

The Road to Total Sanitation:

Notes from a field trip and workshop on scaling up in Africa



In July 2010, six organizations came together to study and discuss current prospects for scaling up access to sanitation and hygiene in East Africa. The group started with a trip to the field – visiting various projects in Tanzania that, between them, represent a range of approaches to improving access to sanitation and changing hygiene practices. The objective was not to evaluate or critique individual projects, but rather to look for overarching principles: what works; what doesn't work; what are the gaps in our knowledge; how can working in partnership help us achieve our aims; what barriers do we need to overcome in order to extend the benefits of such projects to all people across Africa. These notes reflect the conclusions, recommendations and lessons learned from this trip. They are based on a two-day workshop that was held directly following the trip. Further detailed notes, photos, and video material can be found in the appendices. In addition, it is planned that various databanks of reports, photos and videos will be developed and made available via the web.

In December 2009, the Bill and Melinda Gates Foundation organized a meeting on the topic of scaling up on-site sanitation. Following this meeting, WSP convened a meeting of partners to explore how issues raised at the Gates meeting could be taken forward in East Africa. Individuals agreed that their shared understanding of how best to move forward on scaling up services for the poor could be greatly enhanced by a joint learning visit to the field. A number of discussions enabled the group to refine their expectations for such a trip. It was agreed that this was a new way of working, and that the focus would be on the strengths of different approaches.

Tanzania was chosen as a venue because of the presence of a number of partners already operating on a large scale and also because of the willingness of the Water and Sanitation programme of the World Bank (WSP), WaterAid and UNICEF to host the visit. It offered the opportunity to visit and learn from Plan International's CLTS work in Dar es Salaam, WaterAid's latrine emptying work in Dar es Salaam and the Mtumba approach in Mwanza, and the Total Sanitation and Sanitation Marketing approach developed by WSP and implemented in Rufiji. In addition to these field visits, the Government of Tanzania and UNICEF presented the experience of implementing Participatory Hygiene and Sanitation Transformation (PHAST) in Tanzania together with the principles that underlie UNICEF's Community Approaches for Total Sanitation (CATS).

Objectives of the learning exchange visit

The main objectives of the learning exchange visit were:

- to **learn what** different partners are doing on rural sanitation especially (but not limited to) CLTS, Sanitation Marketing and PHAST
- to **build consensus** on the key components to take CLTS and Sanitation Marketing to scale with equity and sustainability
- to further **explore collaboration**, linkages and partnerships
- to make **recommendations** for how to scale up that are transferable across all countries in the region

Participants on the trip were from PATH, Plan International, UNICEF, WaterAid, WSP, and WSSCC. They came together with a shared understanding of the importance of sanitation and hygiene, a willingness to learn together, and the intention to ensure that the findings of the visit should be shared and built on, in order to make a real difference to those in need. In addition to their observations of the projects they visited, participants brought their

own extensive experience of working in the fields of sanitation and hygiene, as well as insights from the broader context of health, education and development.

The field visits – providing the basis for further analysis

The field visits provided the raw data on which to base subsequent discussions and analyses during the workshop.

Each field visit examined:

- Overall objectives of the approach
- Sanitation and hygiene goals
- How success is measured: access (physical outputs, coverage), use (proxy indicators), sustainability (functionality, practice as a habit, progress up the sanitation ladder)
- The scale of the operation – including numbers of people
- Timescale from start to finish
- Who funds the project (one or many sources) and at what level?
- Subsidies – to whom and how; with what reach and effectiveness; from whom
- Planning process
- Who implements
- Who monitors

For each approach we looked at:

- Demand creation (e.g. messaging, outreach, education, community mobilization)
- Supply side: range of latrine and containment options and upgrade possibilities (“consumer choice”), innovations (hand washing, upgrades, use of local materials), areas of intervention (household, schools, institutions, other), access to materials, access to skilled labour, sustained demand
- Institutional arrangements
- Role of local government and the community
- Role of public health sector and community health workers
- Role of women/adolescent girls/youth
- Key change agents, if any (elders, leaders, teachers, etc.)
- The scope of the approach, in particular individual vs community-based



Strategies to build capacity and create demand were a particular focus, including:

- Strategies utilized to achieve coverage (whether total or for a defined target)
- Strategies to reach the poorest / most marginalized
- Strategies for encouraging use
- Strategies to ensure sustainability
- Exit strategies – phased withdrawal, community monitoring, local government monitoring
- Partnerships and collaboration
- Particular innovations or characteristics
- Documentation and learning strategies and mechanisms
- Sharing for replication and scale up
- Influencing and advocacy approaches and mechanisms

