation_health/sanitation-waste/sanitation/sanitation-guidelines/en/

EAWAG website: an online compendium of sanitation systems and technologies.

Guidance on programming for rural sanitation

http://ecompendium.sswm.info/sanitation-technologies

WASH in Schools: WinS website (UNICEF & partners).
https://www.washinschoolsindex.com

WASH in health care facilities: WHO & partners.
http://www.who.int/water_sanitation_health/facilities/healthcare/en/

Urban sanitation and hygiene
Planning and design of sanitation systems and technologies
EAWAG: online course on planning affordable and context-specific urban
sanitation solutions in low- and middle-income countries.
https://www.coursera.org/learn/sanitation

City-wide inclusive sanitation
Urban sanitation website supported by the Bill & Melinda Gates Foundation,
Emory University, Plan International, University of Leeds, WaterAid and the
World Bank.
https://citywideinclusivesanitation.com

Innovations for urban sanitation – adapting community-led approaches
IDS (Myers et al), 2018: practical guidance on mobilisation of communities
and community-led solutions to urban sanitation issues.
https://www.ids.ac.uk/publication/innovations-for-urban-sanitation-adapting-
community-led-approaches

Faecal sludge management
World Bank, Faecal Sludge Management Tools website:
http://www.worldbank.org/en/topic/sanitation/brief/fecal-sludge-management-
tools

Faecal sludge and septage treatment
Kevin Tayler, 2018: guidance on options for faecal sludge treatment and the
choices between those options.
https://www.developmentbookshelf.com/doi/book/10.3362/9781780449869

Hygiene behaviour change
A Guide to Behaviour Centred Design
LSHTM (Aunger R & Curtis V), 2015: a draft guide using an evolutionary
framework, with a practical set of steps and tools.
http://ehg.lshtm.ac.uk/behaviour-centred-design

Behaviour change communication guidelines
SNV Sustainable Sanitation and Hygiene for All (SSH4A), 2016.
http://www.snv.org/public/cms/sites/default/files/explore/download/snv_behavi
our_change_communication_guidelines_-_april_2016.pdf

Menstrual Hygiene Matters
WaterAid website: a resource for improving menstrual hygiene around the
world.

https://washmatters.wateraid.org/publications/menstrual-hygiene-matters

Household Water Treatment and Safe Storage Trainer Manual
CAWST, 2018: Manual for trainers interested in delivering training on household water treatment and safe storage.
https://resources.cawst.org/trainer_manual/a6be61fd/household-water-treatment-and-safe-storage-trainer-manual

Introduction

Guidance overview

Introduction: guidance overview

The programming guidance note is for the design of large-scale, area-wide rural sanitation programmes that aim to progress towards the Sustainable Development Goal sanitation target through:
- Elimination of open defecation (OD)
- Universal access to safely managed sanitation and hygiene
- Progressive reduction of inequalities among population sub-groups Reduced sanitation and hygiene burdens for women and girls

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Definitions

Area-wide: the programme is implemented within an administration unit (e.g. a district) with the ultimate aim that everyone in this area achieves the target sanitation and hygiene outcomes and levels of service.
Large-scale: a programme that covers at least one district (or district equivalent), or at least 10,000 households (50,000 people).
SDG sanitation target: by 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

The desk review confirmed that most large-scale rural sanitation and hygiene programmes include one or more of the following key components:
- Community-based behaviour change (Community-Led Total Sanitation, Community Health Clubs, or PHAST)
- Market-based sanitation or supply chain strengthening
- Hygiene behaviour change communications
- Systems strengthening (including WASH governance)

While some progress has been achieved with these approaches, the universal access, higher level of service, and specific focus on women, girls and vulnerable groups required by the SDG sanitation target represent a new level of ambition, which calls for more large-scale, inclusive and effective programming. In addition, there is increasing evidence that the sustainability and inclusion challenges faced by most rural sanitation programmes necessitate greater attention to scale, sustainability and equity in the selection, adaptation and combination of implementation approaches, design of support mechanisms, and monitoring of sustained outcomes.

As a result, all programmes should seek to address three key SDG themes:
- **Equity**
- **Scale**
- **Sustainability**

Four additional principles run through the guidance, which should be built in to all rural sanitation and hygiene programmes:
- **Partnerships**: work with government, in coordination with other sector stakeholders and through alliances with other sectors (including health, education, finance and the environment).

- **Area-wide**: work with local governments and strengthen local systems, by working across entire administrative units and targeting everyone within these units (to ensure inclusion).
- **Context and evidence-based**: design programmes based on the context and evidence of what works in this context; if evidence is limited, conduct formative research to learn more and inform programme design and implementation.
- **Flexible and adaptive**: design programmes to be flexible and adaptive, with constant learning about what works (and what does not) and course correction based on this learning.

Two key steps in the development of a rural sanitation programme are outlined in Sections 1 and 2:

Section 1: National analysis & programme strategy

The first step is an analysis of the national (or sub-national) sanitation and hygiene sub-sector, which should inform programme objectives and selection of the programme area, and enable an overall programme results framework and strategy to be developed. An overview of Section 1 is below:

1.1 Situation analysis	Analysis of key data: sanitation, water supply, nutrition & health, poverty, equity
1.2 Lessons learned	Review of lessons learned: drivers & barriers sustainability & equity issues
1.3 Enabling environment assesment	Policy & strategy, institutional arrangements, finance, planning, capacity development
1.4 Capacity appraisal	Implementation capacity & capacity gaps, programme management
1.5 Programme objectives and strategy	Programme area selection, setting objectives & targets
1.6 Programme evaluation	

Section 2: Area implementation strategy

The next step is the development of an implementation strategy for each programme area (e.g. district), based on the specific contexts and conditions in the selected area. An overview of Section 2 is below:

2.1 Area analysis	Analysis of key data: sanitation & hygiene, physical & economic context

2.2 Area: enabling environment assessment

2.3 Area: capacity mapping

2.4 Area: programme design	Objectives & targets, implementation strategies, Institutional models, capacity development plan, phasing of approaches, cross-sectoral coordination
2.5 Area: programme cost	

Section 1

National analysis and programme strategy

National analysis & programme strategy

Design of a large-scale rural sanitation and hygiene programme requires an initial national (or sub-national) analysis of the current situation, lessons learned, bottlenecks to progress, and the capacity available. This analysis then informs the decision on how a large-scale programme could best contribute to national sanitation objectives and align with other sector programmes and investments, and the most effective strategy to achieve the specific programme objectives.

The national analysis and programme strategy design process should include:

1.1 Situation analysis	Analysis of key data: sanitation, water supply, nutrition & health, poverty, equity
1.2 Lessons learned	Review of lessons learned: drivers & barriers sustainability & equity issues
1.3 Enabling environment assesment	Policy & strategy, institutional arrangements, finance, planning, capacity development
1.4 Capacity appraisal	Implementation capacity & capacity gaps, programme management
1.5 Programme objectives and strategy	Programme area selection, setting objectives & targets
1.6 Programme evaluation	

Some aspects of this national analysis may already have been completed. It is important to build on and use existing data and analyses wherever possible.

1.1 Situation analysis
The situation analysis should examine at least the following areas:
- Sanitation & hygiene
- Water supply
- Health & nutrition
- Poverty
- Gender & vulnerable groups

Other situation factors (e.g. physical and economic status) are assessed once the programme area has been determined (see Section 2.1 Area Analysis).

1.1.1 Situation analysis: Sanitation & hygiene
Large-scale rural sanitation and hygiene programmes aim to improve behaviours and services in rural areas, which should lead to improved sanitation and hygiene outcomes and result in improved public health and

other benefits (including greater dignity, privacy, well-being, comfort, security and economic gains).

The initial analysis should include a review of available data on:
- Open defecation rates
- Access to and use of unimproved sanitation facilities
- Access to and use of shared sanitation facilities
- Access to and use of improved sanitation facilities (basic sanitation)
- Number of verified open defecation free (ODF) communities
- Access to and use of safely managed sanitation services
- Access to and use of handwashing facilities with soap and water
- Environmental sanitation conditions (solid and liquid waste management, animal excreta management, food hygiene, vector control)

Areas with low sanitation and hygiene access, high rates of open defecation or other sanitation and hygiene deficiencies should be considered for prioritisation within the programme. The situation analysis should also review qualitative information on sanitation and hygiene, including any research or other evidence of the impact of sanitation and hygiene practices on non-public health factors such as dignity, well-being, security and economic status.

Potential sources of these data include: national census and statistical reports, large-scale household surveys (DHS, MICS, LSMS), sector management information system reports, programme evaluations.

1.1.2 Situation analysis: Water supply
Sanitation development can take place independently of water supply development, as it usually requires different capacity, resources and institutional support, and is implemented at a different pace. However, water supply can be a constraint to sustained rural sanitation and hygiene practices, as water supply may be required for anal cleansing, toilet flushing, handwashing with soap and for other hygiene behaviours. Furthermore, the amount of water available can influence the amount of faecal sludge produced and therefore the filling rate of containment systems, the emptying techniques and the faecal sludge quantities that need to be safely managed.

Water supply status could be a factor that influences programme design and the choice of programme areas, thus its influence on rural sanitation and hygiene should be examined as part of the national situation analysis.

1.1.3 Situation analysis: Health & nutrition
Poor public health and nutrition in rural areas are often linked to inadequate sanitation. Joint analysis with local authorities of sanitation related disease (e.g. diarrhoea, soil transmitted helminths, schistosomiasis and trachoma) and nutrition data can highlight areas with sanitation and hygiene deficiencies, and encourage attention on the health impact of rural sanitation and hygiene programmes.

> ***Definitions***
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> **Anthropometric data:** measurements of human body size and shape.
> **Stunting:** impaired growth and development that children experience from poor nutrition, repeated infection and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age or length-for-age is more than two standard deviations below the WHO 'Child Growth Standards' median.

Open defecation and poor hygiene are linked with 'child growth faltering' (e.g. stunting). Careful measures of undernutrition (e.g. anthropometric data such as height-for-age) may provide better indicators of child health than diarrhoea, as high levels of stunting are associated with poor socio-economic conditions and increased risk of exposure to adverse conditions such as illness and inappropriate feeding practices. However, variations in length or height are difficult to detect reliably in young children, and bias is evident in most measures. Similarly, diarrhoea data are often volatile, affected by misdiagnosis and recall bias, or limited by weak local disease surveillance systems.

Severe sanitation problems tend to be concentrated in 'hotspots', where a number of factors converge to create barriers to the sustained practice of improved sanitation and hygiene behaviours, often marked by high health burdens and regular outbreaks of disease[1]. Sanitation and hygiene improvements in these areas will tend to have higher benefits than in other areas, provided that interventions address the main faecal exposure routes. Therefore, efforts should be made to identify any hotspots and assess the main faecal exposure routes in these critical areas (see Sections 1.5.2 & 2.4.2 on the impact of rural sanitation on child growth and diarrhoea, including the 2018 WHO-UNICEF 'Consensus statement on sanitation and health evidence').

1.1.4 Situation analysis: Poverty

Poverty is another indicator of deprivation, with data on income poverty (wealth) often available from large-scale national surveys. Poverty may be correlated with other factors that influence sanitation and hygiene outcomes, including governance, challenging contexts[2], vulnerability and marginalisation. Some poverty measures include assessment of basic services such as sanitation. In addition, development in poverty-affected areas is usually a consideration or priority in government development strategies.

See Further reading and tools for links to other guidance.

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[1] WHO (2018) *Ending cholera: a global roadmap to 2030* WHO Global Task Force on Cholera Control, report.
[2] See Section 2.1.2

1.1.5   Situation analysis: Gender & disadvantaged groups

The SDG sanitation target calls for a progressive reduction of inequalities in access to adequate sanitation. Where disaggregated data on the sanitation and hygiene status, and health status, of women and girls and disadvantaged and vulnerable groups (including minority ethnic or religious groups, people living with disability or chronic illness, conflict or disaster affected populations, remote populations, and older people-, female- or orphan-headed households) are available, these should also be considered in the selection of the programme area and setting of programme results.

It is important to recognise that disaggregated data on the sanitation and hygiene status of these groups may not exist and, therefore, that proxy indicators may have to be used or formative research conducted to uncover any inequalities of access, and differences in use by gender or other characteristics. Wherever possible, programmes should be designed in consultation with disadvantaged and vulnerable groups.

See Further reading and tools for links to other guidance.

1.1.6   Review of situation analysis data

The situation analysis should enable review and summary of the status of the regions, provinces and districts being considered for inclusion in the programme, and of the key issues that need to be tackled by the programme. The priority areas based on the situation analysis should then be compared with the priority areas proposed under other government plans and strategies, with strategic priorities that reflect potential opportunities to influence national progress, and with the working areas of other government and development partner programmes.

Some development partners, including UNICEF, advocate for the use of an **integrated (convergence) approach**[3], whereby all the rights of children are addressed at the same time in the most vulnerable regions or districts within countries, with the aim of ensuring comprehensive delivery of quality services and community-based outcomes for children. This approach encourages the selection of the programme area for rural sanitation and hygiene based on:
Comparative size of population
Degree of deprivation and vulnerability of population (prevalence of stunting, access to basic sanitation, open defecation rates, inequalities within the population e.g. related to gender, disability, ethnic minority, wealth, etc.)
Comparative need and potential for strengthening of local government administrations and services (see Section 1.3 Enabling environment assessment)
Current or proposed programmes from other sectors with convergent interests and benefits
Sustainability of sanitation and hygiene outcomes and services

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[3] UNICEF (2011) *Convergence paper* UNICEF Pacific, report.

The intention is that the programme areas (e.g. regions, provinces or districts in which programme implementation will take place) include populations – or sub-populations – with high deprivation, complement other government and development partner programmes, and align with government and local plans and priorities to encourage political commitment and support.

> **Situation analysis - Further reading and tools:**
> The World Bank: WASH Poverty Diagnostic Initiative:
> http://www.worldbank.org/en/topic/water/publication/wash-poverty-diagnostic
>
> *The case for investment in accessible and inclusive WASH*
> UNICEF (2018): Technical paper.
> https://www.unicef.org/disabilities/files/UNICEF_investment_in_accessible_and_inclusive_WASH_Technical_paper.pdf
>
> *Child-centred risk assessment*
> UNICEF (2014): regional syntheses of UNICEF assessments in Asia and Africa.
> http://un.info.np/Net/NeoDocs/View/7643

1.2 Review of lessons learned

Programme design should be based on lessons learned from previous rural sanitation and hygiene programmes, including evaluations and research. Particular efforts should be made during the national analysis phase to collate and review relevant evidence and data on rural sanitation and hygiene, and encourage an evidence-based approach to programming (i.e. review and recognition of what has worked, what has not, and the lessons learned from these experiences). Where previous approaches did not work, the reasons for any problems or failures (including underlying causes) should be examined, as new approaches are unlikely to work better if the causes of the problems have not been understood or addressed.

Drivers and barriers to sanitation and hygiene behaviour change

The review should examine whether any research has been conducted on the drivers of, and the barriers to, sanitation and hygiene behaviour change in the target areas and populations, as well as any information available on consumer preference for and valuation of specific products and services, willingness to pay, and expectations on the level of sanitation service. If data are unavailable, these questions can be investigated through formative research conducted in potential programme areas.

Formative research may present the best avenue for identifying those excluded from sanitation improvement (including the main disadvantaged and vulnerable groups), determining the main barriers and issues faced by these groups, and ensuring that this knowledge is fed into the development of implementation strategies.

