CLTS Knowledge Hub Learning Brief

West and Central Africa Regional Rural Sanitation Workshop

In 2015 an estimated 38 per cent of the rural population of West and Central Africa practised open defecation (OD) while 31 per cent were reliant on unimproved sanitation facilities. Furthermore, 71 per cent of rural households had no handwashing facility, with an additional 23 per cent having a limited facility (one without water or soap) (JMP, 2017, data collected in 2015). Since then, progress has been made through Community-Led Total Sanitation (CLTS) and other rural sanitation approaches that should be celebrated. However, some countries in the region have witnessed an increase in rural OD over the Millennium Development Goal period. In order to achieve universal safely managed sanitation in the region by 2030 the scale and pace will need to increase drastically.

The CLTS Knowledge Hub, based at the Institute of Development Studies, WaterAid, WSSCC and UNICEF co-convened a regional workshop in Saly, Senegal, 25th-28th June 2018 with support from AGETIP. The event brought together those engaged in rural WASH programming from 14 countries across the region (Benin, Burkina Faso, Cameroon, Chad, Democratic Republic Congo (DRC), Gambia, Ghana, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, and Togo) alongside experts working at regional and global levels. Over the course of four days participants shared latest experiences, innovations, challenges and research, mapped knowledge gaps and discussed ways forward with the aim of improving capacity and knowledge.

This learning brief presents the common challenges identified across the region, summarises some of the discussions held, highlights some promising practices and considers priority actions moving forward. It is complemented by other resources available at www.communityledtotalsanitation.org/regional-africa-sharing-and-learning-workshops-2018.

Common rural sanitation challenges

1. **Finance is insufficient:** The scale of the problem that the region faces requires both external and domestic resource mobilisation. There is an over dependency on donor funding and sanitation remains a low political priority. A rapid survey conducted by a group of participants during the workshop found that in 10 out of 14 countries represented, governments do not allocate funding for CLTS. Government financial contributions are restricted to the payment of public servant salaries. Domestic resource mobilisation at national and sub-national level is critical to provide the resources (financial and human) necessary to deliver sanitation programmes at scale, and implemented with sufficient quality, in order to ensure sustained results.

2. **Vulnerable groups:** There are limited guidelines or strategies for improving sanitation for the most challenging and/or vulnerable households and

communities. It is often these 'last mile' communities and households who are reliant on inadequate toilets and struggle to access improved and safely managed sanitation facilities. Programmes find it difficult to both identify and support vulnerable households. There are some pockets of success where interventions are mobilising internal village resources, such as the establishment of Solidarity Funds for sanitation in Senegal, however these alone cannot be relied upon.

3. **Slippage:** Slippage rates vary widely between countries. For countries where data is available, figures vary from 8-40 per cent. Sustaining open defecation free (ODF) status in communities is related to the durability of technologies, maintaining new behaviours and creating a better enabling environment for sustainability with strong local government buy-in. Promising post-ODF activities including monitoring is widespread, but not systematic or regular.

4. **Insecurity and conflict:** A range of security challenges are found in a substantial number of areas in the region with both long-term and short-term consequences. Accessibility challenges makes programming difficult as staff are unable to travel to communities – essential for CLTS and behaviour change interventions. Disturbances between settled and nomadic communities has led to the destruction of houses and property, including toilets, and villages are often abandoned. In addition, conflict in parts of the region brings the additional strain of internally and externally displaced peoples and the associated sanitation and hygiene challenges.

5. **Sector coordination:** There are limited mechanisms and structures to enable co-ordination between different government departments and development partners. This is found at both national and sub-national levels. In some countries this is leading to the use of different approaches which are not harmonised and can undermine each other. An example being the use of traditional hardware subsidy programmes continuously eroding efforts to focus on changes in social norms and behaviours and large-scale area wide approaches.

6. **Monitoring and learning:** Much is needed to improve monitoring and evaluation systems. Both documentation and dissemination needs strengthening. There is a dearth of national and regional platforms for sharing and learning. Data and lessons learnt are not often well utilised. The language differences make cross country learning in the region problematic. Most WASH focused knowledge management partners operate at the global or continental level (see Uytewaal 2016) with resources only available in English, thus isolating francophone practitioners from discussions. Documents produced in French are not necessarily known about at field-level as dissemination networks of Francophone organisations are weaker.