Overall, the broader learning goals that the group agreed in advance of the visit, and which the various observations outlined above helped answer, included an examination of the following questions:

- What government policies are most effective for scaling up sanitation?
- What are the most cost-effective approaches to increasing access to sanitation?
- What is the most effective use of subsidies to enable poor families to gain access to a level of sanitation that provides significant health benefits?
- How can the local private sector be most effectively stimulated and supported so that they provide appropriate sanitation products and services?
- What are the most common stumbling blocks to the establishment and growth of a sanitation market supply?
- What are the health, economic and educational benefits from improved sanitation?
- What contributes to institutional sustainability?
- What are the perceived benefits that increased resources for sanitation have had on planning, monitoring and evaluation, coordination, Operations and Maintenance (O&M) at different levels of government?
- What latrine designs have been promoted? How easy are they to use? To construct?
- What are the perceptions of users and householders? With regard to products, methodological approach, subsidy – motivations and reasons for building latrines?

About the field trip

30 people travelled to 7 sites within Tanzania. They spent time talking to community organizers and others who were using various approaches to improving access to sanitation and hygiene. A list of the participants in the meeting can be found in Attachment 1. Details about the places and programmes visited, and the contributions of the various organizations that made the trip possible can be found in Attachment 2.



Photo 2: Schoolgirls singing about the importance of good hygiene - child to child approaches in Dar es Salaam. Photo credit WSSCC. Click [here](#) for our online video.

Key principles for scaling up

On the basis of what we had observed during the field trip, and subsequent discussion during the workshop, we drew up key principles: articulating what we perceive to be the practical ideal in an East African context. We believe that these may be equally valid across Africa.

The group agreed that, in order to achieve sanitation and hygiene at scale, it was essential to:

- Recognize that all approaches in the region and in individual countries are learning with a view to working at scale
- Move forward together and in partnership, if we want change at scale that benefits the poor
- Put this understanding into practice by looking for commonalities in the various approaches and ensuring systematic collaboration
- Recognize that PHAST is still very instrumental in the scaling up of hygiene and sanitation and works better with some innovation
- Work intensively within the region and across the continent to address the practical challenges of going to scale with equity and sustainability
- Collectively mobilize resources and investment to address the gaps that prevent us from accelerating achievement of pro-poor services at scale

Definitions and discussions about terminology

A number of terms were used during discussions, and appear throughout this report, for which there were varying definitions.

Some comments about the way the group interpreted specific terms are listed below:

- **Scale** – includes consideration of quantity, quality, reach/distribution and targeted populations. When discussing “going to scale”, some groups were thinking in terms of reaching all people, with equity and sustainability. For others, working “at scale” could be considered to be more narrowly defined, e.g. working with a total population of greater than 10,000 people. Given that donors are increasingly looking for significant numbers (1 million plus) when they refer to scale, this remains a critical area for further deliberation and agreement.
- **Appropriate** – Whether an approach, or a particular technology, is considered “appropriate” includes consideration of the user, environment, geology, cost, culture, water situation and management.
- **Sustainable** – Facilities that last and are durable and behaviours that are continually practised and ultimately, practices that become habits.
- **Equity/inclusion** – approaches that reflect the needs of vulnerable and/or under-represented populations and includes gender, race, age, poverty, physical and/or mental disability, religion/beliefs, tenure rights (illegal versus legal), refugees, internally displaced persons, victims of violence and/or abuse, individuals within challenged environments (e.g. isolated regions, disaster-prone areas, etc.).
- **Harmonization** – was also a concept that was discussed, and the question of whether it was possible, necessary or desirable to harmonize approaches in the region was set as a specific objective of the visit. There was concern about moving towards harmonization if that was interpreted to mean that one approach is the only approach. Group members were more positive about trying to synchronize key principles that allow governments and implementers to make decisions that match the needs of their populations. There was agreement that all approaches must emphasize use, equity and sustainability, and a shared commitment to working in partnership to avoid duplication, maximize resources and ensure impact.

Key areas for action to scale up sanitation and hygiene

The learning from the field visits and the workshop led to the collective identification of the following key areas for action where we felt that further intensive and systematic work is needed in order to translate concepts into practices that work more efficiently and effectively for the poor:

- Sustainability
- Equity and inclusion
- Appropriate technology
- Monitoring and evaluation
- Creating an enabling environment
- Matching supply and demand (or Sanitation Marketing)



Photo 3: Partners discuss key principles for scaling up.
Photo credit WSSCC.