*More information on **Formative Research** is available in **Annex 8. Monitoring, Evaluation & Learning**.*

Sustainability and equity of sanitation and hygiene outcomes and services

Where monitoring data are available, or where reliable programme evaluations or studies of the sustainability and equity of sanitation behaviours and outcomes have been undertaken, these data and findings should be reviewed as part of the programme design.

The review should identify populations and groups that have greater sustainability problems than others due to the contexts they live in; the sanitation technologies and practices adopted; the limited capacity, resources, knowledge and incentives that these groups have to maintain, repair and replace sanitation or handwashing facilities; and any factors relating to discrimination or disadvantage that affect how these groups experience sanitation and hygiene practices and processes.

Social norms for rural sanitation and hygiene also need to be considered, as additional efforts may be necessary to achieve *and sustain* the desired outcomes in areas where toilet use or handwashing with soap are not yet social norms (see box 1 below).

Box 1 Social norms affecting sustainability of Community-Led Total Sanitation (CLTS) in Niger

Rapid gains in sanitation access were reported in a Plan International Niger project[4] despite only 9% rural sanitation coverage at baseline: 37 out of 87 villages (43%) were verified as ODF, with a reported 30% increase in sanitation access across all project villages (compared with a 2% increase in rural Niger over the same period).

The final evaluation (up to five years after ODF certification) found that only 29% of households in ODF villages owned toilets, and 39% reported reversion to open defecation. Discussions on the dramatic reversion to open defecation confirmed that toilet use had not yet become the social norm, and little concern had been shown to the fact that previously ODF communities had largely returned to open defecation. Areas with high open defecation rates often require more attention to social norms, more follow up, some form of enforcement or sanction for open defecation, and sustainability monitoring so that problems can be spotted and addressed in good time.

Other country projects within the same Plan International (Pan African CLTS) programme started with higher sanitation access, more evidence of social norms for toilet use in the project areas, and stronger enabling environments: in the Kenya, Uganda and Malawi projects, the same evaluation found 92% to 96% sustained use of toilets in previously ODF communities, and very low (self-reported) open defecation.
Reference: Robinson, 2016

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[4] The Plan International Netherlands Pan African CLTS programme (2009-2015) implemented CLTS in eight countries in sub-Saharan Africa.

1.3 'Enabling environment' assessment

The enabling environment describes a set of conditions that support the effectiveness, scaling up, sustainability and replication of rural sanitation systems, institutions and outcomes. Different actors and documents often describe the enabling environment in different ways, with variations depending on organisational systems and processes.

Sanitation and Water for All: Building blocks of a well-functioning WASH sector

The Sanitation and Water for All (SWA) global partnership identified four 'collaborative behaviours' that should be adopted by all countries and development partners to enhance the enabling environment to improve long-term sector performance and sustainability:

- Enhance government leadership of sector planning processes
- Strengthen and use country systems
- Use one information and mutual accountability platform
- Build sustainable water and sanitation sector financing strategies

The SWA also promotes the five 'building blocks' of a well-functioning WASH sector, i.e. key elements for an enabling environment required for the delivery of sustainable services, and the progressive reduction of inequalities:

1. **Sector policy & strategy** (to identify sector goals and pathways, and provide direction, implementation strategies and sustainable service delivery models)
2. **Institutional arrangements** (roles and responsibilities, coordination mechanisms, legal and regulatory frameworks)
3. **Sector financing** (expenditure frameworks, sector budgets and financial data)
4. **Planning, monitoring and review** (systematic evaluation and review of sector performance to ensure effective routes to achieve goals, and accountability mechanisms)
5. **Capacity development** (systems that develop sector capacity, institutional capacity and individual capacity)

Strengthening the enabling environment has a cross-cutting effect on all aspects of rural sanitation and hygiene, and according to SWA, large-scale and sustainable progress is possible only when these five critical building blocks are in place and working well.

An enabling environment assessment (or systems assessment) is an important step in the analysis that aims to identify bottlenecks or barriers to sector and programme progress, which will have to be addressed by the programme in order to ensure effective and sustainable results.

Existing national, sub-national and programme assessments of the enabling environment, WASH governance and systems strengthening, should be reviewed. It is important to **build on and update previous work**, rather than

starting from scratch (even if the previous work used a different analytical framework).

The enabling environment assessment includes an examination of the effectiveness of capacity development systems for rural sanitation and hygiene, i.e. whether sector systems are in place to train trainers, develop capacity, assess capacity needs, provide refresher training etc. The following Section (1.4 Capacity appraisal) provides further guidance on appraisal of existing capacity and identification of key capacity gaps for programme implementation.

Strengthening Enabling Environment for Water, Sanitation and Hygiene UNICEF Guidance Note, 2016: summarises the latest thinking on strengthening the WASH enabling environment, and should be the basis of any programming guidance on the enabling environment for rural sanitation. https://www.unicef.org/wash/files/WASH_guidance_note_draft_10_3_hr.pdf

*More information on **Enabling Environment Assessment** is available in **Annex 11 Enabling Environment.***

1.4 Capacity appraisal

The institutional arrangements adopted for programme implementation are critical to the efficiency, effectiveness and sustainability of a rural sanitation and hygiene programme. A broad range of skills and actors are required in large-scale, inclusive programmes, hence careful appraisal of the advantages and disadvantages of different institutional models (to carry out the various functions required) – and of the *capacity* available to deliver them – is required during the programme design period.

Definitions

Capacity development: the process through which individuals, organisations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.

Institutional model: the institutional arrangements or organisational structure through which the programme delivers specific services or implements specific activities, for example CLTS interventions may be made by health extension workers, with training provided by the district health service, and support provided by an international NGO with good experience of community-based behaviour change.

Capacity appraisals should be conducted for each of the following components of the implementation programme:
Programme planning and management
Community-based behaviour change (management, implementation, follow up, support and monitoring)
Market-based sanitation (producers, entrepreneurs, service providers, transporters, products, services, sales and marketing)

Hygiene behaviour change communication (design, implementation, follow up, support and monitoring)
Capacity development (courses, materials, master trainers and training institutions)
Systems strengthening (policy & strategy development, guidelines, advocacy and accountability mechanisms)
Monitoring, evaluation and learning (sharing and learning platforms, sector events and review mechanisms)
Finance systems (management information systems, village saving and loan associations, government safety nets and vouchers/rebate systems)

The programme capacity appraisal should **identify existing and potential capacity** (institutions, actors) **and systems**, and **highlight any clear capacity gaps** that may require filling through programme capacity development. The programme capacity appraisal should also examine potential economies of scale, for example through the use of one consortium or institution (NGO, consultant firm, academic institution, government, or a combination) to provide capacity development and support services across more than one area or district.

Programme management capacity
Good programme management is critical to programme effectiveness, and thus requires particular attention at the appraisal and design stage. Large-scale rural sanitation and hygiene programmes are increasingly complex, involving multiple components, activities and actors working at different levels and at different times during the programme life. Government agencies may lack the high-level capacity or experience needed to manage all aspects of a large programme, hence, additional management capacity is often provided through the establishment of programme management units (PMUs) staffed by consultants, government counterparts and other actors with appropriate skillsets. A decision on the institutional model for the programme management, and the oversight of the management team, needs to be taken early in the programme design process.

Box 2: Proposed Programme Management Unit, World Bank project in Papua New Guinea (2017-2022)
The Department of National Planning and Monitoring is the project implementation agency for the implementation of the National WASH Policy and the provision of water supply and sanitation (WSS) services in rural and peri-urban areas, through the WASH Project Management Unit (PMU).

The WASH PMU is also responsible for overall coordination of the project, sector coordination and policy implementation. The PMU will be led by a WASH Sector Coordinator and during its first year of operation will have a core minimum complement of at least three technical staff and 1-2 administrative staff. The project will support a full complement of technical assistance consultants to support the PMU team in rural WASH, institutional and capacity development, monitoring and evaluation, communications, environmental and social safeguards, financial management and procurement.

The WASH PMU is the anchor agency for policy implementation, sector coordination and systemization, monitoring and capacity building. The PMU will later be transformed into the National Water, Sanitation and Hygiene Authority (NWSHA). The PMU will be a new entity and initial capacity is expected to be weak. Apart from immediately strengthening the PMU with a minimum complement of specialist consultants to enable it to undertake the implementation and management of the project, an objective of the proposed project is to support its overall establishment and capacity strengthening, including activities toward its eventual transformation into the NWSHA.

More information available at:
http://documents.worldbank.org/curated/en/591931485443649141/pdf/PAD17 46-PNG-Water-Supply-PAD-01232017.pdf

1.5 Programme objectives & strategy

Based on the previous analyses (situation analysis, review of lessons learned, enabling environment assessment and capacity appraisal) and any other relevant information, decisions need to be taken on:
1. Programme area (administration units in which the programme will be implemented)
2. Main programme objectives and targets
3. Overall programme strategy (ensuring it is responsive to the challenges and issues identified by the national analysis, and likely to be effective in achieving the agreed objectives in the selected areas)

1.5.1 Programme area selection

Lessons from the World Bank's Water and Sanitation Program (WSP) *Scaling Up Rural Sanitation* initiative[5] suggest that effective large-scale implementation is far more likely when some key enabling factors are in place:
Local models of success (to show what can be achieved)
Functional large-scale monitoring and evaluation systems (to generate reliable evidence of what works and what does not)
Political interest and commitment (driven by the local success models and evidence)
Supportive policy, strategy and direction

In-country examples of effective local implementation (e.g. district-level models of success) are central to convincing national or sub-national decision-makers of the benefits of supporting a large-scale implementation programme. If there are no examples of effective local implementation then programmers should consider investing in the development of local models of success through working with progressive local government leaders, *before* committing to a large-scale programme whose chances of success may be limited.

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[5] Originally known as the WSP Total Sanitation and Sanitation Marketing programme.

In less supportive environments, area-wide projects (which aim to cover an entire district, or several districts) offer an opportunity to test and refine implementation strategies, build local capacity and monitoring systems and learn lessons from successes and failures, until higher-level decision makers are convinced to develop enabling policies and strategies, and allocate resources and capacity for effective, large-scale implementation.

The selection of the programme area should consider the wide range of factors that influence effectiveness at scale, sustainability and equity. Wherever possible, programmes should target areas with high levels of deprivation (as improvements in these areas tend to provide the highest benefits) and areas with high levels of demand and need (e.g. local governments willing to support the programme, deprived populations that are not receiving other assistance).

Economies of scale and scope should also be considered when selecting the programme area, as efficiency gains may be possible where programme areas can be grouped together. A minimum size of programme may be necessary to enable cost-effective implementation of some approaches.

Governments may also want to test and develop new implementation strategies and approaches, for example in challenging contexts where conventional approaches have not proved effective or have not been able to scale up, or in places where governance and other more structural constraints require a longer-term strategy to ensure that the SDG sanitation target is achieved by 2030. Programmes should work with entire administration units in order to strengthen and support government systems, and align and harmonise with other sector programmes.

1.5.2 Programme objectives and targets

National priorities should direct programme objectives and targets, including the programme contribution towards national sector goals such as the 2030 SDG sanitation target. Nonetheless, programme objectives and targets (e.g. a programme results framework detailing main result indicators, target achievements and timeframes) **need to be realistic, reflecting what is possible** in the programme duration, given the contextual challenges in the programme area. Objectives should take account of the work required to address bottlenecks or enabling environment constraints that might otherwise limit programme scale, effectiveness, sustainability and equity.

Appropriate programme objectives and realistic targets should be selected after consideration of previous sector experience with over-ambitious sanitation targets (e.g. national ODF achievement dates that have still not been achieved). Over-ambitious targets risk pressure for quick results, over-reporting, sustainability and equity problems, challenges to evaluation findings, and reduced sector credibility and support.

Programmes should include a range of objectives and targets, with both quantitative and qualitative objectives (and related goals) considered, and

allowance for progress performance and results to be carefully assessed to check what is working, and what is not, using monitoring, evaluation, learning and social accountability mechanisms that question the quality and reliability of results (as well as the numbers), and examine the systems, processes and capacities that underpin these results.

Flexibility should also be built into the programme objectives and targets, to allow for adaptive management (see Section 1.5.3 below). New approaches and systems should be tested, assessed and refined (or replaced if they do not work) before scaling up, and programme objectives and targets should reflect the time, capacity and resources required for these iterative processes.

Box 3: Netherlands Ministry of Foreign Affairs (DGIS) supported WASH SDG programme (2018-2022)

The WASH SDG programme is being implemented in seven countries by a consortium including the WASH Alliance International, Plan International Netherlands and SNV. With a budget of 59 million euros for the first five years, the **overall programme objectives** are:
- At least 2 million women, girls, boys and men with sustainably improving access to and use of sanitation, and improving hygiene behaviours by 2022
- At least 450,000 women, girls, boys and men with access to and use of safe drinking water by 2022

Specific objectives include that sustainable and equitable use of WASH by all can be achieved in a locality by:
- Improving behaviour change interventions, leading to increased demand for improved WASH facilities and practices (strengthening capacity of local organisations to deliver gender and social inclusion sensitive, climate resilient, effective and coherent behaviour change interventions and promoting behaviour change to increase demand).
- Improving WASH service provision, leading to increased availability and affordability of WASH products and services, supporting sustainable and equitable access to WASH (improving performance of WASH service providers, increasing availability of financial services and developing new products and services).
- Strengthening of the WASH governance and institutional framework, leading to governments enabling the efficient and effective delivery of inclusive and sustainable WASH services which contribute to sustainable and equitable access to WASH (defining roles and responsibilities, promoting transparency and budget tracking, encouraging the inclusion of socially excluded groups, increasing social accountability, developing climate resilience and water security strategies).

Area-wide approach: using an area-wide approach (sub-district, district or city) with a focus on full coverage, social inclusion, and sustained services for the poorest wealth quintiles.

Access for all: striving for universal coverage, introducing new ways of thinking about how equity and processes of exclusion are addressed in the sector and how gender equality can be guaranteed.

Sustainable behaviour change: promoting a sustainable change in social norms and behaviours. Changing vision and habits in relation to sanitation, hygiene and clean drinking water to cement sustainable changes in WASH practices.

Systems change: a focus on institutional and financial systems within which the services are embedded. Beyond encouraging market, government and socio-cultural systems, but considering checks and balances in systems and how the different levels interconnect.

The WASH SDG programme will incorporate the *DGIS Sustainability Clause, Check and Compact* in its monitoring activities, which requires that services are sustained for a period of up to 15 years from the programme start date (until 2030).

Link: https://simavi.org/what-we-do/wash-sdg-consortium/

Threshold level of sanitation access
Emerging evidence implies that <u>high community-wide rates of access and use of safely managed sanitation facilities and services</u> (with correspondingly low rates of open defecation) may be required before health benefits become apparent. In line with the 2030 SDG sanitation target, rural sanitation programmes should aim for high sanitation access rates within each programme area – looking to saturate implementation areas so that sustained use of safely managed sanitation is always above an appropriate minimum threshold in all targeted communities, rather than promoting small gains in sanitation access across large populations. This programme objective should also encourage more inclusive interventions, as high sustained use of safely managed sanitation requires that approaches are developed to reach everyone within the target communities and local government areas.

Several recent rural sanitation trials have shown little impact on child growth or diarrhoea, but commentators note that the changes in sanitation conditions may not have been significant enough, given relatively good starting conditions, to demonstrate measurable impact (Cumming & Curtis, 2018; Coffey & Spears, 2018).

