

# Rethinking rural sanitation approaches

## Discussion brief

January 2018

### Background

The world has set a collective goal of universal access to basic sanitation services by 2030. During the Millennium Development Goals period, the target for rural sanitation programmes was simply to halve the number of people without access to improved sanitation. Now, the Sustainable Development Goals are more ambitious and more nuanced, aiming at universal access and with specific references to ending open defecation, moving up the sanitation service ladder, and improving equity and inclusion.

This step change has prompted rural sanitation practitioners to examine whether they have the right tools and approaches to achieve the sanitation SDG - particularly given the moderate progress during the MDG period, and the persistent concerns about scalability, equity and sustainability.

In the rural sanitation sector, a range of approaches is being used towards the same ultimate goal: improving the sanitary conditions of communities. The approaches differ in the 'how to': some focus on changing individual behaviours, some on collective change, and the motivators used range from generating awareness to building a stronger market. Some organisations and governments have mandated an approach for use in wide geographical areas, across different contexts and needs. Pushes for strict adherence to principles and protocols, has sometimes resulted in hesitation to adapt, modify or innovate, and a lack of adequate documentation of 'blended' and 'unorthodox' approaches. In the process, the 'how' and 'why' behind successes and failures has been obscured, preventing a shift towards more flexible, context-appropriate and -responsive rural sanitation programming.

In response, WaterAid, UNICEF and Plan International have joined forces to develop guidance for designing context-responsive rural sanitation programmes. As a first step, they commissioned the Water Institute at the University of North Carolina at Chapel Hill to map and analyse the predominant rural sanitation approaches<sup>1</sup>, and compare their core attributes and activities. The work, based on a rapid literature review and key informant interviews with rural sanitation experts, aimed at providing a common basis for future discussions and analysis.

This discussion brief is a summary of what WaterAid, UNICEF and Plan International deem to be the highlights from the report produced by the Water Institute and presents the elements we will take forward as we develop programme guidance.

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<sup>1</sup> The approaches (outlined in Table 1) were selected to be broadly representative of current programming globally, but not all existing approaches were included. Also, the review focused exclusively on household sanitation, and did not include handwashing, menstrual hygiene, extra household settings or enabling environment issues.

## Overview of rural sanitation approaches

Approaches were grouped based on their primary focus area:

- **Community-based behaviour change approaches** that create demand for sanitation and hygiene and change behaviour.
- **Market-based approaches** that develop or strengthen the market and supply chain for sanitation products and services.
- **Financing approaches** that use specific financing mechanisms to increase uptake or sustainability of sanitation amongst unserved or vulnerable populations.

The review relied on documented theory, guidelines, and reports. In practice, we recognize that some rural sanitation programmes combine approaches and cover more than one of the three focus areas; finding documentation of interventions at scale on blended approaches was challenging, with some exceptions of combining CLTS and Sanitation Marketing.

**Table 1. Grouping of rural sanitation approaches used in the review**

<b>Community-based behaviour change approaches</b>	Community-led Total Sanitation (CLTS) School-led Total Sanitation (SLTS) Participatory Hygiene and Sanitation Transformation (PHAST) Child Hygiene and Sanitation Training (CHAST) Community Health Clubs
<b>Market-based approaches</b>	Sanitation as a Business (SAAB) Sanitation Marketing (SanMark) Developing Markets for Sanitation (DMS)
<b>Financing approaches</b>	Micro-financing (loans) Targeted hardware subsidies (pre-construction) Output-based subsidies

## Similarities and differences of rural sanitation approaches

Understanding similarities and differences between the approaches can reveal opportunities and challenges for their integration or sequencing. Table 2 shows each approach's alignment with key characteristics. Highlights from this analysis include:

Target populations differ across each category of approaches:

- CLTS and SLTS target entire communities, school catchment areas, villages or, more recently, entire districts.
- PHAST, CHAST, CHCs, target subgroups within communities based on participation, club membership, or other targeting criteria (i.e., poverty mapping).
- Market-based approaches, microfinancing and subsidy-based approaches target households.