Small groups convened to discuss these issues, and the outcomes from their discussions, which they reported back to the broader group, are summarized in the following sections.

Sustainability

The group working on issues of sustainability identified the critical features and attributes of sanitation as being:

- Behaviour change for improved sanitation and hygiene
- Appropriate technologies
- Motivation for government at different levels
- Availability of resources (e.g. finances, human resources, natural resources, etc.)
- Adoption of an integrated approach for improved sanitation and hygiene
- Enabling policies in sanitation technology, such as Uganda's Disability Act requirement for access in institutional facilities.

"We should trust the wisdom of the communities. After all, they have built their houses – we should not forget that."

Dawit Bekele, Plan International, Ethiopia

It also defined the key principles in going to scale as:

- Speaking the same language (definitions, clear goals, standard indicators, approaches/principles)
- The need for sensible monitoring practices with:
 - short and long term targets
 - Clearly identified, defined, and monitored indicators that are a proxy for behaviour change, i.e. going beyond physical outputs
- Adequate resources (and efficiency of use for scale)
- Use of participatory approaches
- Mix of different communication methods including inter-personal, child to child, and mass media (at community, regional, national levels)

The group identified key methods for sustaining use and practices as being:

- Motivation of government at different levels and at community level
- Clear goals, phased implementation vs one-off, continuous follow up, capacity building to fill gaps, track and complete performance, incentives for better performance / disincentives for poor performance, ring fenced budgets (logistics, staff and capacity building, allowances)

About the workshop

A 2-day workshop was held directly after the field trip. Some delegates from Government, and others involved in water and sanitation in Dar es Salaam joined the field trip participants for various workshop discussions. The objectives were to:

- consolidate the learning from the exchange visits in a systematic manner
 - build consensus on what works well, what might improve and how
 - explore opportunities, mechanisms and resources for further collaborative action on going to scale with equity and sustainability
 - agree next steps including documentation and dissemination of outputs, drafting of recommendations and wider sharing, cross-regional (West and Southern Africa) dimensions, etc.
- Development of a reporting tool and a tracking mechanism within and across organizations (e.g. governments, NGOs, FBOs, CBOs), or coordinated work within, say, the framework of a SWAP, to map project activities (who, when, where, how much). This would enable organizations to identify opportunities for collaboration and to determine areas where resources are inadequate or totally lacking behaviour change
 - Focus on demand creation matched by supply;
 - Demand must be culturally appropriate, equitable, affordable, trigger self-analysis, motivate own investment, provide incentive for early adopters / villages which have achieved total sanitation, and identify drivers for change
 - Supply must be locally appropriate technologies rather than dependent on external design. It must also be affordable, involve business models and entrepreneurs, and take account of operation and maintenance

"We have been taught to wash hands with soap, but we do not have enough water and money to buy soap"
Mama Salehe, an elderly resident of Kichangani, Temeke

Equity and inclusion

Key principles and action points included:

- Seek to improve political commitments and strategies for sanitation
- Understand the gaps in information and seek to fill them
- Identify and define "vulnerable populations" to allow for the development of representative indicators of equity and inclusion

- Establish equity indicators and processes that can be used globally as benchmarks for progress
- Test and validate designs and assumptions across all populations and specifically across vulnerable groups
- Quantify the burdens on women
- Recognize men as a key target group for behaviour change
- Develop approaches and options for specific groups or issues: e.g. home-based care for HIV incorporating WASH, child-friendly design in schools, menstrual hygiene management
- Work with other sectors to better serve vulnerable groups
- Prepare a practical guide for translating inclusion and equity concepts into practice with measurable impact

A recent study by UNICEF found that providing health services to the poorest children in the most impoverished, hardest to reach communities yields a much higher return on investment than mainly helping the less poor in areas that are easier to reach. According to the study, \$1 million spent helping children 5 years and younger in the most remote, disadvantaged areas of poor countries would prevent 60 percent more deaths than the current approach.