7. **Peri-urban communities:** Reaching and maintaining ODF peri-urban areas remains an issue with relatively few options known and limited experience to draw on. Additional problems relate to lack of space for toilets in congested neighbourhoods, inability of non-owners (informal settlers and tenants) to build toilets, lack of social cohesion, and the failure to account for public spaces/institutions.

There are no easy answers to any of these challenges. Not all were covered in discussions across the four days and many gaps remain. What follows highlights some of those that participants were able to discuss.

Image 1. Ada Oko-Williams, WaterAid International, gives a regional perspective.

Image 2. Alassane Beye, Director of Sanitation, Senegal, presents challenges facing the country.

The 'last mile'

The Sustainable Development Goal (SDG) sanitation target requires that everyone has access to safely managed sanitation by 2030; OD has been eliminated; inequalities in sanitation access and outcomes have been progressively reduced; and that the burden of sanitation and hygiene on women and girls has been reduced.

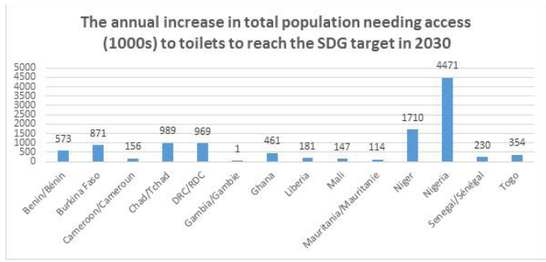

Figure 1: The annual increase in total population needing access (1000s) to toilets to reach the SDG target in 2030 taking into account projected population growth in countries represented at the workshop.

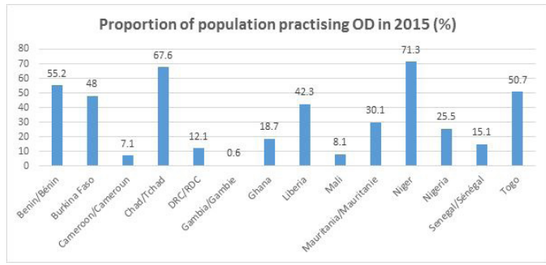

Figure 2: National proportion of the population practising OD in 2015 in countries represented at the workshop (JMP, 2017).

While West and Central African countries are at different stages of sanitation development, with some significantly closer to ending OD than others (see Figure 1 and 2), the relatively short time available before 2030 means that approaches to reach the last mile need to be developed now. Some countries are already facing the challenge of reaching the last mile, for example Gambia (who only have 0.6 per cent practising OD and need to reach 1000 people per year to meet the SDG target), Cameroon and Mali. Others are likely to face this challenge in progressive areas – those with above-average sanitation access – where area-wide outcomes should be sought before it becomes more widely relevant.

Over the next few years, all rural sanitation and hygiene programmes need to be designed or adapted to cover hard-to-reach populations and places. Strategic choices in the targeting of activities is likely to influence those who remain without access at the end of programmes and implementers may decide to focus on the most disadvantaged and vulnerable from the start. Workshop participants confirmed that across the region there are a number of groups who tend to be the last to gain access to adequate sanitation.

It was noted that 'last mile' groups vary and that the different barriers to access are diverse and complex. Participants reported that there is little information available on these groups, and limited reliable data on the size of the unserved population or the issues and challenges that have prevented them from gaining access.

Four main groups were identified as the 'last mile' for rural sanitation in West and Central Africa:

1. People living in conflict-affected or insecure areas (e.g. areas affected by armed insurgencies).
2. People living in remote or physically challenging contexts (e.g. riverine, mountainous, lake-side, water-scarce areas, deserts, flooded areas, areas with sandy or rocky soils).
3. People living in non-responsive or hard to reach communities (e.g. mobile fishing groups, pastoralists, miners, plantation farming communities, scattered settlements, small towns, ethnic groups who practice the 'cat method', communities with taboos about menstruation, adolescent girls, communities with traditional rituals).
4. Non-responsive or hard to reach groups within communities (e.g. people with socio-cultural beliefs and norms that prevent toilet use, chronically ill people, widows, chronically poor people, orphans, street children, elderly people without support, those with a mental or physical disability, landless, tenants, migrants, koranic schools).