Rural sanitation programmes should also include interventions to tackle other significant faecal exposure pathways if they want to achieve substantial health benefits (see Section 2.4.2 on 2018 UNICEF-WHO Consensus Statement on Sanitation and Health Evidence, and Chapter 3 on safe sanitation systems and exposure pathways in the WHO sanitation and health guidelines).

Equity and sustainability targets
Equity and sustainability concerns need to be specifically built into the programme, with appropriate adaptations to all approaches, including

allowance for the resources and capacity required to achieve these objectives.

The inclusion of specific equity and sustainability targets in the programme results framework (objectives and targets) will encourage greater attention to these important areas. The results framework strongly influences the design of implementation processes and other programme activities, and drives the establishment of the monitoring and evaluation framework and indicators.

Box 4: Equity and Sustainability Targets in Results Frameworks

SNV, the Netherlands development organisation, has implemented the Sustainable Sanitation and Hygiene for All (SSH4A) programme in 13 countries with support from the UK's DFID, Australia's DFAT and other funders. The SSH4A results framework includes results (and measurement approaches) for the following objectives:
- Sustained household use of improved sanitation (household surveys with observation)
- Local government support of rural sanitation activities (FGDs[6] at district level)
- Local sector alignment and cooperation (FGDs at district level)
- Participation and influence of women, poor, older and disabled people (FGDs at community level)
- Safe management of rural sanitation facilities (household surveys)

The 2018-2022 UNICEF Accelerating Sanitation and Water for All (ASWA-2) programme, which is also DFID-supported, targets the following results:
- Use of household toilets, disaggregated by sex, disability and wealth ranking (household surveys)
- Sustained community ODF status (community surveys)
- Local government use of mobile-to-web monitoring systems (annual reviews)
- Government Sustainability Compacts (agreements signed with government on sustainability targets and commitments)

Link: http://www.snv.org/project/sustainable-sanitation-hygiene-all-results-programme

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Checklist: programme objectives and targets):
☑ **Current effectiveness data** (e.g. ODF success rates, market-based sanitation sales, handwashing response rates)
☑ **Realistic forecasts of effectiveness** (what is the best that is likely to be achieved by the end of the programme; what might be the average effectiveness across a large programme, with variable progress and performance)

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[6] FGD = Focus Group Discussion

☑ **Sustainability rates** (have realistic allowances been made for sustainability losses over time and for the capacity and resources required to support sustainability)

☑ **Time** (have realistic time estimates been made for the main interventions and activities, have allowances been included for unexpected delays and setbacks)

☑ **Capacity** (available implementation capacity, number of communities that an implementation team can support and number of teams required)

☑ **Costs** (what is the estimated cost of achieving the proposed objectives and targets, is adequate funding available, could fiscal issues constrain progress)

☑ **Equity** (has adequate allowance been made for the additional challenges and costs of reaching the previously unreached, and covering 'the last mile')

☑ **Bottlenecks** (have allowances been made for sector bottlenecks and the time required to tackle them; are monitoring, evaluation and learning systems adequate to inform the proposed programme strategy; what political challenges or events might affect progress, e.g. elections)

The overall programme objectives and targets should be reviewed again once the detailed implementation strategies in each programme area are agreed, as the relative effectiveness and costs of these strategies is likely to influence the results that are possible in the life of the programme.

The overall programme M&E framework should be determined at this stage, including the main results, indicators and targets (both annual and total), based on the previous assessments and the guidance provided above, with preliminary targets reflecting government ambition, programme context, capacity and enabling environment.

Some consideration should also be given to the capacity and resources required for long-term sustainability support at the scale suggested by programme targets. Local governments and other service providers may not be ready or able to provide support to a significantly increased number of rural communities, unless the programme undertakes capacity development for sustainability support and monitoring, and has firm commitments from government on its long-term contributions to support services.

1.5.3 Programme strategy

Investments in advocacy, policy development, coordination, sector finance, monitoring, evaluation & learning, capacity development and other 'building blocks' (e.g. institutional triggering) may be required at national (or sub-national) level. This can raise awareness among decision makers; build commitment to the principles and systems strengthening required for universal, sustainable rural sanitation and hygiene services; and ensure that higher level processes support the programme.

Some programme components will be developed largely within each programme area (e.g. at district level) but there will also be a need for higher-level investment, capacity and support. For instance, monitoring and

evaluation systems and capacity development components (e.g. training of master trainers) are often established and supported by national bodies, and horizontal learning and knowledge management systems will be required at overall programme level, as well as within each programme area, to ensure that learning is shared across programme areas.

Adaptive management

In the past, programmes were often designed around a single implementation approach. Today, the higher and wider objectives of the 2030 SDG sanitation target require the use of **adaptive management**:

- A continuous process of assessing what works (and what does not) in the various programme areas;
- Understanding the causes of any problems or gaps;
- Testing, planning and implementing interventions designed to address problems and close gaps;
- Feeding information and lessons back into the programme; and then
- Starting the process again (through studying performance, planning additional corrective actions and so on).

Adaptive management requires: a) a flexible set of implementation strategies (and alternatives) adapted to the programme context; b) supporting programme components designed to enable adaptive programming; and c) fast processes that enable rapid feedback to those responsible for the adaptive management.

The overall programme strategy should include the following core components to enable adaptive management:

- A. Monitoring, evaluation and learning
- B. Enabling environment strengthening
- C. Cost assessment
- D. Programme management and capacity development

A. Monitoring, evaluation & learning

Monitoring and evaluation of rural sanitation programmes should observe and check the progress, quality, sustainability and equity of implementation, outcomes and impacts. Reliable and regular monitoring, evaluation (of what is working, or not) and learning activities are essential for adaptive management and should inform wider national policy, strategy and budget allocation processes.

Adaptive management requires rapid feedback systems, which are often based on real-time monitoring and evaluation of programme performance and progress. Mobile-to-web monitoring has dramatically reduced the time, resources and capacity required to generate usable monitoring data. Smartphone monitoring systems are now being used by large-scale rural sanitation programmes in Africa and Asia to monitor progress and verify results.

The programme should support the government in the development or strengthening of a common information and accountability platform, and

should invest in verification processes that build trust in data for course correction (whether collected by peers or external agents).

Box 5: Real-time monitoring of rural sanitation in Zambia

Mobile-to-web monitoring of rural sanitation was introduced to Zambia by UNICEF and Akros in 2013. The DHIS-2 software uses SMS text messages to replace the previous paper-based system for the transfer of data from community to district to central level. The key advantages of the real-time monitoring system are:

- Use of low cost mobile phones with simple protocols for easy reporting and analysis
- Greater accountability, better data quality, higher cost efficiency (per targeted community)
- Good quality and timely information now being used to inform intervention targeting and follow-up services
- Government of Zambia now has the potential to expand the system to support a national WASH MIS and incorporate indicators from other sectors

Reference: UNICEF (2015) *Real-time monitoring of rural sanitation at scale in Zambia using mobile-to-web technologies* UNICEF ESARO Learning Series, Field note.

Horizontal learning and knowledge management are critical to the spread and scaling up of effective strategies, implementation approaches and practices. Active processes are required to seek out, capture, analyse, document and share the learning generated by the programme in ways that motivate programme actors to enact reforms and make positive changes based on the lessons learned. The learning systems should also ensure that local learning informs national and global policy, programming, finance, systems and practice priorities.

Box 6: Horizontal learning exchanges in Indonesia, Nepal and the Philippines

Horizontal learning exchange and knowledge management were key strategies built into the Phased Approach to Total Sanitation (PHATS) in the Philippines and the UNICEF-supported programme areas in Indonesia where Sanitasi Total Berbasis Masyarakat (STBM) was implemented. In the two countries, the highly decentralised and devolved country contexts made it challenging for local governments to learn from each other, hence UNICEF focused its support to national government ministries by facilitating learning between local governments. The horizontal learning activities included:

- Case study documentation
- Facilitator exchanges
- Facilitated learning visits
- National and subnational sanitation conferences

In Nepal, UNICEF supported joint district planning through the 'aligning for action' programme, which shared lessons from the first ODF districts with the

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rest of the sector. UNICEF also facilitated knowledge exchange through regional, district and Village Development Committee level sanitation conferences at which lessons were shared and issues raised between partners, peers and other stakeholders such as media, academia and community members. Government participation in national and international events was also supported.

References: Personal communication, Mike Gnilo (UNICEF); UNICEF (2017) *Learning from five country programmes (Haiti, Philippines, Mali, Zambia and Nepal): UNICEF field notes on Community Approaches to Total Sanitation*

Box 7: Rapid Action Learning & WhatsApp groups
Rapid Action Learning (RAL) workshops have been used in the Swachh Bharat Mission-Gramin (SBM-G) national rural sanitation programme in India as an efficient means for sharing innovation, good practices and lessons learnt. Their essence lies in sharing and learning horizontally between peers working on the SBM-G, and encouraging immediate action planning to translate what has been learnt into practice.

A typical RAL workshop plan:
• Day 1: sharing and learning
• Day 2: field visit, consolidation and start of planning
• Day 3: district action planning and sharing of plans

In India, WhatsApp groups facilitate interaction between lower-level and higher-level officials, motivating more participation in regular information sharing. The SBM-G director in Chattisgarh uses the WhatsApp group daily to review district level progress, and other staff share review activities and reports through the designated group.

Guidance is available on the RAL workshops:
IDS (2018) *Convening and facilitating rapid action learning workshops: for the Swachh Bharat Mission – Gramin* WSSCC and IDS, Guidance note.
http://www.communityledtotalsanitation.org/RAL_guidance_note_2018.pdf

WaterAid information on 'making sanitation happen' (turning political will into action):
https://washmatters.wateraid.org/publications/making-sanitation-happen-turning-political-will-into-action

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Box 8: Horizontal learning programme, Bangladesh
A village solves a local problem that another nearby community also faces. One approach is to go to the second village, tell them what is wrong and teach them how to solve the problem; another approach is to invite representatives from the second village to visit the first village and learn from their experiences of solving the problem. Which approach do you think will work better?

The horizontal learning approach has been used by 568 Union Parishads in Bangladesh, supported by a large number of partners. The approach supports peer-to-peer learning through the formation of communities of practice that exchange ideas. Local governments experience and discuss good practice with their peers, and then adapt the practice to suit their own needs.

Basics of horizontal learning:
1. Identify good practices
2. Validate good practices
3. Learn via appreciative enquiry (focus on positive things = solutions rather than pointing out all that is wrong)
4. Prioritise practices to replicate/adapt
5. Discuss with citizens and integrate into plans

https://www.slideshare.net/world-bank-horizontal-learning-program-bangladesh
https://slideplayer.com/slide/8095835/

External evaluations, third party monitoring and verification (e.g. sustainability checks), programme reviews and rapid learning activities help to strengthen accountability during implementation, ensuring that information on the programme and its results is readily available and shared with all key stakeholders. These activities need to be planned in advance (especially where baseline data are required), and their costs need to be included in the programme budget.

Efforts should be made to document lessons learned and identify potential pitfalls throughout the programme, with periodic reflection and learning events, as well as sharing of results with other stakeholders. The lessons learned should be used to strengthen the area implementation strategy during the life of the programme, and enable best practices to be scaled up in other areas, either nationally or internationally.

The programme evaluation should produce a systematic and objective assessment of the programme design, implementation and results. The evaluation should aim to assess the relevance and achievement of the programme objectives, as well as the efficiency, effectiveness, impact and sustainability of the programme.

Baseline surveys and studies may be required to describe and measure initial conditions, against which estimates of progress and performance can be made. All key indicators and potential areas of interest should be assessed in order to ensure reliable estimates of programme change and achievement when required (e.g. at programme midline and endline, or annually).

*More information on **Monitoring, Evaluation & Learning** is available in **Annex 10.***

B. Enabling environment strengthening

Enabling environment activities are required to identify and assess bottlenecks and barriers, using a system-wide approach that tackles a number of areas simultaneously, including policy, financing, institutions and monitoring. Large-scale programmes often need to address WASH governance issues, and shape wider enabling conditions to encourage sustained and equitable outcomes and services.

Strengthening Enabling Environment for Water, Sanitation and Hygiene UNICEF Guidance Note, 2016: summarises the latest thinking on strengthening the WASH enabling environment and provides useful programming guidance on the enabling environment for rural sanitation. https://www.unicef.org/wash/files/WASH_guidance_note_draft_10_3_hr.pdf

*More information on **Enabling Environment** is available in **Annex 11**.*

C. Cost assessment

Programme decisions are affected by costs, with the relative costs and effectiveness of different implementation strategies and approaches important factors in large-scale implementation. The cost and cost-effectiveness data required for these planning or adaptive programming decisions are often in short supply, and are sometimes based on partial or weak data, thus greater efforts are required to track, assess and report programme costs over the life of the programme.

A rough estimate of the overall programme budget should be made during this phase, based on the estimated costs of achieving the proposed programme objectives. This estimated programme budget should be reviewed once implementation strategies have been prepared for each programme area, using the more detailed information available at that time.

The joint WaterAid-UNICEF-Plan International initiative includes separate guidance on the assessment of the costs of rural sanitation costs. All programmes should plan for the tracking of programme costs and expenditures through the life of the programme, and allocate budget and capacity for these cost tracking activities and for the final analysis and evaluation of programme costs.

*More information on **Cost Assessment** is available in the Costing Guidance Note - Practical guidance on costing rural sanitation approaches*

D. Programme management & capacity development

Adaptive programming for large-scale programmes, with multiple implementation components across widely varying contexts, requires significant management capacity. Adequate capacity and resources need to be allocated for effective management of large-scale programmes, including the related systems for the strengthening, advocacy, planning, budgeting, human resources, partnerships and coordination functions.

*More information on **Programme Management** is available in **Annex 12**.*

The programme capacity appraisal should inform the development of a capacity development plan. The plan should take account of the time, resources and capacity required to establish and implement capacity development systems that will develop, enhance and retain the skills, knowledge, tools, equipment and other resources needed by programme actors and partners to fulfil their roles and responsibilities competently, including the increased roles and responsibilities required by the higher and more comprehensive sanitation SDG.

Next steps

Once the programme-level analysis and design have been completed, the next step is to conduct detailed analyses in the proposed programme areas and develop specific implementation strategies and plans for each programme area (e.g. district), which should be tailored to the contexts and conditions in each area. Section 3 provides guidance on the area implementation strategy.

Further Guidance

Guidelines on Sanitation and Health
WHO, 2018: comprehensive new guidelines on all aspects of sanitation and health.
http://www.who.int/water_sanitation_health/sanitation-waste/sanitation/sanitation-guidelines/en/

Sanitation and hygiene promotion: Programming guidance
WHO & WSSCC, 2006: Chapter 2 Getting Started, Chapter 3 Sanitation and Hygiene Promotion Policies, and Chapter 4 Allocating Resources Strategically.
http://www.who.int/water_sanitation_health/publications/sanitpromotionguide/en/

Sanitation implementation brief: Water and Development Strategy
USAID, 2016.
https://www.usaid.gov/documents/1865/sanitation-implementation-brief-july-2016

JMP sanitation country files. https://washdata.org/data

Key References

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Rosensweig F, Perez E, & Robinson A (2012) *Policy and Sector Reform to Accelerate Access to Improved Rural Sanitation* The World Bank, Water and Sanitation Program. Washington DC.

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Section 2

Area implementation strategy

Area implementation strategy

This section details guidance for the development of an 'Area Implementation Strategy'. Each sub-national programme area – i.e. each district or other administration unit selected – will have to develop a separate implementation strategy following a similar process. This should be followed by a review of the aggregate programme strategy, generated by putting together all of the area implementation strategies. The review should check whether the aggregate results, capacities and budgets differ substantially from those estimated for the initial programme strategy, and whether any revisions need to be made to the overall programme objectives and costs.