Appropriate technology

The group that discussed appropriate technology made the following recommendations for further action:

- Do more work on inclusive/equitable design i.e. the needs of pregnant mothers, women with infants and toddlers, disabled people, children, menstruating women, and old people
- Ensure sustainability by linking local conditions to technology choices (local geology and soil type: rocky, collapsible; ground water situation; water logging; flood prone; etc.)
- Design options based on consumer preferences (affordability, acceptability, appeal of the technology, availability of the product)
- Ensure the safety and privacy of users
- Ensure that toilets and hand washing with soap go together
- Promote innovation in design, construction and use of latrines by the community itself
- Include training on low-cost sustainable sanitation technology options in the education curriculum
- Support professional associations of artisans
- Integrate sanitation with other development initiatives



Photo 4: A gulper in action - emptying latrines in space limited semi-urban slums Photo credit WSSCC. Click [here](#) for our youtube.com video.

Monitoring and evaluation

The group focussed primarily on monitoring. It was agreed that work was needed for practical monitoring guidance that practitioners across Africa could actually use to inform programme work, as opposed to merely feeding into

aggregated global and national monitoring indicators. Having a performance monitoring system is critical for planning, decision making and tracking progress.

Key principles for monitoring were agreed as follows:

- Monitoring should be designed for planning and decision making not just for reporting: performance monitoring is a tool for better implementation
- Value your data – share results and provide feedback to those collecting so that they can use the information to inform their work
- National sanitation monitoring partnerships are needed
- It is important to provide technical assistance to strengthen government monitoring and evaluation (M&E) groups
- If partners and government can agree process and basic indicators, it allows comparison across different projects and provides government with a clearer picture of progress and activities
- Measure **behaviour change** (monitor use) – for example it is not enough just to measure the presence of latrines, we need to capture how they are used – e.g. are they used by all? all of the time? are squat hole covers put back? are they cleaned?
- Measure **components** - measuring by definitions such as ‘basic sanitation’ or ‘improved sanitation’ means that if the definition changes it is hard to continue making comparisons. For example – if the definition of improved sanitation at one time is focused only on a cover and washable floor but then after a few years changes to include a door, then on the graph you may see a sudden decrease in improved sanitation since many latrines with a cover and washable floor (previously counted as “improved”) do not have doors. If the focus of the monitoring is on components (components of the sub-structure, the platform and the super-structure, presence of fecal matter – not total sanitation) then these components can be pieced together to fit various (and changing) definitions.
- Develop training tools and encourage capacity building on M&E terminology and frameworks

Next Steps:

Draft a concept note for an Africa-wide meeting on the basic monitoring of components

- To develop a set of minimum indicators that break down current JMP/national descriptors into components that are easily understood by practitioners e.g. is it necessary to specify the type of material a door is made from?
- To consider if we can build on the current process of monitoring progress on the commitments made under the eThekweni Declaration, through which xx countries in Africa pledged to create separate budget lines for sanitation and hygiene and to commit at least 0.5 percent of GDP. This might include indicators for the enabling environment, policy, etc.

Creating an enabling environment for the sector

In order to create an environment that is conducive to the scaling up of sanitation services it was agreed that it was essential to:

- Proactively support the creation and nurturing of a stand-alone national policy and strategy on sanitation and hygiene
- Support the designation of an institutional home and clear responsibilities for sanitation with accountability for sanitation
- Ensure that sanitation is explicit in key national strategy documents and investment plans
- Advocate for public sector allocations for adequate human and financial resources
- Facilitate a harmonized approach and implementation guidelines

Matching supply and demand or Sanitation Marketing

There is often a tendency to over-simplify sanitation marketing, labeling it just as 'supply' of materials or parts (e.g. slabs) for toilets, or else just as behaviour change communication. Two different models being trialed in the East Africa region were discussed: the WSP Total Sanitation/Sanitation Marketing project (TSSM) and Plan International's Sanitation Marketing experience in Uganda. More details about these two approaches can be found in Attachment 3, and in the bibliography of documents. Consideration of these two projects was followed by a broader discussion on particular issues of interest

Key Discussion areas:

Demand Creation

- Approaches to demand creation (amount of CLTS and amount of Sanitation Marketing) will need to vary depending on the coverage of latrines.
- A strong focus is needed on demand creation, on the grounds that if the demand exists, the market should naturally develop to meet the demand.
- Sanitation must continue to be 'advertised' to maintain existing toilets – this cannot be just a 'one-off' as Operations and Maintenance (O&M) will fall away.
- Enforcement – through legal and/or social pressure - can also be an important aspect of demand creation in some countries (e.g. Uganda).

Formative Research

- Is it necessary to conduct a big formative research study in every county? Probably not – see Attachment 3 for full discussion.
- Useful alternative approaches include: small qualitative studies; focus on the motivations of 'positive deviators' or early adopters; examination of the value chain to see all the links.