National and sub-national demographic data are available for some groups (for example pastoralists in Mauritania), but the data is rarely disaggregated to sub-national and district level or below, and few programme monitoring systems identify and disaggregate the sanitation outcomes of these groups.

Some 'last mile' groups are supported, some countries (e.g. DRC, Senegal and Gambia) reported traditional solidarity systems that encourage the community to care for its most vulnerable members. Others are intentionally

marginalised and sometimes abandoned, concealed or ignored by communities, which makes it difficult to account for them in programming.

In addition, institutional sanitation is also a last mile challenge, as rural communities often lack the resources or capacity to improve WASH facilities in public spaces, schools, health care facilities, markets, and bus stations. Where national ODF criteria require that all institutions have adequate sanitation facilities, the costs of building or improving these facilities can be a barrier to ODF achievement.

Reaching people with mental health conditions requires additional efforts, due to the challenges that they can face in accessing, understanding and responding to behaviour change interventions. Few programmes currently use approaches that facilitate behaviour change among people with mental health conditions or include them in community wide interventions.

Image 3. Participants unpack the value and rationale for focusing on the 'last mile'.

Solutions, innovations and ideas

Conflict-affected and insecure areas:

- It was reported that to tackle conflict-affected communities where large gatherings are not possible, house-to-house visits are used instead.
- In areas where security is an issue, working with local partners already established in the area has proven successful. While in Mali, communities are leading monitoring activities in insecure areas when programme partners are unable to visit.
- The issue of conflict needs to be better considered in strategies, plans, programming etc.

Remote or physically challenging areas:

- Technological solutions shared included digging longer shallow pits in areas where water tables are high, using termite hills as pits or local materials to build raised toilets where soils are too sandy, using local materials to build raised toilets.
- Identify and spread local low cost innovations that tackle the physical challenges of a specific area.
- Find, work with and encourage champions from hard to reach villages.
- Move to district-wide implementation so those from remote or physically challenging areas cannot be ignored (the same can be said for hard to reach communities below).

Non-responsive or hard to reach communities and hard to reach groups within communities:

- In Mauritania the winter period is used as an opportunity for behaviour change campaigns in nomadic communities with mobile caravans used to promote sanitation and hygiene messages.
- Religious leaders are used as entry points to reach students helping to tackle the sanitation challenges in koranic schools in both Senegal and Togo.

Most ideas shared focused on support mechanisms. Two types of financial support provided to the most disadvantaged to encourage access to improved toilets were:

- Internal support: from community resources to those in need (communal donations, revolving funds).
- External support: partial targeted support mechanism to those in need (sometimes linked to social safety nets).

Much of what was shared at the workshop focused on the former. World Vision in Mali reported that in several ODF villages every household had upgraded to hygienic and durable latrines and built handwashing facilities. Community support of materials and labour helped disadvantaged households add a layer of cement to their existing latrine floors. A UNICEF programme in Mauritania will target 1000 out of 150,000 households identified as extremely poor using the national poverty alleviation agency. The programme is now under preparation with the specific aim to provide support to ensure that these households in ODF communities have durable and hygienic latrines. Each household will be visited and provided with essential family practices information and receive a SATO toilet pan (http://www.sato.lixil.com/). In Burkina Faso, the national strategy includes the identification of the poorest and most vulnerable households at the start of the CLTS process. Those identified are given a post-ODF reimbursement of 25 per cent of the toilet cost to encourage the use of cement slabs. However, it is still uncertain that the subsidies are reaching the target groups as it was reported that local leaders often interfere with the process.