Programme level analysis should already have been completed, including the overall situation analysis, review of lessons learned, capacity appraisal, and decisions on programme objectives and strategy that led to the selection of the programme areas. More detailed analysis of the context, objectives and strategy are now required in each programme area (e.g. district) to inform the design of the area implementation strategy.

The area implementation strategy design process:

2.1 Area analysis	Analysis of key data: sanitation & hygiene, physical & economic context
2.2 Area: enabling environment assessment	
2.3 Area: capacity mapping	
2.4 Area: programme design	Objectives & targets, implementation strategies, Institutional models, capacity development plan, phasing of approaches, cross-sectoral coordination
2.5 Area: programme cost	

2.1 Area analysis

2.1.1 Area analysis: Sanitation & hygiene

Review the area (district), sub-area (sub-district) and community sanitation and hygiene data (where available) to identify zones and communities where targeted interventions and support should be used. Some key settings and indicators to examine include communities (or wider areas) with:
Low open defecation (OD) rates (close to open defecation free)
High use of unimproved sanitation facilities (require support for upgrading)
Low use of improved sanitation and high OD rates (require support to tackle widespread sanitation deficiencies)
High use of shared sanitation facilities (require support to address reasons for shared use of sanitation)
High use of improved but not safely managed sanitation facilities and services (require support for safe management)
Low use of handwashing facilities, with soap and water (require support to raise response rates and increase sustained behaviour change)

Conduct a baseline survey where sanitation data are limited
Where no data are available disaggregated to area level or below, the programme should consider conducting a baseline household survey in order to provide the detailed data required for the development of effective implementation strategies. The baseline household survey should be either a census survey conducted by local partners (with some form of third party data checks to encourage reliable monitoring), or a sample survey designed to provide a reliable estimate of sanitation status (e.g. with 95% confidence and a 5% margin of error, and some form of third party verification to check survey quality).

Assess inequalities within the programme area
The following inequalities, disadvantages or vulnerabilities should also be examined (if disaggregated health status or sanitation access data are available):
Gender (e.g. female-headed households, widows, adolescent girls)
Income poverty (e.g. households in bottom wealth quintile)
Minority ethnic, tribal, religious or linguistic groups
People living with disability (PLWD)
Geographical variations (e.g. people living in remote areas)
Disaster-affected populations
Conflict-affected populations
Mobile populations
Plantation workers
Older people (e.g. households headed by older people)
Orphan-headed households

Few disaggregated data are available (at district or sub-district level) in most developing countries on health status and sanitation access among disadvantaged or vulnerable groups. It may be possible to collect some of these data through a baseline household survey, although where disadvantaged and vulnerable groups form a small proportion of the

population it may be difficult to obtain statistically significant results without large increases in the sample size of the survey.

The use of other monitoring and evaluation instruments (such as formative research, a separate targeted survey, or other data collection instruments) should be considered where no data are available, or it is not cost-effective for the main baseline survey to collect disaggregated data.

Sustainability of sanitation and hygiene outcomes and services
Where sustainability monitoring data are available, these data and any research findings on sustainability in the area should be reviewed. Populations or places with significant sustainability issues should be identified wherever possible, and this information should influence the area implementation strategy.

Existing interventions and lessons learned
The area analysis should also review previous and ongoing rural sanitation and hygiene interventions in the programme area:
- Who is working where?
- What approaches have been used, or are being used?
- How will the new programme align with existing interventions and ensure complementary results?
- What lessons have been learned from previous and ongoing interventions in the area?

WHO guidelines on sanitation and health: local risk assessment
The WHO guidelines on sanitation and health recommend that "progressive improvements towards safe sanitation systems should be based on risk assessment and management approaches".

A locally-specific risk assessment and management approach can identify incremental improvements at each step of the sanitation service chain to allow progressive implementation towards sanitation targets and allow investment to be prioritised according to the highest health risk and thereby maximise gains.

The risk assessment should account for hazards associated with normal conditions as well as variability of the population, seasons and climate change, and should assess potential exposure and risks to all groups along the chain – users, local communities, workers and wider populations. When considering new controls, it should assess the effectiveness of existing controls and introduce a combination of technical (e.g. improved containment or conveyance infrastructure), management (e.g. appropriate regulations) and behavioural interventions (e.g. to improve service provider or user practices) to manage risks.

https://www.who.int/water_sanitation_health/publications/guidelines-on-sanitation-and-health/en/

2.1.2 Area analysis: Physical and economic context

A simple physical and economic context analysis is recommended based on context factors that influence implementation across the area, and on which disaggregated information and data are readily available. Other physical and economic context factors can be considered, although formative or other research may be required to collect useable information. GIS mapping data may be useful to this area analysis.

The following physical and economic context factors should be assessed for the main sub-areas or zones within the programme area (with three levels suggested for each context factor):

- Road access (unpaved, all-weather or major paved road): road conditions affect access by implementation teams and service providers, and may limit delivery of other basic services.
- Population density (low, medium or high): higher population densities have higher risks of disease from open defecation and unimproved sanitation; lower population densities may decrease visibility of problems from inadequate sanitation, and increase programme costs (due to increased difficulty of reaching households, and reduced economies of scale).
- Availability of market products and services (none, low or medium): market reach and supply chain development will vary, with less reach in remote areas and more where roads, production and service provision improve.
- Affordability of market-based sanitation products and services (unaffordable, barely affordable or affordable): even if available, some products and services will be unaffordable to some populations, particularly poor households living in non-cash economies, or where transport and other transaction costs affect affordability.
- Difficult physical contexts (none, medium, high): for example, high water tables, rocky or sandy soils, coastal or water-side areas.

Three broad types of rural context have been proposed in order to simplify the context analysis. These three context types were adapted from the OECD classification of rural regions (OECD, 2017) and provide a reasonably simple framework for the analysis of physical and economic context. Alternative typologies can be used where appropriate, or where national typologies already exist; the main aim is to distinguish between physical and economic contexts that may need different implementation strategies, or where variations are required because of physical and economic challenges.

The three types of rural context:
1. **Rural remote** (rural communities far from urban areas)
2. **Rural on-road** (rural communities that are well connected with urban areas)
3. **Rural mixed** (peri-urban communities with mixed rural and urban characteristics)

Figure 1: Three types of rural context

○ = Urban population
• = Rural population
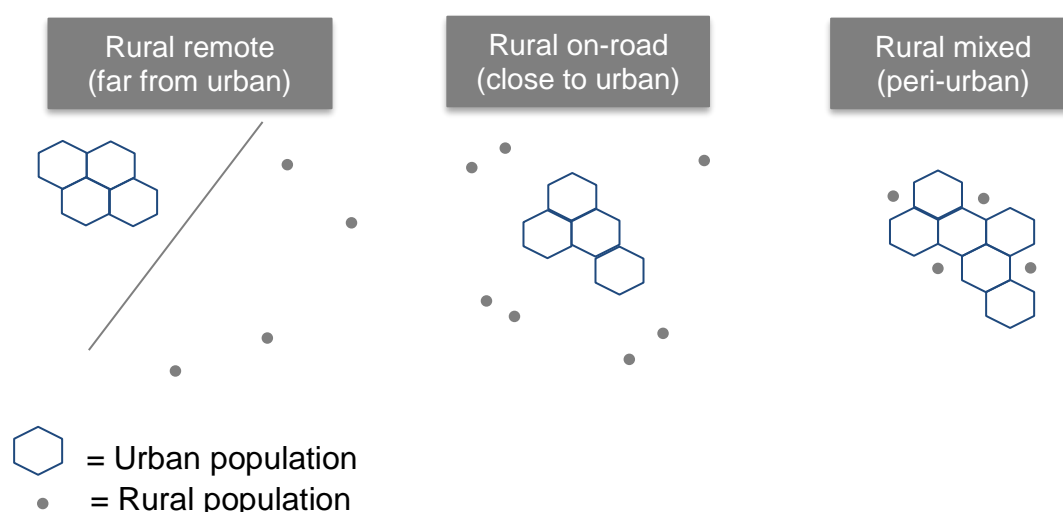
The physical and economic characteristics that determine the type of rural context are multi-dimensional, with two contexts unlikely to have exactly the same mix of characteristics. It is important to recognise that there is a continuum of contexts, from remote rural communities with scattered populations and limited market connection all the way up to 'mixed' rural communities located within urban areas, with larger populations in more congested settings and good market connections.

Some or all of the following characteristics should be present to classify an area as one of these three rural context types:

CONTEXT TYPE 1: RURAL REMOTE
Typical characteristics:
- Small and remote communities
- Unpaved roads
- Low population density
- Primary agricultural livelihood
- Low market reach (products and services not reaching rural remote area)
- Low affordability of sanitation products and services
- Few sanitation finance options (few finance institutions or services available)

CONTEXT TYPE 2: RURAL ON-ROAD
Typical characteristics:
- Small to medium communities connected with rural centres
- All-weather roads
- Low to medium population density
- Agricultural and other livelihoods
- Low to medium market reach
- Low availability of market products and services
- Low affordability of market-based sanitation products and services
- Some options for sanitation finance

CONTEXT TYPE 3: RURAL MIXED

Typical characteristics:

- Large rural settlements and rural areas within urban catchments
- Paved roads
- Medium to high population density: some congestion problems
- Mixed livelihoods
- Some tenants (rented accommodation)
- Medium to high market reach
- Medium availability of market products and services
- Low to medium affordability of market-based sanitation products and services
- Increased options for sanitation finance

Some populations and programme areas will have characteristics from several context types, and may be difficult to classify. The intention of the broad three-context classification is to simplify assessment of the wide range of contexts found in developing countries in Africa, Asia and Latin America, while encouraging recognition that one combination of rural sanitation approaches is unlikely to be appropriate for the entire programme area. More nuanced physical and economic context assessment will be possible for specific programme areas, including consideration of the additional context factors listed below:

- Social cohesion: more homogeneous communities tend to have higher social cohesion; however, it is difficult to assess social cohesion across large areas (based only on macro-information).
- Sanitation intervention history: previous sanitation approaches can affect future intervention responses (e.g. community-based behaviour change may need to be designed differently where CLTS has been unsuccessful; previous use of toilet subsidies may affect household demand and community expectations).

CONTEXT TYPE 4: DIFFICULT CONTEXTS

In addition to the three rural contexts already mapped, there are a number of other 'difficult contexts' that are not adequately addressed by most implementation approaches. Previously, communities or households in these difficult contexts were often excluded, or left until last, in rural sanitation programmes. Implementation also tends to be more challenging in these contexts, potentially involving new and different implementation approaches, higher costs, lower chances of success and increased risks of sustainability problems.

Area-wide programmes aim to cover entire administration units (e.g. district), with the 2030 SDG target requiring that administrations work to ensure that *all* communities in their jurisdiction have achieved the minimum sanitation targets by 2030, and that there is continued monitoring of the sustainability of outcomes and processes in communities that have already surpassed the minimum service levels.

The governments of the programme areas will have to determine their strategic priorities, given the higher-level programme objectives and targets agreed at national (or sub-national) level, which will then determine the order in which they tackle any sanitation and hygiene deficiencies within their administration area. Nonetheless, the 2030 target of universal access to basic sanitation and elimination of open defecation requires that everyone is reached within the next decade, and encourages greater inclusion (of both hard-to-reach communities and populations) in rural sanitation and hygiene programmes.

The following conditions have been identified as common challenges to rural sanitation programmes in rural areas of developing countries, and these areas and populations should be identified wherever possible so that effective implementation strategies and approaches can be developed:
- Disaster or climate affected or disaster-prone areas and communities (e.g. flood affected, drought affected, landslide affected, tropical storm prone) that may need more resilient facilities
- Conflict affected and fragile areas
- Internally displaced person (IDP) and refugee areas (camps or communities)
- Water-side areas (e.g. coastal, island, river or lake-side communities)
- Water-scarce areas (e.g. arid and semi-arid lands)
- Challenging ground conditions (e.g. rocky ground, sandy or collapsible soils, high groundwater tables)
- Material scarce areas (e.g. communities with few local materials available for construction, maintenance or replacement of facilities)

Mobile communities (nomadic, semi-nomadic, seasonal) present a particular challenge to rural sanitation programmes. Some groups move between fixed locations in a predictable manner (e.g. transhumant pastoralists); others stay in a similar area but move from place to place building new houses or huts periodically; and others are more truly nomadic, living in portable dwellings that they carry with them. Most of these groups practice open defecation and perceive little benefit from defecation in hygienic sanitation facilities.

These specific population groups present challenges to sanitation programmes and should be identified wherever possible:
- Pastoralists
- Small-scale miners (who mine deposits until exhausted, then move on)
- Farmers (with mobility to match agricultural seasons)
- Fishing communities (with seasonal mobility)
- Migrant worker communities (both communities that are left without workers and communities where migrant workers live and work)

Specific implementation strategies (including adequate capacity and budget) are required for these special cases. Where strategies do not already exist, formative research and piloting of targeted implementation approaches may be required within programmes in order to develop effective approaches for scale up before 2030. Adaptive programming is particularly important in these

cases (where tested approaches are not available), thus adequate flexibility, space and resources should be built into the programme so that targeted approaches can be tested, evaluated and refined until they work well and can be scaled up across the programme.

Box 9: SNV Nepal: payment by results leading to adaptive management
The SNV Nepal sustainable sanitation and hygiene for all (SSH4A) project is implemented in seven districts under the DFID WASH Payment by Results (PbR) programme. Payments are only made when pre-agreed results are achieved, which generates strong incentives to identify areas where progress is limited or slow.

The Nepal project started with a standardised CLTS + sanitation marketing + hygiene behaviour change communication + WASH governance strategy, but quickly found that the standard approaches were not effective in the *terai* districts (close to the border with India). Improvements were made to the approaches, based on local analysis of the bottlenecks and drivers of behaviour change (including the introduction of partial toilet subsidies to chronically poor households), but these improvements had little impact in one district. Three different adaptations to the CLTS approach were used in this district, before an experienced Muslim facilitator was introduced to address some of the cultural challenges faced in the poor Muslim communities, where many households were unwilling or unable to build toilets. The new facilitator, working with another Muslim female facilitator, was quickly able to find ways to trigger collective sanitation behaviour change and achieve ODF communities.

Adaptive management like this is important for the achievement of universal access to basic sanitation and the elimination of open defecation, as these goals require that effective implementation approaches are found for all settings, and all groups, at all times.

Personal communications with SNV Nepal SSH4A team

2.2   Area analysis: Enabling environment

An enabling environment assessment is also required at area level (e.g. district) to check whether the building blocks are in place, identify bottlenecks and constraints, and determine what sort of support is required at this level.

Key areas to examine:
- **Sector coordination**: coordination of different actors around an area implementation strategy is critical to its success and requires that these actors are involved in the development of the strategy.
- **Policy & planning**: comparison of what is in place at area level with national policy and planning requirements
- **Monitoring**: area monitoring should feed into national sector monitoring systems, while also meeting the programme needs (which may be more progressive than those of the current national system) and generating accountability (both upwards and downwards)

- **Learning**: lessons learned at area level should inform national (and global) policy, programming, finance, systems and practice. Learning mechanisms need to be developed and implemented at area level to capture, document and share learning
- **Finance**: capacity and costs for providing and sustaining rural sanitation and hygiene services need to be assessed against existing budgets and capacity
- **Long-term support**: institutional models and management arrangements for long-term support need to be determined in recognition of the changed capacity and resources available once the programme has finished.

