



Challenging Contexts for Sanitation and Hygiene Programming

Introduction:

Two billion people lack basic sanitation and 72 percent of them live in rural areas. At the current pace, universal access to safely managed sanitation will not become a reality until the 22nd century. Diseases linked to poor sanitation and hygiene hit children and those that are vulnerable due to age, ill health, and minority status hardest. And because of their biological realities and prevailing social roles and norms, women and girls are disproportionately affected by poor access.

As we know, there are sections of the population within rural areas for which traditional rural sanitation programming has failed. These groups are often referred to as the 'hardest to reach' or those in 'difficult contexts'. In addition to experiencing extreme poverty, these households and communities usually fall into one or more of five broad and overlapping categories:

1. Tough physical environments: remote areas with difficult access, material scarce, water scarce, rocky or sandy soils, water-side areas, areas experiencing rapid environmental changes etc.
2. Entrenched attitudes and social beliefs that limit or prevent toilet use and handwashing practices for individuals or groups of people
3. Poverty and social marginalisation: the conscious and unconscious exclusion of particular individuals, households or whole communities. This could be due to gender, age, caste, class, sexuality, disability, ethnicity or religion
4. Lifestyle/livelihoods: temporary workers and seasonal migrants and nomadic/semi-nomadic communities
5. Fragile contexts: areas with security issues, with weak or unstable government, internally displaced people etc.

Meeting the specific sanitation requirements of these groups is critical to achieving SDG6. Although there has been some success in improving the reach of sanitation to these groups, current programmatic approaches are not well equipped to deal with the specific challenges they face. Different policies, guidelines and approaches have been recommended to specifically address the needs of people in challenging contexts. The categories are just one way to distinguish between different types of disempowerment and in many cases these factors will overlap and reinforce one another. They are also likely to change over time. Both of these points should be taken into consideration when developing strategies moving forward.

Objective

The Sanitation Learning Hub at the Institute of Development Studies, UNICEF and WaterAid are commissioning a piece of work to review current approaches to implementation in challenging contexts. The aim is to map rural sanitation approaches and guidance currently

being used in the sector which aim to target those 'hardest to reach' populations, drawing out any emerging lessons in order to provide practical guidance. We are interested in exploring the following questions:

- What current data sets are available of hard to reach people and populations? Where are the gaps in data and evidence?
- What is the current practice in identifying individuals, households and communities (by government and agencies)? And how responsive are monitoring systems at assessing if we are reaching them?
- What practical guidance exists in these challenging contexts – including policies, guidelines and approaches? And what persistent challenges remain (i.e. budgets, implementation)
- What modifications to existing approaches (CLTS, market-based sanitation etc.) have taken place in these contexts have results in improved outcomes?
- How adequate are these current implementation approaches in achieving scale and sustainability?
- What emerging examples of good practice exist where duty bearers have provided and/or citizens have demanded sanitation for hardest to reach people and groups?
- What lessons can we learn from each other?
- What are priorities for learning and research activities?

We envision this work taking place over two stages.

Part one: The first part will involve the compiling of examples of policies, programming and guidance which aim to reach those in the five categories mentioned above. This compilation will take place through desk-based research and Key Informant interviews and may draw on previous reviews, e.g. Socially inclusive WASH programming, Simavi.

Part two: This ToR primarily outlines to part 1 and we would look to shape part 2 based on outcome of the initial piece of work.

We hope to undertake this work in collaboration with organisations working in this space, recognising this is a universal challenge and will only be to overcome by drawing on the different strengths of many different organisations.

Description of work (part 1)

Compilation of case-studies mapping rural sanitation programmes and guidance (from the last five years) which aims to reach those who fall into at least one of the five categories of 'hardest to reach'. The work will primarily be desk-based, comprising of:

- a. Mapping of approaches
- b. Reviewing policies, programmatic guidance, monitoring and evaluation frameworks and research
- c. Key Informant Interviews
- d. Analysis
- e. Facilitation of workshop to discuss findings and next steps

Outputs:

- A Learning Paper (max. 30 pages)
- A Policy Brief (max. 4 pages)
- A webinar to present findings
- Leading a workshop with a range of partners to discuss findings and plan steps moving forward

Anticipated timeline for Part 1:

- Call open: 15th April
- Call closed: 06th May
- Interviews week of 11th May
- Contract awarded: end of May
- Submission of first drafts: end of July
- Final draft submitted: end of August
- Workshop¹ – September or October 2020 (aim is to build it in around a major international event such as UNCs Water and Health Conference)

We will welcome expressions of interest from both individuals and teams. We will offer up to 30 days for part 1.

Expression of interest should include an outline proposal (up to 4 pages), an indicative work plan and budget and CVs. Please send applications to j.myers2@ids.ac.uk

¹ We hope that this can take place face-to-face however subject to Covid 19 restrictions may take place online