Although there is a shared aim of improving rural sanitation, there are some differences in what is monitored and used to assess success:

- CLTS and SLTS aim to end open defecation within a geographic area.
- Market-based and microfinance approaches aim to increase latrine sales and repayment of loans.
- PHAST, CHAST, CHCs are not exclusively focused on sanitation, and target additional improvements in hygiene-, health- and nutrition-related behaviours.
- Variations of all the approaches include 100% household access targets.

The approaches use a variety of behaviour change drivers, including:

- PHAST, CHAST, CHCs use rational health or hygiene messages and an educational approach.
- CHCs use health education through community clubs reinforced with peer pressure and pride as emotional triggers.
- CLTS and SLTS rely on a mix of behaviour change interventions starting with emotional triggers (shock, disgust, shame, pride) along with health and education, creating social norms and expectations to change defecation behaviours, as part of triggering and post triggering activities.
- SanMark, DMS use aspirational social marketing to expose latent demand for improved sanitation.

Approaches have different ‘philosophies’ regarding their view of a participant in the intervention:

- PHAST/CHAST, hardware subsidies view participants as beneficiaries needing assistance.
- CHCs, CLTS, SLTS view participants as agents of community-level change, and at the same time beneficiaries of a behaviour change intervention.
- Market-based and microfinance approaches view participants as (potential) customers willing to pay for a latrine, depending on design, affordability, or other preferences.

**Table 2. Main characteristics of rural sanitation approaches**

Approach	Focus			Target population			Behavior change driver		
	Generating demand	Strengthening supply chain	Financing	Household	Community	Service providers	Education	Peer/social pressure	Social marketing
PHAST CHAST	Dark Blue			Orange			Light Purple		
CHCs	Dark Blue			Orange			Light Purple	Light Purple	
CLTS SLTS	Dark Blue			Light Orange	Orange		Light Purple	Light Purple	
SanMark, SAAB, DMS	Light Blue	Dark Blue		Light Orange		Orange		Light Purple	Light Purple
Micro-financing			Dark Blue	Orange		Light Orange	No explicit behavior change driver - might be used in combination with another approach		
Targeted hardware subsidies			Dark Blue	Orange					
Output-based subsidies	Light Blue	Dark Blue		Orange	Light Orange				

Note: This based on documented guidelines or theory. Darker shade indicating the primary focus.

## Comparison of activities within rural sanitation approaches

The Water Institute's background report grouped the activities included in the different rural sanitation approaches into seven categories: Planning and training; Formative assessments; Interaction with communities/ beneficiaries/ customers; Supply chain; Latrine technology and construction; Financing; and Monitoring and evaluation.

Comparisons of these activity categories across approaches revealed the following highlights<sup>2</sup>:

- Planning and training are key activities across all approaches. Similar actors are often trained across approaches (e.g., civil servants of local governments, community health workers, masons).
- Market-based approaches make use of a strong formative research toolkit. CLTS/SLTS uses pre-triggering and other approaches often include household surveys to learn more about the intervention areas; however, these are less systematic or standardized.
- Behaviour change approaches have the most explicit and well-designed activities for mobilizing communities.
- Market-based sanitation, microfinance and output-based subsidies approaches make use of a variety of mechanisms for strengthening the supply chain and financing not found in other approaches such as CLTS or PHAST.
- Different perspectives emerge regarding the role that external implementers should play in providing access to sanitation hardware and technical support, from being hands-off, to providing a variety of options, to prescribing a specific technology.
- All approaches face weaknesses in sustaining their outcomes - whether it is maintaining latrine usage, maintaining ODF status, or creating a self-sustaining market for sanitation - and seem to lack a well-developed set of activities for ensuring sustainability.
- Monitoring and evaluation, although a core component of all approaches, was not always done consistently and did not appear to be used systematically for program improvement.
- Post-intervention monitoring was a considerable challenge in all approaches, although there are some instances of more use of increasingly sophisticated ODF verification and certification mechanisms in CLTS.

## Compatibility considerations across approaches

The results of the analysis have implications for designing more flexible, context-specific rural sanitation programming. The four main considerations are summarised here:

### **1. The fundamental difference in the vision of participants as 'beneficiaries', 'customers' or 'agents of change' may affect compatibility.**

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<sup>2</sup> Full activity comparison tables can be found in the Water Institute's main report at [washmatters.wateraid.org/Rural-San](http://washmatters.wateraid.org/Rural-San)

There are notable differences in the view of an individual as a ‘beneficiary’ versus ‘customer’ versus ‘agent’, which can lead to contradictions when trying to combine or sequence approaches. Findings suggest, however, that most of these approaches are highly flexible in theory and practice, which indicates that these perspectives could be reconciled and managed depending on the context. Those looking to combine approaches will need to agree upon a predominant perspective or a multifaceted one, developing a theory of change that ensures compatibility between the selected approaches.