Strengthening Enabling Environment for Water, Sanitation and Hygiene
UNICEF Guidance Note, 2016: summarises the latest thinking on strengthening the WASH enabling environment and should be the basis of any programming guidance on the enabling environment for rural sanitation.
https://www.unicef.org/wash/files/WASH_guidance_note_draft_10_3_hr.pdf

In areas where WASH governance is inadequate (e.g. political commitment to rural sanitation is low, sector policy is not implemented, sector coordination is not working well, monitoring data are unreliable, sanitation finance is limited, government capacity for support to rural sanitation and hygiene is low), but progress is required in order to keep on track for the 2030 SDG sanitation target, higher programme investment and more intensive support (and monitoring) may be required in order to tackle the extensive governance issues and develop workable approaches.

Checklist: the UNICEF guidance note on strengthening the enabling environment for WASH (UNICEF, 2016) proposes a six-step process:
1) **Agree**: build consensus and leadership to improve the sector (forge alliances with development partners)
2) **Assess**: carry out systematic analysis and assessment of existing WASH EE
3) **Plan**: facilitate a government-led process to design a programme for strengthening WASH EE (agree roles for government and development partners)
4) **Invest**: develop a realistic WASH sector investment plan
5) **Implement**: a detailed implementation plan for support to strengthen WASH EE (including timeline, budget and human resource requirements)
6) **Monitor and evaluate**: support government efforts to monitor EE progress and lessons

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Box 10: Situation analysis – will sanitation marketing work in my country?
The UNICEF sanitation marketing learning series (Guidance Note 1: Situation analysis, 2013) proposes a set of favourable government policy and programme conditions for sanitation marketing interventions:
- Policy that encourages household investment in individual toilets
- Policy that discourages subsidised toilets (except for extremely poor households)
- Flexible policies on improved sanitation designs

- Local government leadership that prioritises sanitation access and is open to market-based approaches
- Policies and institutions that support local enterprise development (e.g. through technical support, reasonable taxes etc.)
- Favourable regulatory environment for imports

Other favourable factors:
- Reputable microfinance institutions operating in the area (offering finance to sanitation enterprises and/or loans for toilet purchases)
- Partners willing to share costs of development of sanitation and finance markets

Source: Jenkins M & Pedi D (2013) Situation analysis UNICEF Sanitation Marketing Learning Series – Guidance Note 1.

The strength of the area enabling environment will influence the area programme design. Where a strong enabling environment exists for rural sanitation and hygiene, the implementation strategy should be comprehensive, aiming to cover the programme area, move towards safely managed sanitation services, address inequalities and develop effective approaches to improve sustainability. Where the enabling environment is weaker, and few models of effective implementation are available, the implementation strategy should be more focused, aiming to target specific high priority areas where more supportive partners are available, and only scale up and tackle more difficult areas once effective implementation is achieved.

*More information on **Enabling Environment** is available in Annex 11.*

2.3 Area analysis: Capacity mapping

A more detailed capacity mapping is required at area level, both building on the high-level capacity appraisal conducted at national or programme level, and providing detail on the availability and quality of specific capacities within the programme area. Mapping of the different capacities available across the area should to be conducted for each of the following aspects of the implementation programme:

Community-based behaviour change (management, implementation, follow up, support and monitoring)

Market-based sanitation (producers, entrepreneurs, service providers, transporters, products, services, sales and marketing)

Hygiene behaviour change communication (design, implementation, follow up, support and monitoring)

Inclusion and equity (people experienced in, and sensitive to, the additional requirements of working with vulnerable and excluded groups, working with women and girls and working with other disadvantaged groups)

Horizontal learning and knowledge management

Monitoring and evaluation (who currently monitors sanitation and hygiene, what local systems are used, what alternative monitoring and evaluation capacity is available)

All of the key programme actors and partners should be considered in these capacity appraisals:
Government capacity (district, sub-district, village)
Partner capacity (NGOs, community based organisations, private consultants, academics, etc.)
Private sector capacity (producers, entrepreneurs, service providers, transporters)
Community capacity within different context types (leadership, social cohesion, existing development activities)

Checklist: capacity appraisal process
The main aims of these capacity appraisals (in each implementation area) should be to:
a) Identify existing capacity within (or nearby) the programme area
b) Review any constraints in the use of existing capacity by the programme
c) Explore any trade-offs related to the use of the different capacities
d) Highlight programme areas and components where additional capacity will have to be developed or brought in from outside the programme area.

A further assessment will be required once the area implementation strategy has been determined, as only then can the specific capacity requirements for this implementation area be assessed (see Section **Error! Reference source not found.**).

2.4 Area programme design

2.4.1 Area design: Objectives and targets

The overall programme objectives and targets should already have been determined during the national (or sub-national) analysis process (see Section 0). In the area programme design phase, each area government and its development partners should agree on specific area objectives and targets for rural sanitation and hygiene that will contribute to the overall programme objectives and targets, and support wider national development objectives and targets.

All areas need to develop a costed roadmap for the achievement of the 2030 SDG sanitation target, including universal access to basic sanitation, elimination of open defecation, safely managed sanitation (including handwashing with soap), progressive reduction of inequalities, and reduction of the burdens on women, girls and vulnerable groups.

Resource- and capacity-scarce areas may not be able to achieve all aspects of the sanitation SDG by 2030 and may choose to prioritise particular elements of the sanitation SDG in this programme. Some areas will choose to accelerate progress and aim for 'stretch' targets[7]; others will aim for more

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[7] Stretch target: a goal that extends achievement to the maximum possible and cannot usually be achieved through small or incremental improvements.

incremental and local improvements while capacity, approaches and governance systems are developed and strengthened.

The area objectives and targets should be set after consideration of the analysis of the area context, sanitation starting conditions, capacity, bottlenecks or barriers to progress (including availability of finance) and any other factors that might influence the rate of programme progress and the level of achievement (including other government strategy and planning processes). This should be a strategic decision, reflecting the optimal use of area resources and capacity over the programme period, given the level of political commitment and any external support towards the rural sanitation and hygiene goals in this programme area, and any requirements to address bottlenecks and strengthen area systems.

Programming implications: Area analysis & implementation strategies
Different implementation strategies (sets of interventions) will be required in different places. The area analysis should identify communities, populations and places that require specific interventions, or sets of interventions, and examine the programming requirements of each of the required implementation strategies (including the time taken, capacity required and cost of the interventions). There may not be enough time, capacity and budget to undertake everything required within a normal five-year programme period, therefore some compromises and trade-offs will be required to ensure that objectives are achievable and targets are realistic.

2.4.2 Area design: Implementation strategy
The following sections outline the core components, themes and implementation approaches that are required in all programmes, and suggest some context-specific implementation strategies that should be used where the context and conditions favour a particular set of implementation approaches.

Each of the three main implementation strategies (for rural remote, rural on-road and rural mixed contexts) includes a mix of support approaches, including community-based, market-based sanitation, technical support, sanitation finance and other specific support for the disadvantaged. This mix of approaches is suggested to reach the main population segments found in communities in each context, while recognising the constraints of the context. The proposed implementation strategies provide a starting point for the implementation approaches to be used in each area, with the relative weight and phasing of the approaches to be decided based on the context and then adapted and improved as lessons are learned on what works (and what does not), and on the populations and places that are not reached

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Figure 2: Main programme components, implementation strategies, themes and approaches

CORE COMPONENTS: *to be included in all programmes.*
☑ Monitoring, evaluation & learning (A)
☑ Enabling environment strengthening (B)
☑ Cost assessment (C)
☑ Programme management & capacity development (D)

IMPLEMENTATION STRATEGIES
Sets of implementation approaches adapted and combined for specific contexts. Choose one (or several) implementation strategies as a <u>starting point</u> for the selection and refinement of area implementation approaches.

1 RURAL REMOTE	**2 RURAL ON-ROAD**	**3 RURAL MIXED**	**4 DIFFICULT CONTEXTS** Groups to reach:
☑ CLTS (E1)	☑ CLTS (E1)	☐ CLTS (E1)	☑ Conflict-affected or insecure areas
☑ Community-based (E2)	☑ Community-based (E2)	☑ Community-based (E2)	☑ Physically challenging areas
☐ Peri-urban (E3)	☐ Peri-urban (E3)	☑Peri-urban (E3)	☑ Non-responsive or hard-to-reach communities
☑ Non-market technical (F1)	☑ Non-market technical (F1)	☐ Non-market technical (F1)	☑ Non-responsive or hard-to-reach groups within communities
☐ Market-based san.(F2)	☑ Market-based san. (F2)	☑ Market-based san. (F2)	
☑ Low-cost marketing (F3)	☐ Low-cost marketing (F3)	☐ Low-cost marketing (F3)	
☐ Sanitation finance (G1)	☑ Sanitation finance (G1)	☑ Sanitation finance (G1)	
☑ Support disadvant'd (G2)	☑ Support disadvant'd (G2)	☑ Support disadvant'd (G2)	
☐ Support shared san. (G3)	☐ Support shared san. (G3)	☑ Support shared san.(G3)	

CORE THEMES: *programme components, strategies and approaches should be designed to address the core themes.*
☑ Equity & non-discrimination (H)
☑ Gender equality (I)
☑ Sustainability support (J)

CORE APPROACHES: *included to address other important faecal exposure pathways.*
☑ Hygiene behaviour change communication (handwashing; hygiene: personal, food, menstrual; safe water mgt.) (K)
☑ Environmental sanitation (animal excreta, solid & liquid wastes, water safety, faecal sludge, vector control) (L)
☑ Nutrition sensitive WASH (Baby WASH: safe births, child feces, child hygiene, clean play spaces) (M)

ANNEXES: provide more detailed guidance for all of the components, strategies, themes and approaches.

The supporting Annexes include more detail on all of the implementation components, strategies and approaches.

Core components of all implementation strategies
The area strategy should include the following core components to enable adaptive programming:
A. Monitoring, evaluation and learning (**Annex 10**)
B. Enabling environment strengthening (**Annex 11**)
C. Cost assessment (**Costing Guidance Note – Practical guidance on costing rural sanitation approaches**)
D. Programme management and capacity development (**Annex 12**)

An implementation strategy is a set of approaches adapted for a specific context. No two contexts are identical in all respects, thus the implementation strategy should be seen as a starting point for the selection of a set of appropriate implementation approaches, with additional approaches substituted or developed as necessary to achieve the programme results in the specific area context.

There are three main **implementation approaches** that need to be adapted based on context:
E. Community-based behaviour change
F. Market-based sanitation and technical support
G. Sanitation finance and other support to the disadvantaged

More detailed guidance on these approaches is provided in the following Annexes:
Annex 1: Community-Led Total Sanitation (CLTS)
Annex 1: Community-based behaviour change
Annex 2: Non-market technical support
Annex 3: Market-based sanitation & low-cost marketing
Annex 4: Sanitation finance
Annex 5: Support to the disadvantaged & support to shared sanitation

> *Definitions*
>
> **External support:** assistance is provided from outside the community.
> **Internal support:** assistance is provided through community action, sometimes facilitated or strengthened by others.

In order to simplify the choice of implementation strategy, broad implementation strategies have been proposed for each of the three main context types: rural remote, rural on-road and rural mixed. These implementation strategies are designed to address the particular constraints and challenges of each context type, based on the desk reviews of sector evidence and lessons learned from large-scale rural sanitation and hygiene programmes. Justification for the choice of implementation strategies is not provided here – for further information, please consult the relevant annexes, including the links to the desk review on each topic.

Where communities are remote and markets are weak, the implementation strategy is likely to be more community-based. Conversely, where

communities are closer to markets, and sanitation access and expectations are higher, the strategy may promote higher levels of service and more market-based solutions. No guidance is provided on the phasing and blending of the implementation approaches within each area strategy, as the best way of combining the approaches will depend on the area history and context. There is no 'single' approach to combining implementation approaches that works well in all contexts; every context will require a unique blend of implementation approaches to achieve success.

IMPLEMENTATION STRATEGY 1: RURAL REMOTE

The main implications of the 'rural remote' context on implementation are:

- Transport is difficult and/or expensive: limits effectiveness and reach of market-based sanitation, increases costs of external support
- Low affordability of market-based sanitation and few finance options: favours community-based approaches, local technology solutions (until market develops and reach increases) and internal support to disadvantaged groups

Recommended approaches to be considered and combined in this context:

1 RURAL REMOTE		
E1 CLTS	F1 Non-market technical	G1 Sanitation finance
E2 Community-based	F2 Market-based sanitation	G2 Support to disadvantaged
E3 Peri-urban	F3 Low-cost marketing	G3 Support to shared sanitation

E1. Community-Led Total Sanitation (CLTS): Rural remote communities often have above-average levels of open defecation and inadequate sanitation. In small communities with good social cohesion, CLTS generally works well, although **equity** and **sustainability** remain key challenges.

CLTS interventions require systematic approaches to identifying and supporting households and individuals who need assistance, including follow-up visits and monitoring of the level of service provided and the sustainability of behaviour change, particularly in disadvantaged, vulnerable and marginalised groups (among whom sustained behaviour change can be harder to achieve).

An increased emphasis should be given to strengthening social norms for toilet use:

- Identify key influencers and social networks for main community groups, and plan for their involvement in CLTS activities
- Identify barriers to toilet use (taboos, beliefs, customs) and tools to address them
- Encourage public declarations of support by key influencers
- Require public household pledges to stop open defecation
- Arrange community meetings and one-to-one visits to address resistant households or individuals

CLTS implementation may require adaptation and strengthening (see Annex 1) in:

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a) <u>Communities with low population density</u>: limited visible open defecation, and existing social norms that discourage toilet use (thus CLTS works less well).

b) <u>Communities where a minority of households practice open defecation</u> including hard-to-reach groups and those living in challenging physical contexts.

E2. Community-based behaviour change: Other community-based approaches (e.g. Community Health Clubs, PHAST) may be preferred in areas where CLTS has not worked well or where there is evidence of effective implementation and sustained results achieved using these approaches.

Non-market technical advice and assistance may be required to enable the construction of more durable and hygienic sanitation facilities, or, where appropriate, other external support may be required to enable disadvantaged households to build and use more durable and sustainable facilities and services.

F1. Non-market technical support: Remote rural communities are often beyond the reach of sanitation markets, with few households willing or able to invest in market sanitation products or services. Information and support should be provided on more durable, hygienic and inclusive sanitation options that can be built (or upgraded) using locally available materials and community-based services. Wherever possible, information on sanitation options should be based on proven local solutions, with further adaptation and refinement encouraged through documentation, sharing and testing of best practices by communities and local stakeholders

F3. Adapted approach: Pilot marketing of low cost products: Low-cost and portable products, such as the plastic SATO pan[8], may be appropriate options in some areas. Transport subsidies, through the transport of materials by project vehicles during routine project visits, should be considered to lower market costs and therefore increase affordability in remote rural communities (where few other options exist).

G2. Support to disadvantaged: Few external support or finance options are viable in remote rural areas. More systematic promotion and monitoring of internal support mechanisms (within community, or from local government to community) should be encouraged, including planning for long-term support (for when toilet pits fill, and maintenance, repairs and replacement) are necessary.