Example: Solidarity funds in Senegal

In the GSF Senegal programme, identification, implementation, support and monitoring are managed by Village Development Associations. Key steps:

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

Sustainability and post-ODF interventions

A number of countries in the region are collecting and analysing data on the sustainability of ODF status through sustainability checks. Those studies demonstrate a wide range of slippage rates with an average of around 30 per cent endangering both past achievements and the drive for ODF nations by 2030.

The participants shared their experience regarding the three key dimensions of sustainability:

- **Enabling conditions** referring to institutions and processes, including: political prioritisation and campaigns, programme quality, inclusiveness and intensity, planning and timing of activities, and post-ODF follow-up.
- **Physical and technical sustainability** including: physical conditions and ease by which one can take immediate action, toilet quality, technical support and market supply, filling of pits, affordability and accessibility of sanitation goods and services to move up the sanitation ladder.
- **Social and behavioural sustainability** including: social norms, natural leaders and other reference networks as drivers of sustainability.

In the last few years, a rich range of experience is emerging on post-ODF interventions and some countries have formalised a harmonised package in their national post-ODF strategies (see Mali example below).

Improving enabling conditions: Various initiatives in the region aim to improve post-ODF follow-up and the planning and timing of activities. They include re-assessment of communities by external actors (however in Mauritania this solution was assessed as being too expensive), capacity building of communities to perform self-evaluation, facilitation of local action plans to maintain ODF status, and community monitoring. In DRC, rather than relying on community level volunteers village committee members are paid to perform the monitoring using funds raised through community contributions creating a potentially

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more sustainable model. Generally, hand-over of post-ODF interventions to local authorities has been found to be challenging due to insufficient budget allocation and a lack of qualified human resources or adding additional responsibilities to already over-stretched extension workers.

Image 4. Malian country team discuss the challenges the country is facing.

Example: Mali's post-ODF strategy

Mali's post-ODF strategy is a harmonised package of post-ODF interventions. Launched in 2014, it is used by all stakeholders in the country. All ODF villages are targeted either directly after achieving ODF for newly declared villages, or after a period of time for villages certified ODF prior to 2014. The strategy identifies a different mix of interventions based on a community's status (not yet reached ODF, reached ODF but has experienced slippage, reached and sustained ODF status) with the objective of maintaining sanitation standards, improving toilets, ensuring maintenance of hygiene practices and transferring mobilisation capacity to communities. It defines six steps to be carried out with communities including: community self-evaluation, planning for change, implementation of an action plan, promotion of learning and sharing, evaluation of progress and celebration of achievements. The strategy promotes the involvement of local government through the establishment of contractual documents between municipalities and communities, defining roles and responsibilities and accountability mechanisms. At the end of the intervention, the community should have the capacity to regularly assess its sanitation situation and the local authority should have included post-ODF follow-up in their communal plans. The intervention is designed to last between 9 to 12 months but can take longer for early ODF declared villages. A post-ODF training and a facilitator guide was developed to ensure adequate implementation of the package (see UNICEF, 2017).

Physical and technical sustainability: There has been little movement up the sanitation ladder in the region, with some communities still reliant on unimproved and unhygienic toilets. Most countries focused on ensuring community members can make an informed choice by presenting different latrine designs, their cost and providing technical advice without being prescriptive. Activities to increase community access to markets focus on training of artisans and creation of sanitation shops (or mobile shops). None of the proposed interventions have been demonstrated at scale. There is limited experience in the region on microfinance or targeted external support mechanisms.

In many areas, what is often referred to as traditional pit latrines are safely managed facilities provided there is no faecal contamination of the environment, and once full pits are closed and new one is dug. Concerns remain regarding congested areas or difficult terrains.

Social and behavioural sustainability: Interventions used include:

- Celebration of global handwashing day and toilet day.
- Public celebration of ODF community's achievement and identification of community ODF status through board sign or flag.
- Public pledge of community members and leaders.
- Use of local leaders as influencers.
- Establishment of by-laws and use of local sanctions – this intervention should be facilitated carefully as it can lead to exclusion of the most vulnerable.
- Use of the fear of fetishes (in Benin).
- Mobile caravan and the use of art to spread messages.