## **2. Differences in behaviour change techniques and drivers will influence the compatibility and adaptation of specific approaches.**

All approaches are built on the need for community or individual participation. They need individuals to act, be it by contributing to latrine construction or financing (targeted hardware subsidies and output-based subsidies), by building one’s own latrine (CLTS, SLTS), or by purchasing a latrine with cash or loans (market-based, microfinance). But the particular behaviour change techniques vary for each approach, and in different contexts. Formative research tools developed for market-based approaches can be incorporated into all rural sanitation programmes to help understand context-specific drivers of behaviour, feeding into the identification or design of the appropriate behaviour change technique(s).

## **3. Practitioners can capitalize on the strengths of different approaches to design comprehensive programmes that address supply, demand, and financing.**

Consideration of the demand, supply, and financing are critical to the success of any rural sanitation programme. While matching appropriate supply and demand strategies seems quite straightforward, differences arise in the perceived role of the implementer in providing technical support and financing to participants. Practitioners may debate the inconsistency of providing targeted hardware subsidies and the self-reliance principles of CLTS, SLTS, and CHCs. The review found, however, that there is potential for combining approaches in different contexts. The type and sequencing of a financing intervention can vary greatly with context. For example, community-based behaviour change approaches can be combined with market-based approaches, microfinance or output-based subsidies to ensure that individuals who want to change their behaviour can purchase durable and desirable latrines at different price points. This is particularly important from an equity perspective, so that vulnerable populations can be reached in a more direct and deliberate manner.

## **4. Targeting, planning and training activities can be coordinated when combining or sequencing demand-, supply- and financing related activities across approaches.**

Target population and measures of success vary across approaches, but all point towards the common goal of improving the sanitary conditions of rural communities, and should hence be compatible and even combined. Similarly, training, baseline assessments and routine follow-up activities (community monitoring, spot checks, coverage surveys, and ODF verification visits) are common activities across approaches. These activities all require motivated team members; practitioners of all

approaches noted the struggle with recruiting, training, and retaining qualified personnel, particularly facilitators. Combining approaches can provide an opportunity to jointly coordinate training and engagement of actors who play a key role at various stages of these programmes. Joint planning and budgetary allocations can also ensure efficient use of resources when trying to combine demand-generating and supply-side approaches.

## Conclusion

Analysis of the predominant rural sanitation approaches revealed key differences, but also considerable overlap. As practitioners, we can look beyond the 'labels' of specific approaches to consider their component parts as a menu of potentially compatible techniques and activities to be combined, sequenced and adapted according to the context.

Intentionally developing more holistic and locally-relevant rural sanitation programming will benefit the sector as a whole, and ultimately result in more people across rural areas accessing sanitation and living in open defecation free environments. Such approaches to programming might incorporate these three components, with associated activities selected according to context:

- targeting household and community behaviour change in a participatory manner;
- strengthening supply and proving financing support mechanisms at an early stage; and
- incorporating equity and sustainability concerns at an early stage and in a systematic manner

## Future work

This brief summarizes the first of three related outputs from the joint work of our three organisations. In addition to the review of approaches, the collaboration will produce a costing guidance, and a guidance for designing context-appropriate and -responsive rural sanitation programmes. These outputs are envisioned to be used by the three organisations, as well as other sector partners.

For more information or to collaborate, please contact [ruralsan@wateraid.org](mailto:ruralsan@wateraid.org).

*This paper was written by Vidya Venkataramanan (The Water Institute at UNC), Andrés Hueso (WaterAid), Brooke Yamakoshi, Julia Stricker, Michael Gnilo (UNICEF) and Mimi Coultas (Plan International), and is based on the report 'Review of Rural Sanitation Approaches' ([washmatters.wateraid.org/Rural-San](http://washmatters.wateraid.org/Rural-San)).*