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[8] http://www.sato.lixil.com

IMPLEMENTATION STRATEGY 2: RURAL ON-ROAD

The main implications of the 'rural on-road' context on implementation are:

- Some transport options available: some potential for market-based sanitation, reduced cost of external support
- Some finance channels available (but limited options for sanitation finance): increased potential for external support to disadvantaged groups
-

Recommended approaches to be considered and combined in this context:

2 RURAL ON-ROAD

E1 CLTS	F1 Non-market technical	G1 Sanitation finance
E2 Community-based	F2 Market-based sanitation	G2 Support to disadvantaged
E3 Peri-urban	F3 Low-cost marketing	G3 Support to shared sanitation

E1. Community-led Total Sanitation: CLTS works well in medium density settlements where open defecation is a more common and visible problem. Regular follow-up (which is important to CLTS effectiveness and sustainability) is easier in rural on-road communities. Some households may prefer a higher level of service, which can be promoted through market-based sanitation.

Social cohesion may be lower in rural on-road communities. CLTS interventions require systematic approaches to identifying and supporting households and individuals who need assistance, including follow-up visits and monitoring of the level of service provided and the sustainability of behaviour change, particularly in disadvantaged, vulnerable and marginalised groups (among whom sustained behaviour change can be harder to achieve).

E2. Community-based behaviour change: other community-based approaches (e.g. Community Health Clubs, PHAST) may be preferred in areas where CLTS has not worked well or where there is evidence of effective implementation and sustained results achieved using these approaches.

F1. Non-market technical support: some households may be unwilling or unable to invest in market sanitation products or services. These population segments should be provided with information and support on more durable, hygienic and inclusive sanitation options that can be built using locally available materials and services.

F2. Market-based sanitation: rural on-road communities may be willing to invest in market sanitation products and services. Marketing efforts should be targeted to pre-identified population segments in order to improve effectiveness of marketing activities (unless demand is high and targeted promotion is not required).

G1. Sanitation finance: use of simple toilet subsidy mechanisms (with clear and simple choices) to assist disadvantaged households, except where capacity exists to implement more complex voucher and rebate systems. Consider VSLAs where financial management capacity already exists.

Examine use of social protection systems (e.g. conditional cash transfers for health, education, poverty alleviation) for targeting, support and payments.

Recent evaluations of the use of targeted sanitation finance in rural communities found that the most disadvantaged and vulnerable households struggled to access the finance due to their limited knowledge of, and confidence in, these new processes[9]. Additional support and time are often required for the most disadvantaged and vulnerable to access and use targeted sanitation finance. In addition, toilet subsidies may only provide a short-term benefit, with more institutional approaches required to ensure that longer-term support is available.

G2. Support to disadvantaged: where sanitation finance is not viable, or may undermine other approaches, other forms of external support should be considered, including more institutional approaches that encourage the development of longer-term support mechanism for disadvantaged and vulnerable groups (e.g. development of inclusive policy and strategy, allocation of finance and capacity to inclusion in local government plans and budgets, and requirements to monitor sanitation and hygiene outcomes among disadvantaged and vulnerable groups).

IMPLEMENTATION STRATEGY 3: RURAL MIXED
The main implications of the 'rural mixed' context on implementation are:
- Improved transport options and market reach: higher potential for market-based sanitation.
- Greater diversity and less social cohesion: lower potential for community-based approaches.
- Increased need and potential for sanitation finance and support: disadvantaged face severe sanitation challenges; higher population densities increase impacts of inadequate sanitation.
- Tenure and congestion issues limit potential for household solutions: approaches often have to involve community, landlords, local governments.
- A wider range of faecal exposure routes in rural mixed settings: some open defecation, but also many other potential sanitation problems (e.g. hanging toilets; flying toilets; excreta and faecal sludge discharged and washed into public spaces and water bodies; and solid waste blocking drains and sewers).

Recommended approaches to be considered and combined in this context:

3 RURAL MIXED		
E1 CLTS	F1 Non-market technical	G1 Sanitation finance
E2 Community-based	F2 Market-based sanitation	G2 Support to disadvantaged
E3 Peri-urban	F3 Low-cost marketing	G3 Support to shared sanitation

areas) (including involvement of landlords, local authorities, local leaders and communities).

F2. Market-based sanitation: wide range of marketing interventions should be examined in contexts where markets reach most areas, products are

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considered generally affordable, and viable transport options exist. There may be a need to involve service providers in faecal sludge management.

G1. Sanitation finance: critical to the affordability and uptake of market-based sanitation by low income and disadvantaged households. More finance providers and options are likely to be available in rural mixed settings.

G2. Support for disadvantaged: some disadvantaged and vulnerable groups will not qualify for financial support, or may be excluded from or reluctant to join financial support processes. Consequently, other forms of external support should also be considered, including more institutional longer-term support mechanisms, e.g. inclusive policy and strategy; allocation of finance and capacity for inclusion in local government plans and budgets; and requirements to monitor sanitation and hygiene outcomes among disadvantaged and vulnerable groups.

G3. Support to shared sanitation: in some settings, households may not be able to construct private sanitation facilities due to tenure constraints (property owned by others), congestion (no space to construct toilets) or other issues. In such cases, a communal facility may be the most hygienic solution. It may be necessary to support construction and to facilitate agreements with landowners and local authorities. Sustainable management and use of communal toilets is a significant challenge, so careful monitoring is imperative.
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IMPLEMENTATION STRATEGY 4: CHALLENGING CONTEXT
Large-scale, area-wide programmes often encounter contexts and populations for which conventional implementation strategies may not be effective. Specifically-tailored approaches are required in these contexts.

There are four main groups that need to be considered for implementation approach considerations:
1. People living in conflict-affected or insecure areas
2. People living in remote or physically challenging contexts
3. People living in non-responsive or hard-to-reach communities
4. Non-responsive or hard-to-reach groups within communities

Checklist: key recommendations for reaching these groups:
- Develop more effective systems for the identification of last mile groups
- Ensure that baseline surveys include questions designed to capture disaggregated information these groups
- Conduct formative research on the issues, barriers and drivers of behavioural change in these groups
- Use evidence on demographics and practices to encourage inclusion in policies, strategies, capacity building, programmes and monitoring systems – and advocate for allocation of capacity and resources for reaching these groups

> - Inclusion of people from these target groups ('insider champions') in community, local government and programme implementation teams
>
> *Example: UNICEF Kenya worked with the Siaya County Health Department to develop a sanitation strategy for beach and island communities around Lake Victoria:*
> *Link: Sanitation Strategy for Beach and Island Communities Siaya.docx*

Core themes of all implementation strategies

In all settings, implementation strategies (and all other supporting approaches) should be designed to incorporate and address three core themes, ensuring:

H. Equity and non-discrimination (leave no-one behind) **(Annex 5)**
I. Gender equality **(Annex 5)**
J. Sustainability support **(Annex 6)**

Ongoing formative research may be required to encourage more systematic attention to equity and sustainability in all elements of implementation approaches, as part of a process designed to address equity and sustainability issues:
- Identify critical and unserved groups;
- Understand motivations and barriers to behaviour change (at various levels – individual, household, community, institutional and policy level;
- Test approaches and develop evidence of what works;
- Advocate for the inclusion and institutionalisation of equity and sustainability components in sector policies, processes and practices; and
- Monitor the sustainability and equity of rural sanitation and hygiene outcomes (particularly in groups with high risk of sustainability problems).

H. Equity and non-discrimination

Successful achievement of the SDG sanitation goal will require approaches that reach everyone, with active strategies and interventions to identify and support hard-to-reach groups and those currently without adequate sanitation and hygiene.

Access is lower among poor and disadvantaged groups, and ODF sustainability studies confirm higher slippage rates in these groups due to a range of factors. Four key groups need to be considered specifically in the design, implementation, monitoring and support of all programme activities:
- People living in conflict-affected or insecure areas
- People living in remote or physically challenging environments
- People living in non-responsive or hard-to-reach communities
- Non-responsive or hard-to-reach groups within communities

Box 11: Plan International inclusion of vulnerable groups in CLTS triggering

Within its DFID-funded South Asia WASH Results Programme, Plan International takes specific steps to increase the inclusion of vulnerable groups in CLTS triggering:

- A gender ratio of 50:50 target is set for recruitment of frontline staff, to encourage participation of women during programme activities.

- Frontline and local government staff receive training on equity and inclusion.

- During pre-triggering, CLTS facilitators build rapport and identify community members who may need assistance to attend or participate in triggering. Triggering is then arranged to accommodate specific needs that are identified.

- A well-being ranking exercise is included in triggering, through which participants define and identify vulnerable groups and individuals in their community. Households of people with disabilities are also identified during the community mapping exercise during triggering. Vulnerable people and those with disabilities identified are cross-checked with local government records and through visits, and are then eligible for additional support from the programme if required.

- In WASH committees set up to drive and monitor CLTS progress, communities are encouraged to select at least 30% female members and 60% members from households with low well-being rankings. Inclusion of people with disabilities in the committees is also encouraged. Youth action committees are also established alongside each adult committee to provide additional representation.

Sources: SAWRP final sustainability report, WEDC, 2018; SAWRP II Programme document, Plan International UK, 2017

Inclusive WASH
WaterAid learning portal for WASH practitioners and researchers:
http://www.inclusivewash.org.au

I. Gender equality
Sanitation affects women and girls in different ways from men and boys. In addition, sanitation programmes can reinforce negative gender norms, roles and stereotypes. Programming should promote gender sensitive, transformative WASH in which steps are taken to actively identify and address the needs of women and girls, as well as negative WASH-related gender norms and stereotypes. Gender equality is a cross-cutting issue within the field of equity and non-discrimination that should be considered and integrated into all aspects of programmes, including policies, strategies, programmes, guidance and other key documents and processes (from training to planning and implementation, verification and monitoring, and sustainability and hardware design).

To design, implement, monitor and evaluate effective gender transformative WASH programmes, specific training may be required for programme staff to promote reflection on their own gender biases and support them to learn about the use of gender transformative approaches in their work.

Gender and WASH monitoring tool
Plan International Australia (Leong L, Nicholson K, Elkington D & Hogan E, 2014.)
https://www.plan.org.au/~/media/plan/documents/resources/gwmt-march-2014.pdf

J. Sustainability support
Sustainability support should consider five dimensions of sustainability:
1. Institutional sustainability (whether institutions continue to fulfil their roles and responsibilities over time)
2. Financial sustainability (whether adequate finance for institutions, services and outcomes is available over time)
3. Functional sustainability (whether facilities and services function over time)
4. Equity sustainability (whether services and outcomes are equitable over time)
5. Environmental sustainability (whether environmental effects are sustainable over time)
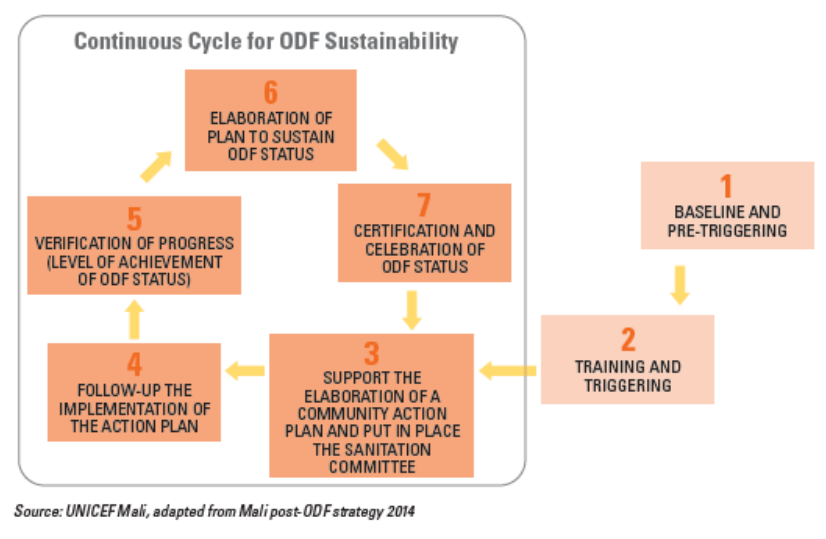
A systematic approach should be taken to assess and address the factors that influence the sustainability of programme outcomes and institutions, including the detailed design of interventions and support mechanisms to encourage greater sustainability. Some sustainability support mechanisms may be required beyond the programme period, which will require that capacity and resource allocations are planned and agreed with local partners.

Box 12: ODF sustainability approach, Mali
In 2014, a national post-ODF strategy was launched, recognising that additional support to communities is necessary to sustain behaviour change. The objectives of the post-ODF phase were to maintain the sanitation standards achieved at ODF certification, improve on toilets built for sustainability; ensure the maintaining of hygienic practices, and transfer mobilisation capacity to communities.

The Mali strategy classifies communities into three different types: 1. New or ongoing communities where CLTS is currently being implemented; 2. Communities that have sustained their ODF status; and 3. Communities that have not sustained their ODF status. Different steps are recommended to support communities based on their classification (see figure below).

Figure 13: The continuous cycle of the Mali CLTS programme

Continuous Cycle for ODF Sustainability

6 ELABORATION OF PLAN TO SUSTAIN ODF STATUS

5 VERIFICATION OF PROGRESS (LEVEL OF ACHIEVEMENT OF ODF STATUS)

7 CERTIFICATION AND CELEBRATION OF ODF STATUS

1 BASELINE AND PRE-TRIGGERING

2 TRAINING AND TRIGGERING

4 FOLLOW-UP THE IMPLEMENTATION OF THE ACTION PLAN

3 SUPPORT THE ELABORATION OF A COMMUNITY ACTION PLAN AND PUT IN PLACE THE SANITATION COMMITTEE

Source: UNICEF Mali, adapted from Mali post-ODF strategy 2014

During the initial phase when communities have just been triggered, the steps are similar to the CLTS process and the goal is to achieve ODF. After post-ODF certification, the process continues with different objectives to ensure that communities have a vision for their development, to establish a system to conduct their own self-evaluation and monitoring of ODF sustainability, and lastly to have a plan to maintain their ODF status.

To support this process, UNICEF Mali develops longer agreements for the CLTS process, including post-ODF activities. The first nine months are the 'active' phase, during which activities to achieve ODF are conducted. In the following nine months, if ODF has been achieved, activities to support the sustainability of ODF status are implemented. These activities aim to transfer capacity to the community's sanitation committee to sustain their ODF status and continue to improve sanitation standards for the community. UNICEF Mali will be reviewing the performance of the post-ODF strategy in upcoming annual meetings.

See **Annex 8** on **Environmental Sanitation** and section below for more information on safely managed sanitation services and faecal sludge management in rural areas.

Guidance to design and implement sustainability monitoring in WASH
UNICEF, 2017: Guidance on level of adherence to social norms and behaviour change required to stop open defecation and construct toilets.
http://www.watergovernance.org/resources/sustainability-checks-guidance-design-implement-sustainability-monitoring-wash/

Consensus Statement on Sanitation and Health
The 2018 Consensus Statement on Sanitation and Health is the result of an expert consultation on the results of three trials (SHINE Zimbabwe, and WASH Benefits in Kenya and Bangladesh) that examined the health impact of

rural WASH interventions, and a review of other relevant sector evidence. Stunting was not impacted in any of the three trials, and an impact on diarrhoea was found only in the WASH Benefits trial in Bangladesh. These findings have called into question the relationship between WASH improvements[10] and nutrition, and between WASH improvements and diarrhoea.

The Consensus Statement suggests that the WASH interventions studied in the trials were "necessary but not sufficient" to generate health impacts. The expert consultation found that there is a need to reduce cumulative exposures to faecal pathogens, and that the multiple pathways of faecal exposure were not all addressed, and in some cases were addressed with ineffective or incomplete interventions. As a result, the health impacts of the WASH interventions did not reduce faecal contamination to the threshold beyond which the burden of enteric disease would reduce sufficiently to produce measurable effects.