Equity

- marketing naturally aims at the 'top and middle of the pyramid', and as such is not a very equitable approach, but it does create sustainable coverage.
- If you can get coverage to trickle down you can then bring in targeted subsidy later to the very poor.
- Subsidies which are brought in too soon will just leak up the pyramid.
- The use of CLTS within the TSSM approach is intended to support the lowest quintile, but as yet there is no data to confirm if this is happening.

Branding

- Can we expect people to want to buy a 'Ventilated Improved pit latrine' – or should we be giving models local names? Local names can be useful, but should perhaps emerge naturally.

Private Sector

- Discussion centered on the greater use/partnering with skills from the private sector, not only in marketing, but also supply and distribution.
- Would the Public Private Partnerships (PPP) model used in hand washing work with sanitation?
- PATH has experience in PPPs and also in evaluating value chains, and would be very interested to explore these options further.

Financing

- Some exploration is needed of different financing models to 'kick-start' sanitation marketing. e.g. franchising models.
- Using microcredit to give loans/credit would also help with affordability. Should this be linked to the marketing, or in parallel?

Capacity Building

- Could there be some training across organizations on key components of sanitation marketing?
- Should we be looking to increase the capacity of government to do sanitation marketing, or is the role of government to enable, facilitate, support or promote?



Key points to follow up on:

- Would a PPP for sanitation work? Greater capacity is needed in the sector if we are to go to scale with these approaches, and the private sector seems the most obvious area to look for it.
- Further exploration is needed on the links between sanitation marketing/behaviour change and CLTS – can we still call it CLTS or Total Sanitation if we are not aiming for “total” sanitation or access for all or ODF status? Is it OK to drop this goal – would we still achieve the health benefits of sanitation coverage if the last 10% are not reached?
- Working with the commercial sector – who? how? mutual benefits?
- Need to analyze organisational strengths, weaknesses, opportunities and threats (SWOT) to assess what different organisations can bring to the table.
- Advocacy aspects of sanitation marketing – promoting a wider awareness, training courses on approaches for partners.

How do we move ahead on particular topic areas?

In order to maximize the value of this partnerships visit, we agreed that we would select a few of the areas identified above for further work. For each topic, a self-selected core group agreed to work further to achieve clearly defined outcomes that would fill the gaps that had been identified. Initial discussions took place during the workshop.

Topic	Group members
Equity and inclusion	Millie Akwi (WaterAid), Sophie Hickling (UNICEF), Archana Patkar (WSSCC), Ann Thomas (UNICEF), Robyn Wilmouth (PATH)
Sanitation marketing	Yolande Coombes (WSP), Mark Guy (PATH), Marko Msambazi (WaterAid), Carol Nabalema (Plan International), Ann Thomas (UNICEF)
Monitoring and evaluation	Jane Bevan (UNICEF), Yolande Coombes (WSP), Kevin Flick (PATH) Mary Swai (Ministry of Health and Social Welfare, Tanzania), Archana Patkar (WSSCC)

The members of these groups agreed to:

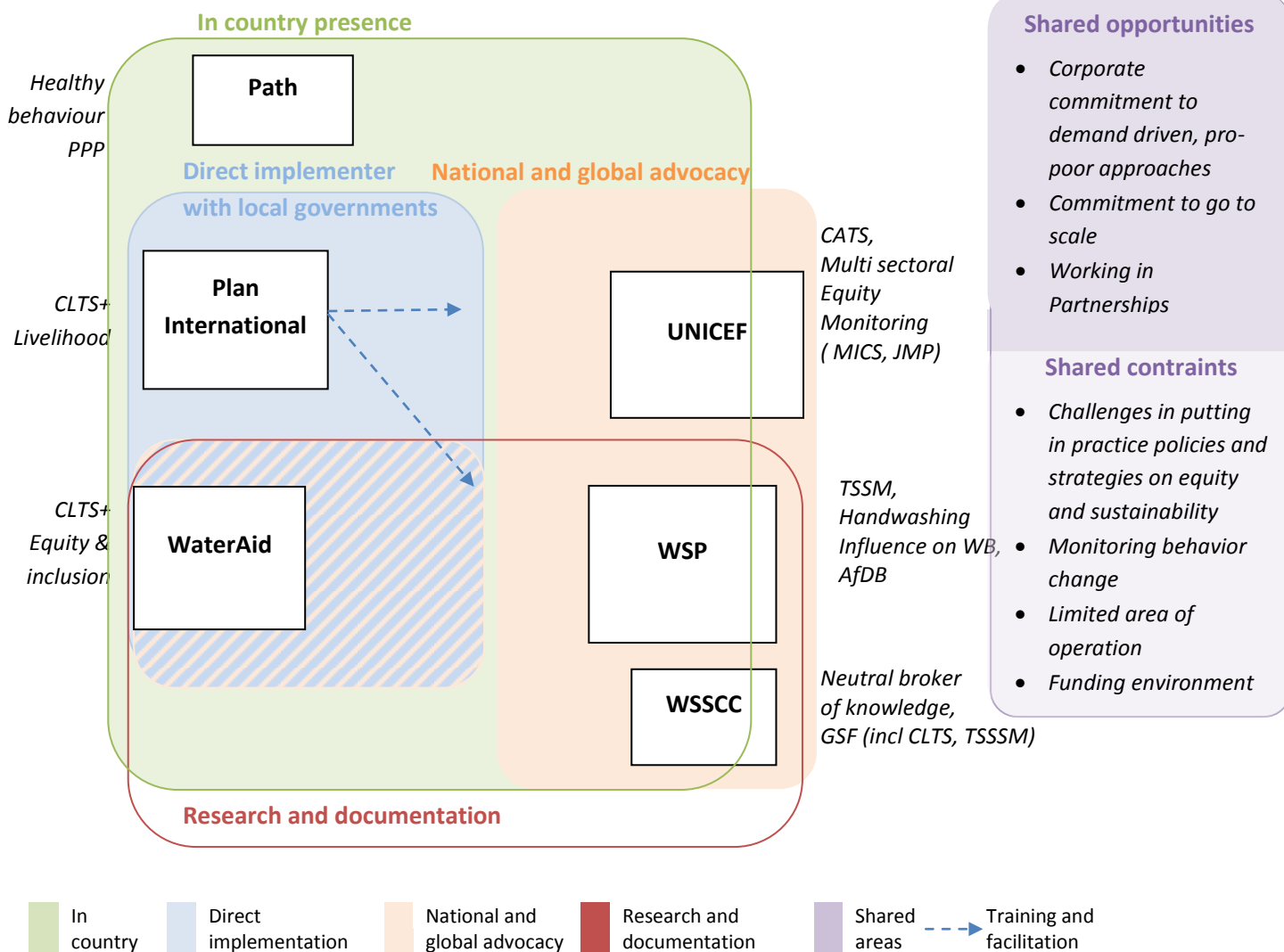
- Sign up for some intensive work on selected areas with an emphasis on operational outcomes
- Bring in wider expertise and resources that can move this work along
- Look outside the sector while developing these core areas
- Review progress in six months
- At that time, consider further learning and advocacy opportunities, including links to experience in West Africa and regional sanitation events

Partnerships

Another overall concern of the group, and a specific objective of the meeting, was to see how best to use partnerships to scale up access to sanitation and hygiene.

We assessed our individual organizational strengths and weaknesses with a view to sharing competencies and filling gaps through collaboration and partnership. We also looked at shared opportunities and threats in the sector and found many common threads. Summaries of SWOT analyses from each organization are included in Attachment 3, which also gives more detail about each of the workshop sessions. The figure below gives a graphical representation of the rationale for working in partnership.

A RATIONALE FOR WORKING IN PARTNERSHIP



In conclusion, we decided that:

“Collectively we can do more and better”

since each organization

- has particular strengths, experiences and knowledge
- works in a defined geographical area
- with partners on different levels

but shares the same challenges on sustainability, equity, monitoring, financing and scaling up -

we agreed that to scale up effectively in the region, we will jointly (together):

- harmonize our work to fill gaps and avoid duplication
- learn from each other and share systematically
- harness partner strengths to improve our work
- help to address capacity and resource gaps
- collaboratively monitor progress in the sector
- work on key identified areas
- maximize our advocacy work nationally and regionally.

Next steps

At the conclusion of the meeting, the group agreed that:

- The thematic work outlined above will continue: each group will set its own time frame and manner of working
- The full group of participants will take part in a teleconference in November 2010
- In January 2011, we will do a “6 month journal” – with a particular view to looking for any joint activities that grew out of the Tanzania trip
- Findings should be disseminated via this report, with supplementary detail available in appendices
- Information banks, of the documents, photos and videos that were gathered in preparation for, and during this trip, should be organized and made available via the web.