Though examples exist, interventions targeting social and behavioural sustainability are not widespread or sufficiently informed by behavioural science and social norms theory. Additional impact evaluation research is necessary to assess current interventions, as is formative research to identify drivers of change.

Moving forward in the region

- **Urgently advocate to increase domestic resource allocation.** This should include the costing of activities and advocating for government (both national and sub-national) to allocate resources with dedicated budget lines for rural sanitation. Highlight the financial benefits of all having access to safely managed sanitation and the loss to GDP from inaction.
- **Create specific country-level strategies for reaching the 'last mile'.** In countries with high numbers of OD use public health data to target and prioritise communities in high-risk areas such as those suffering from regular outbreaks of cholera or areas with high under-nutrition rates. No clear best practices on how to implement programmes in areas of conflict and insecurity are apparent however these areas must be considered in strategies, plans and programmes.
- **Use of evidence on last mile demographics and practices to encourage inclusion** in policies, strategies, capacity building, programmes and monitoring systems – and allocation of appropriate capacity and resources for reaching last mile groups.
- **Avoid rigid policies and practices and be less dogmatic about what approaches are used.** Encourage flexibility and adaptation of approaches to recognise the needs and priorities of the target groups. However this needs to be balanced with consensus and harmonisation of different approaches to ensure they are not undermining one another.
- **Use area-wide approaches** (i.e. ODF districts, local government areas) to ensure all are covered. This should encourage inclusive, equitable and large-scale approaches that reach all groups. Identify 'insider' champions from hard-to-reach/challenging communities and invite them to join programme intervention teams.
- **Systematise post-ODF intervention** to ensure sustainability.
- **Identify, strengthen and promote local technological solutions** – explore making incremental changes to climb the sanitation ladder and move towards improved and safely managed toilets where this has not already been achieved.
- **Conduct formative research** focusing on:
  - the last mile to better quantify and understand these groups and identify barriers to them gaining improved sanitation options;
  - sustainable, locally available solutions;
  - ways to change long-term behaviour and social norms.
- **Strengthen knowledge management initiatives to better support the region**, especially for francophone practitioners. This should include better ways to document and evaluate promising practices from the field and ensure French speakers are better engaged in global discussions. A good first step could be to identify organisations and institutions that can help support this change and translate and disseminate relevant documents currently only available in English.
- **Collect, make publically available and respond to data.** This includes a focus on disaggregated data to ensure equity and inclusion – through baseline, mid-line and end-line surveys and during sustainability checks – during monitoring and evaluation.

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Image 5. Workshop participants came from across the WASH sector in the region, including: AGETIP, The Aquaya Institute, CARE International, Catholic Relief Services, Global Communities, MCDI, Oxfam, Plan International, SNV, UNICEF, United Purpose, WaterAid, World Vision, WSSCC and key local and national government representatives.

Acknowledgements

The writing of this briefing note has been a collaborative effort between workshop participants, drawing on notes produced by a rapporteur team led by Florencia Riero and hunter-gather outputs by participants. The report was edited by Jamie Myers (IDS), Gaëlle Fohr, (WASH consultant) Hakim Hadjel (WSSCC), Ada Oko Williams (WaterAid) and Andy Robinson (WASH consultant). Thanks are due to all.

This brief amalgamates a variety of different views and does not necessarily fully reflect the opinion of each individual or their respective organisation.

All photos taken by Elaine Mercer, IDS.

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Further workshop resources

To discover additional outputs from this workshop, see http://www.communityledtotalsanitation.org/regional-africa-sharing-and-learning-workshops-2018. This includes:

- Thematic notes on a variety of priority topics, for example: monitoring and evaluation; increasing domestic resources, knowledge management, peri-urban and urban areas; the integration of approaches.
- Blogs and videos.

Correct citation: Institute of Development Studies (2018) 'West and Central Africa Regional Rural Sanitation Workshop' *CLTS Knowledge Hub Learning Brief 5*, Brighton: IDS

First published in 2018

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ISBN 978-1-78118-475-2

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This document has been financed by the Swedish International Development Cooperation Agency, Sida. Sida does not necessarily share the views expressed in this material. Responsibility for its contents rests entirely with the authors.