However, these findings do not negate previous evidence, and the overall body of evidence still shows positive health impacts from sanitation (and from WASH). The Consensus Statement also notes that, historically, countries have been unable to reduce diarrhoea and stunting without improvements in WASH. It should also be noted that there are other broader benefits of sanitation and hygiene improvement that are independent of diarrhoea and under-nutrition, including reduced effects from soil transmitted helminths (worms), trachoma and schistosomiasis, and other benefits linked to dignity, time savings and security.

Importantly, the Consensus Statement noted three important faecal exposure pathways that should be addressed by sanitation and hygiene interventions:
- Neighbourhood sanitation (threshold of sanitation access above which the risk of faecal exposure from neighbouring sanitation practices is reduced)
- Food and produce hygiene
- Animal faeces management (notably exposure to chicken faeces)

The Consensus Statement also specifically noted three ineffective or incomplete practices that require strengthening in sanitation and hygiene programmes:
- Improvements in basic sanitation without consideration of the whole sanitation service chain
- Point-of-use chlorination that does not eliminate all pathogens (higher effectiveness may require more intense and reliable interventions)
- Reduction of harmful practices without elimination (e.g. open defecation, presence of chicken faeces, inadequate food hygiene) – more time may be required to effect positive change and generate health impacts.

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[10] The sanitation improvements in the three trials involved moving from use of an unimproved toilet to use of an improved toilet, without specific efforts to eliminate open defecation.

Core approaches of all implementation strategies
All implementation strategies should also consider the following core approaches, which address other important sanitation and hygiene behaviours:
K. Hygiene behaviour change communication (**Annex 7**)
L. Environmental sanitation (**Annex 8**)
M. Nutrition-sensitive WASH (**Annex 9**)

The three core approaches for implementation strategies – hygiene behaviour change communication, environmental sanitation, and nutrition-sensitive WASH – recognise the importance of tackling the multiple pathways of faecal exposure, and should be considered in all large-scale rural sanitation and hygiene programmes.

The priority and timing of these interventions will depend on the context: areas with a more developed sanitation and hygiene sub-sector, where most people already have access to basic sanitation, should focus increasingly on these higher-level outcomes. However, efforts should be made to avoid too many behaviour change interventions being implemented in the same area at the same time, as this can overload local staff and communities, dilute the behaviour change messages, and make it difficult to assess what is working, and what is not.

Box 13: UNICEF Philippines phased approach to sanitation development
The Phased Approach to Total Sanitation (PHATS) is a phased approach that encourages community progression beyond the ODF outcome, to higher levels of service that encourage other critical sanitation and hygiene outcomes. Developed by UNICEF Philippines in 2014, the approach has been used in both its development and humanitarian sanitation programmes, and subsequently adopted by the government as the national framework for rural sanitation development.

The first phase aims to achieve ODF status (including safe child excreta disposal) without the use of direct financial support. The second phase rewards the good sanitation behaviour associated with ODF with additional finance and support to help the community develop more durable and hygienic facilities, improve school and institutional sanitation facilities, encourage routine handwashing with soap at critical times and introduce sustainability monitoring (e.g. what happens to full pits and tanks). The third phase, which is triggered by verification of the second phase outcomes (and re-verification of the ODF outcomes) aims to move the community to a broader 'total sanitation' status that includes solid and liquid waste management, safe management of animal excreta, and the protection and testing of water supplies.

The phased approach is designed to break sanitation and hygiene development down into smaller and more manageable chunks, with simple messages and goals that are relatively easy to measure and achieve. The multiple phases encourage development of longer-term processes and provide a robust and flexible framework for sustainability monitoring, with

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more progressive indicators introduced as capacity and experience increase. The phased approach was introduced in 2014. By 2017, more than 1000 communities had been verified as G1 Zero Open Defecation (ODF) barangays, and around 300 communities had been verified as G2 Sustainable Sanitation barangays.

Robinson A & Gnilo M (2016) Beyond ODF: a phased approach to rural sanitation development in Sustainable Sanitation for All (IDS).

K. Hygiene behaviour change communications
The main hygienic behaviours to be targeted (see section **M. Nutrition-sensitive WASH** below for guidance on behaviour changes linked to young children) include:
- Handwashing with soap (at critical times)
- Personal hygiene
- Food hygiene
- Menstrual hygiene
- Safe household water management

The SNV guidelines on behaviour change communication (BCC) suggest four different ways of understanding behavioural determinants, usually through formative research based on these frameworks:
- SANIFOAM (assesses opportunity, ability and motivation)
- Evo-Eco (based on evolutionary biology and ecological psychology)
- RANAS (or 'risks, attitudes, norms, abilities and self-regulation')
- Switch

Behaviour-centred design (ABCDE) of communications involves five steps:
A. **Assess** what is known about the selected behaviours.
B. **Build** or carry out formative research, which informs the creative brief.
C. **Create** (the intervention) with the help of programming professionals.
D. **Deliver** (the intervention) through appropriate channels (including mass media, village and school events, local government extension workers and implementation agencies).
E. **Evaluate** (the intervention) to learn what has worked, and what has not, in order to improve future interventions.

The SNV guidelines suggest that three levels of BCC objectives should be agreed and evaluated: behavioural objectives, communication objectives and outreach objectives. Assessing achievement of the three types of BCC objective provides a clearer understanding of why people did, or did not, change their behaviour.

Box 14: Community health clubs in Rwanda and Zimbabwe
Community health clubs (CHCs) promote healthy environmental health practices through comprehensive, structured group promotion sessions held at community level. In Rwanda, CHCs participate in 20 sessions on: village mapping, personal hygiene, handwashing, diarrhoea, water sources, safe storage of drinking water, sanitation, common diseases, skin diseases, infant

care (weaning and immunisation), worms and intestinal parasites, food hygiene, nutrition, food safety and food security, the model home, good parenting, respiratory disease, malaria, bilharzia and HIV/AIDS.

All sessions are open to any community members, with associated homework assignments to reinforce learning, attendance cards, and graduation ceremonies at which participants receive certificates (with no other material incentives).

The CHC approach addresses the key faecal exposure pathways using a structured approach, and has been implemented at scale in Rwanda and Zimbabwe. However, a 2013-2015 randomised control trial found no impact on diarrhoea or stunting. A review of the trial noted that the interventions took place in the rainy season (which reduced effectiveness), 67% of the CHCs reached less than 70% of the community (which reduced chances of health impact), only 6% of CHCs met for all 20 sessions, and only 24% completed the full training.

The review suggested the following lessons: proper timing is essential for good response; more time (at least one year) is required to trigger behaviour change; more reinforcement is needed to sustain behaviour change; and wider holistic development is required to prevent poverty and disease. The CHC model has now been refined based on this learning and extended by major agencies in Rwanda (including USAID and UNICEF), and is being replicated in Uganda and the DRC.

Waterkey J (2016) *Analysis of the community health club intervention in Rusizi district, Rwanda* UNC Water and Health Conference presentation https://www.africaahead.com/wp-content/uploads/2016/10/2016-UNC-Waterkeyn.J.-Analysis-of-CHC-in-Rusizi.pdf.

Behaviour Change Communication Guidelines
SNV Sustainable Sanitation and Hygiene for All (SSH4A), 2016.
http://www.snv.org/snv_behaviour_change_communication_guidelines.pdf

L. Environmental sanitation
The main behaviours and issues addressed by an environmental sanitation approach include broader environmental matters and are often issues that may require collective action:
- Animal excreta management
- Solid and liquid waste management
- Water safety management (e.g. catchment and water point protection)
- Faecal sludge management (e.g. safely managed sanitation services)
- Vector control

The safe management of sanitation services in rural areas depends largely on the technologies adopted, and the space available for replacement storage. Where toilets with unlined pits are used (i.e. where the risk of water supply contamination is low) and space is available to dig new pits, safe management can be achieved by rebuilding toilets over new pits and covering

the old pits with soil (without the need to empty, handle, transport or treat the faecal sludge).

Where sanitation facilities use lined storage that is designed to be re-used (e.g. pit latrines with alternating twin pits, or septic tanks), or where there is no space for replacement storage, then either guidance is required (so that households know how to safely empty and re-use their storage facilities), or trained service providers are required (to offer safe faecal sludge management services).

*More information on **Environmental Sanitation** is available in **Annex 8.***

M. Nutrition-sensitive WASH

Nutrition-sensitive WASH includes a 'baby WASH' approach that focuses on WASH behaviours that affect children under two years old, in an attempt to reduce consistent faecal exposure that causes long-term illness and negative impacts on child development. Key programming considerations are:
- Preparation for WASH safe births (clean household environments, hygienic delivery and neo-natal care)
- Safe management and disposal of child faeces (and diapers)
- Child food hygiene (fresh food or heated to boiling)
- Child water management (use of safely stored and treated water)
- Personal hygiene of baby
- Clean play spaces (avoid eating soil, clean play and mouthing objects)

WASH Nutrition: A practical guidebook on increasing nutritional impact through integration of WASH and Nutrition programmes
ACF Practical Guidebook, 2017.
https://www.actioncontrelafaim.org/wash-nutrition-a-practical-guidebook

2.4.3 Area design: Institutional arrangements for implementation

The institutional arrangements proposed for the main implementation approaches should be reviewed now that a more detailed area implementation strategy has been developed. Key questions to consider:

- Are the proposed institutional arrangements appropriate for implementation of the set of approaches selected for the programme?
- Are additional institutional arrangements (and initial capacity) required to implement specific approaches?
- Will additional capacity be required as implementation scales up – can this be met through capacity development during the initial phase of programme?

A key decision is the choice of the institutional arrangement for implementation of community-based behaviour change activities, such as CLTS. Effective implementation of these activities requires a cadre of trained facilitators and other staff, with good community outreach capacity (i.e. ability to travel regularly to the target communities to conduct CLTS activities and

follow up, monitor progress and provide sustainability support across the relevant programme area, and coordinate activities with other actors).

Local government is often responsible for community-based behaviour change, and for long-term support and monitoring roles. However, the local government may not have either the facilitator numbers or the skills required for a large-scale, inclusive programme (e.g. a programme that aims to trigger sanitation behaviour change among everyone in large numbers of communities per year, with growing numbers of communities that require follow up, monitoring and support). Furthermore, transport and budget for travel expenses may be insufficient for programme needs, and local government staff sometimes have other government duties that may limit their ability to implement programme activities at the required rate.

Importantly, the pace and volume of programme activities may vary during the life of the programme, and this variation over time needs to be considered in the capacity appraisal. Capacity may also vary geographically, with remote regions often lacking capacity and experience in key implementation elements (e.g. implementation actors are often reluctant to set up offices in areas with only limited work opportunities, or may struggle to recruit staff in remote areas). These geographical variations need to be considered through a capacity mapping exercise, with alternative options proposed in areas that lack implementation capacity in key areas.

Where local government capacity in the area is found to be too low for the programme requirements, a few options are available:

1. Develop additional capacity within local government (e.g. skills training)
2. Increase capacity temporarily by contracting in additional partners (e.g. hiring NGOs, consultants or other entities on short-term contracts), ensuring that these partners have the right skill sets and that any contracts do not limit the development of more sustainable capacity options
3. Divide implementation roles and responsibilities between different programme partners (e.g. local government focuses on longer-term roles, such as support and monitoring; partners with short-term contracts provide additional implementation capacity during peak implementation periods)
4. Use non-WASH local government staff with campaign experience during peak implementation periods (e.g. use local government staff from multiple sectors – with community development mandates – to boost implementation capacity and ensure cross-sectoral awareness and buy-in to programme)
5. Advocate (through enabling environment activities aimed at decision-makers) for appropriate capacity and resources in under-capacity areas in order that long-term services can be sustained once the programme ends

In the past, some programmes have under-estimated implementation demands on local government staff, with unintended consequences for both programme effectiveness (which can be reduced when government staff cannot play their roles fully) and other government services (which can be affected adversely when government staff are diverted from other activities).

Effective use of local government staff for large-scale programme implementation requires that local leaders (and their superiors) understand the benefits of the programme, and that the leadership and government teams are fully committed to support the programme both during implementation and afterwards, to sustain the outcomes and services developed by the programme.

Box 15: Over-worked HEWs in Ethiopia, Plan International

In Ethiopia, Health Extension Workers (HEWs) provide the main government outreach for health activities in rural communities and are also responsible for monitoring sanitation progress. HEWs were used as the main CLTS facilitators in the Plan International Ethiopia project within the 2009-2015 Pan African CLTS programme, in line with government policy promoting the use of HEWs for sanitation promotion and demand generation.

A progress review found that the HEWs in the Amhara region were struggling to find time for the CLTS work alongside their other numerous responsibilities, and that they were not proving effective at CLTS triggering, in part because they were often young women who were well known to the communities through their other work and thus lacked the influence to change sanitation behaviour among the key influencers in the community. As a result, the Amhara project team decided to use schoolteachers as the primary CLTS facilitators, with follow-up support and monitoring provided by the HEWs. This revised model proved more effective and sustainable, as the schoolteachers were better able to influence the community and the reduced burden on the HEWs fitted better with their other routine duties.

Robinson A (2016) *Pan African CLTS programme: final evaluation* Amsterdam: Plan International Netherlands, report.

It is important to review whether local government staff have sufficient motivation and incentives for effective implementation of inclusive programme activities – how successful were previous government-led programmes for community development or community WASH? Were women, girls and other vulnerable groups meaningfully engaged in these programmes? Is there evidence that local leaders are supportive of rural sanitation initiatives and have used their influence to ensure effective implementation by local government staff?

There are also cost considerations. Local government implementation is generally cheaper than contracting in other implementation partners. However, where local government capacity, experience and motivation are limited, it may be more cost efficient to bring in non-government partners (e.g. NGOs, CBOs, consultants, private firms, academics etc.) for the bulk of implementation activities. Using performance-based contracts can encourage implementation effectiveness, while working with local governments to build capacity and resources for the long-term support and monitoring roles.

Option: Programme design workshop on institutional model
Given the importance of the programme institutional models to the effectiveness and sustainability of the programme, a programme design workshop can be held with key sector and potential programme actors to review and discuss the proposed institutional models.

In World Bank programmes, this workshop is often held once the main capacity appraisals have been completed, with the preferred institutional model identified for each implementation area. The proposed institutional models are presented at the workshop, with explanation of the analysis of comparative advantage that led to the choices, and feedback from the workshop participants used to revise and finalise the institutional models incorporated into the final programme design.

2.2.4 Area design: Capacity development plan

Once the implementation models and required programme capacity has been agreed, a capacity development plan should be prepared.

The wide range of skills and experience required by a large-scale, sustainable and equitable programme, both in its programme teams and in its partners, requires a detailed capacity development plan to cover the life of the programme. For sustainability, the capacity development plan should focus on the transfer of skills and capacities to government and other local partners over the life of the programme, with the aim that all of the long-term services are continued when the programme ends.

2.4.5 Area design: Phasing of implementation approaches

There is no fixed guidance on the phasing of implementation approaches within the area programme and implementation strategy. All of the implementation approaches are important, with variations in the implementation context usually determining the timing and priority of individual approaches in specific areas.

Some contexts will benefit from early development or strengthening of sanitation supply chains (e.g. where demand for market products and services is likely to grow rapidly, or where high access to unimproved sanitation already exists); others will benefit from early introduction of community-based behaviour change (e.g. to demonstrate that ODF communities are both beneficial and possible, and convince other stakeholders to invest and engage with rural sanitation and hygiene development). The area analysis should inform decisions on phasing.

The implementation strategies respond to the general context assessed in each programme area (e.g. in an entire district or sub-district, or in a specific geographical region). However, in practice, implementation conditions and sanitation status will vary significantly from community to community.

There are often wide variations from community to community in the proportions of households and individuals practising open defecation or using different types of sanitation facility. Different combinations of implementation approaches (based on the relevant implementation strategy) will be required in different communities depending on sanitation status (as well as other factors).

Strategic planning is recommended to identify communities in which similar combinations of implementation approaches can be used, and to prioritise and schedule implementation in these communities based on the programme implementation capacity and the targets agreed in the results framework. A simple approach is recommended initially, which can be refined as the key factors that influence the effectiveness of the implementation approaches are better understood.

This strategic planning requires that community-level sanitation data are available, which may necessitate waiting until a baseline survey has been conducted, or be undertaken as part of the planning or pre-triggering process before community implementation.

Once community-level sanitation data are available, it is recommended that communities are mapped in different categories (e.g. using a matrix, as below) to facilitate strategic planning of interventions in the programme area.

Table 1 Types of community in programme area (number of communities)

Setting	Remote rural	Rural on-road	Rural mixed	Difficult contexts
Low OD (almost ODF)	5	5	3	-
High unimproved sanitation	5	10	7	4
Low sanitation access	25	5	-	3
Challenging sanitation settings	15	5	5	4

The matrix assessment should help to identify the balance of implementation strategies and approaches required, and the amount of capacity and support that will be required in different areas and in implementation of different approaches. The broad guidance below suggests typical approaches in some common categories:

1. Verified ODF communities
Where higher sanitation targets (e.g. population with safely managed sanitation) have been set, verified ODF communities should be targeted for toilet upgrading, sustainability support and monitoring of safe management.

2. Almost ODF communities (low OD)
Communities that are close to open defecation free, or close to 100% access to basic sanitation, should be targeted with community-based behaviour change approaches for rapid ODF progress. These communities can then join the verified ODF communities for progress towards higher levels of service.

3. <u>Upgrading communities (high rates of unimproved sanitation)</u>
Communities in which a significant proportion of households have toilets that are not improved or hygienic, and there is little open defecation, face more technical challenges and should be targeted with technical support, market-based sanitation (where sanitation markets function and reach communities) and sanitation finance (where affordability is a barrier).

4. <u>Low sanitation communities (high rates of OD or unimproved sanitation)</u>
Where few households have access to adequate sanitation, a longer process will be required, involving all of the main implementation approaches: community-based behaviour change, non-market technical support or market-based sanitation, sanitation finance, and support for the disadvantaged. Adapted CLTS with a strengthened social norms approach may also be required to encourage the major change in social norms required for the elimination of open defecation.

5. <u>Shared sanitation communities (high rates of limited sanitation)</u>
Shared use of improved sanitation facilities is more common in some contexts, particularly where extended families live in small compounds and share other facilities. ODF verification criteria in some countries allow some proportion of households in ODF communities to continue to practice sharing. Where programme targets require 100% access to basic (or safely managed) sanitation, community-based behaviour change approaches will be required to convince households of the benefits of private toilets for each household. In some cases (for example tenants living in congested areas) there may be few alternatives to shared use of sanitation, hence support will be required to work with local authorities to agree on the requirements for adequate, equitable and safely managed shared facilities.

6. <u>Communities with challenging contexts</u>
As noted earlier, some communities and populations live in challenging contexts that limit the effectiveness of the main implementation approaches. These communities should be identified during the strategic planning process at the start of the programme, and prioritised for specific or adapted implementation approaches.

7. <u>Phasing of implementation approaches within communities</u>
The phasing of approaches should be based on the sanitation status and context. In general, approaches that tackle the highest priority behaviours or sanitation challenges should be implemented first, with subsequent approaches introduced as experience and capacity develop, and as the community and its service providers are able to transition into higher levels of service.

Population segments in rural communities
Different approaches will also be more (or less) relevant for different population segments within programme communities. Implementation teams should identify the priority segments and groups for each implementation approach to ensure that 'no one is left behind'.

For instance, community-based approaches and technical guidance may be required for low income groups; sanitation finance and external support for disadvantaged and vulnerable groups; and community-based approaches, toilet loans and market-based sanitation for middle income groups. Targeted solutions and support may be provided by working with representative groups such as disabled people's organisations, and toilet upgrading and safe management interventions targeted at higher income groups.

Box 16: Plan International external support and finance

In its DFID-funded South Asia WASH Results Programme (SAWRP), Plan International takes steps to mobilise external support for the most vulnerable community members, including:

- Incentivising construction of improved latrines for vulnerable households identified through the wellbeing analysis and social mapping processes conducted during CLTS triggering. Households with a disabled member, who may require more expensive latrines due to accessibility adaptations, are eligible for higher subsidies.

- Influencing and encouraging local government institutions to supplement the programme subsidy funds with safety net resources to support more vulnerable constituents.

- Mobilising and linking community WASH committees with local government to facilitate the communication of community needs to local government decision makers.

- Linking local sanitation businesses to micro-finance institutions to expand their businesses and enable them to offer pro-poor payment options such as payment by instalments for latrines and other WASH products and services.

- Supporting local sanitation businesses to identify specific community choices and needs that inform the design, pricing and marketing of their WASH products and services.

Sources: SAWRP final sustainability report, WEDC, 2018; SAWRP II Programme document, Plan International UK, 2017; How can NGOs support local government institutions to sustain sanitation? Case studies from Bangladesh, Goodall and Shaikh, 2018.

Box 17: Plan International 'SaniMarts' in Bangladesh

In Bangladesh, Plan International supports local entrepreneurs to develop sanitation businesses selling products to support the construction and maintenance of WASH facilities in the surrounding communities. Initially, two to three existing entrepreneurs are identified in each Union Parishad (the lowest local government structure) and supported to develop latrine construction businesses focused on building and selling a range of improved latrine options designed to meet local needs. Entrepreneurs also receive training on gender-responsive, inclusive and sustainable WASH. As the programme progresses, successful entrepreneurs are invited to expand their businesses into 'one stop' SaniMarts, offering a wider range of sanitation and

hygiene products and services, including menstrual hygiene products. This results in the establishment of two to three SaniMarts in each Upazila (sub-district) alongside the denser network of more basic latrine construction businesses. SaniMart owners must be willing to invest in their business and involve female family members, and are also encouraged to prioritise the employment of adolescent girls and young women, particularly in the production and sale of sanitary napkins.

In addition to training and one-off provision of key equipment and materials, SaniMart owners are invited to participate in networking events to create business linkages with other sanitation sector actors such as sanitation companies, microfinance institutions and CLTS established leaders. These events have supported SaniMart owners to: commission specific products from manufacturers to meet local needs, access credit to expand their business, and expand customer bases by employing natural leaders as sales agents. Regular learning meetings between SaniMart owners are also facilitated to share experiences and good practices, particularly for the promotion of gender-responsive WASH services within communities in hard to reach areas.

Sources: SAWRP final sustainability report, WEDC, 2018; SAWRP II Programme document, Plan International UK, 2017

Compendium of Accessible Toilet Technologies
This compendium (Jones H & Wilbur J, 2014) presents low-cost technologies to improve the accessibility of household WASH facilities. It is designed for use by people working directly with communities in rural areas of Sub-Saharan Africa, including health workers and community volunteers.
Most of the ideas are designed to ensure access for disabled and older people, but are suitable for anyone who may have difficulty using standard facilities. Families can adapt the examples described to suit their needs and budgets. The main focus is on household facilities rather than institutional facilities, although some ideas might also be useful in these settings.
You can use the compendium:
- As a starting point for discussion with households
- As a way of encouraging communities to consider design options
- In disabled people's organisations, and older people's' associations
- As flashcards – enlarge the images and stick them on card
- As posters – print the images and use them for group discussions

Download full compendium from the WaterAid website:
https://washmatters.wateraid.org/publications/compendium-of-accessible-wash-technologies

Box 18: WaterAid Tanzania Mtumba approach – what *didn't* work
In 2007, WaterAid Tanzania convened partners for a meeting in Mtumba village (near Dodoma). The aim of the meeting was to review the main participatory hygiene and sanitation approaches implemented in Tanzania.

Based on the strengths and weaknesses identified, WaterAid and partners proposed a new 'Mtumba' approach that combined PHAST, CLTS and PRA tools. The Mtumba approach was piloted in three districts between 2008 and 2011. Activities focused on training sanitation artisans and hygiene promoters, developing the skills of the district sanitation teams, constructing sanitation centres, setting up community-based organisations for latrine construction, developing entrepreneurship skills and lobbying districts and councils to budget appropriately for sanitation.

However, the pilot failed to scale up, due to shortcomings in the approach. Limitations identified included: a lack of financial, technological or facilitation capacity in artisan groups; an enduring demand for free or subsidised latrine materials and construction; sanitation demonstration centres that were expensive to construct and ineffective; and a negative government attitude towards the Mtumba approach.

Source: Malebo, H. et al (2012) Outcome and impact monitoring for scaling up Mtumba sanitation and hygiene participatory approach in Tanzania. WaterAid.

2.4.6 Area design: Cross-sectoral coordination

An area rural sanitation and hygiene programme needs to be coordinated and aligned with other area programmes, particularly where capacity and resources are scarce. Specific efforts should be made during the programme analysis and design phases to engage with and involve area representatives in the nutrition, health and education sectors.

Box 19: Identification of under-nutrition hotspots
Data on patient origin kept at nutrition or health centres can be used to **identify and map villages where hotspots of undernutrition exist.** Intelligent targeting of WASH programming on this basis is an effective way to plan community WASH activities. The resulting maps provide contextually specific, evidenced-based information that could be used in various ways with the aim of achieving greater nutritional impact. For example, integrated maps could demonstrate the links between nutritional status and the WASH environment within an area, and highlight where key interventions would be likely to have the greatest impact on undernutrition.

Dodos, 2017: WASH' Nutrition: a practical guidebook on increasing nutritional impact through integration of WASH and Nutrition programmes, ACF practical guidebook.

2.5 Programme cost

Programme cost is an obvious but critical factor in the programme design. The programme should be designed using the most cost-effective approaches to achieve sustainable and equitable systems, outcomes and impacts. In resource-scarce settings, the most urgent and critical objectives will have to be prioritised, with less critical objectives having to wait until adequate resources and capacity can be mobilised. The global sanitation SDG calls for

all countries to aim for universal access to safely managed sanitation by 2030, but recognises that countries are at different stages in their sanitation development, with progress moving at different paces, and that on current trajectory, not every country will achieve the ambitious sanitation SDG target by 2030.

The programme cost should be estimated based on the analysis and programme design work already completed. Each component should be costed, based on estimates of the capacity, time and resources required to achieve the programme objectives and targets. The area programme designs should be used to produce cost estimates of each of the area programmes, with the costs of the common programme components added to produce an overall programme cost estimate.

For some programme components and implementation strategies, few unit cost data are available. Efforts will have to be made to collect appropriate in-country cost data, or make estimates (based on local costs) where no reliable cost data are available.

Programme budgets sometimes fail to allow sufficient resources for core programme components (e.g. monitoring, evaluation and learning, enabling environment strengthening and programme management) or for longer-term activities such as sustainability support mechanisms and sustainability monitoring.

More detailed guidance is available on programme costing, including a costing framework that encourages the consideration of the costs of all programme components and activities. The costing guidance also encourages the tracking of all programme costs, including indirect costs (e.g. the cost of government counterparts and extension workers that support the programme), during the life of the programme. Better cost tracking is needed to generate more reliable and comprehensive cost data and ensure that improved unit cost data are available to inform future programme designs.

*More information on **Cost Assessment** is available in the Costing Guidance Note – Practical guidance on costing rural sanitation approaches.*

Further guidance

Guidelines on Sanitation and Health
WHO, 2018: comprehensive new guidelines on all aspects of sanitation and health.
http://www.who.int/water_sanitation_health/sanitation-waste/sanitation/sanitation-guidelines/en/

Sanitation and hygiene promotion: Programming guidance
WHO & WSSCC, 2006.

Guidance on programming for rural sanitation

http://www.who.int/water_sanitation_health/publications/sanitpromotionguide/en/

Sanitation implementation brief: Water and Development Strategy
USAID, 2016.
https://www.usaid.gov/documents/1865/sanitation-implementation-brief-july-2016

Sanitation Monitoring Toolkit
UNICEF online.
http://www.sanitationmonitoringtoolkit.com/home/how-to-use-the-toolkit

Water, Sanitation and Hygiene for accelerating and sustaining progress on Neglected Tropical Diseases: A global strategy 2015-2020
WHO, 2015.
http://apps.who.int/neglected tropical diseases strategy

Sanitation safety planning: manual for safe use and disposal of wastewater, greywater and excreta
WHO, 2015.
https://www.who.int/water_sanitation_health/publications/ssp-manual/en/

Inclusive WASH
WaterAid learning portal for WASH practitioners and researchers.
http://www.inclusivewash.org.au

Equality and Non-Discrimination
WaterAid WASH Matters website (includes sections on gender equality).
https://washmatters.wateraid.org/equality-and-non-discrimination

A Guide to Behaviour Centred Design
LSHTM (Aunger R & Curtis V), 2015: a draft guide using an evolutionary framework, with a practical set of steps and tools.
http://ehg.lshtm.ac.uk/behaviour-centred-design

Scaling up solid and liquid waste management in rural areas
WSP Handbook, 2012.
https://openknowledge.worldbank.org/handle/10986/23846

Guidance for adoption of water safety plans at community level
Tearfund (Greaves F & Simmons C), 2011.
http://www.wsportal.org/Water-Safety-plans-for-communities-guidance.pdf

WHO guidance on environmental health
WHO vector control website: details on vector control interventions.
http://www.who.int/vector-control/en/

Improving nutrition outcomes with better water, sanitation and hygiene
WHO, UNICEF & USAID practical solutions for policies & programmes, 2015.
http://www.who.int/water_sanitation_health/publications/washandnutrition/en/

Key references

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Malebo H, et al (2012) Outcome and impact monitoring for scaling up Mtumba sanitation and hygiene participatory approach in Tanzania. NIMRI, WaterAid and SHARE
https://assets.publishing.service.gov.uk/Scaling_up_MTUMBA_report.pdf

OECD (2017) *New Rural Policy: Linking up for growth* OECD Publications, Paris https://www.oecd.org/rural/rural-development-conference/documents/New-Rural-Policy.pdf

Rosensweig F, Perez E, & Robinson A (2012) Policy and Sector Reform to Accelerate Access to Improved Rural Sanitation The World Bank, Water and Sanitation Program. Washington DC.

Robinson A (2016) Final Evaluation: Pan African CLTS program 2010-2015 Plan Netherlands, Final report. The Hague.

Sanitation Marketing Community of Practice: A Peer Learning Exchange. http://www.sanitationmarketing.org/step-1-planning#.W0swSq17FTY

USAID (2017). *An Examination of CLTS's Contributions toward Universal Sanitation*. USAID Water, Sanitation and Hygiene Partnerships and Learning for Sustainability (WASHPaLS). Washington DC.

WaterAid (2017) *Supporting sustainable services using a District Wide Approach: WaterAid's support role and exit strategy* WaterAid Technical Paper, London. https://washmatters.wateraid.org/supporting-sustainable-services-district-wide-approach

WHO (2018) *Ending cholera: a global roadmap to 2030* WHO Global Task Force on Cholera Control, report.
http://www.who.int/cholera/publications/global-roadmap