

Frontiers of CLTS: Innovations and Insights



Support mechanisms to strengthen equality and non-discrimination (EQND) in rural sanitation (Part 2 of 2)

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CLTS Knowledge Hub at



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About the CLTS Knowledge Hub

IDS has been working in support of Community-Led Total Sanitation (CLTS) since its beginnings. CLTS has now become an international movement for which IDS is the recognised knowledge hub.

The Knowledge Hub is dedicated to understanding the on-the-ground realities of CLTS practice and to learn about, share and promote good practices, ideas and innovations that lead to sustainability and scale. We seek to keep the CLTS community well connected and informed and to provide space for reflection, continuous learning and knowledge exchange. We work in collaboration with practitioners, policy-makers, researchers and others working in the development, sanitation and related communities.

Ultimately, the Hub's overarching aim is to contribute to the dignity, health and wellbeing of children, women and men in the developing world who currently suffer the consequences of inadequate or no sanitation and poor hygiene.

Front cover

CHOPA PROGRAMME HOUSEHOLD
LIVING IN TRA VINH, VIETNAM. EAST
MEETS WEST

CREDIT: MORGAN OMMER

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Support mechanisms to strengthen equality and non-discrimination (EQND) in rural sanitation (Part 2 of 2)

Introduction

A renewed focus on equity is being driven by the Human Rights to Water and Sanitation framework and Sustainable Development Goal 6.2, which emphasise the importance of adequate and equitable sanitation for all. Community-Led Total Sanitation (CLTS) is based on the idea that sustained, collective improvements in sanitation work best when communities identify and drive their own sanitation solutions following global experiences of uneven adoption of latrines. However, as raised in [Part 1](#) of this issue on equality and non-discrimination (EQND), there is evidence that CLTS processes for achieving community-wide outcomes are not always systematic, adequate, sustained, or sufficient to meet the needs of disadvantaged groups (House et al. 2017).

To ensure equitable outcomes, there is increasing attention on additional support mechanisms that complement conventional processes of demand creation, behaviour change, community empowerment and community action. Although the idea of additional support mechanisms for CLTS is not new (Papafilippou et al. 2011), their systematic implementation has been lacking in both CLTS and other sanitation programming approaches. The imperative for support mechanisms has also grown stronger given emergent evidence that in some circumstances disadvantaged households have been found to be more likely to revert to open defecation or fail to build and use a good quality latrine in the first place (Cavill et al. 2016; Robinson and Gnilo 2016), hence the need for a 'middle path' in balancing empowerment and behaviour change with carefully applied forms of support (Willetts and Powell 2016).

Conventional CLTS processes may not always need additional support mechanisms to create equitable outcomes – CLTS can be effective in achieving community-wide outcomes, especially if conditions are favourable (see Kar and Chambers 2008). However, it is evident that rural sanitation programming in general must become more nuanced and consider how potential support strategies might fit a given context.

Defining 'support'

In this issue, we use a broad definition of 'support' for creating equitable outcomes. Although financial and physical subsidies often quickly come to mind, a broader practical understanding of support needs to encompass both 'hardware' mechanisms and 'software' approaches, as well as various combinations of the two (Myers et al. 2017; ISF-UTS and SNV 2018).

Support can be **sourced** from all levels of government, local or international civil society organisations, within communities, family networks (within and beyond communities), and development agencies (ISF-UTS and SNV 2018). Conventional CLTS approaches commonly encourage community-based support through households in the community donating land, materials, and labour to fellow community members in need (Musembi and Musyoki 2016, see also images to the right). However, there is scope for rural sanitation programmes to employ a wider range of support mechanisms, including institutional ones, as described in this issue.

We consider support to encompass multiple combinations of mechanisms, financial, in-kind and non-material, that go beyond conventional CLTS support processes (but often blending with these). We pay specific attention to how these mechanisms can be designed to address the challenges faced by disadvantaged individuals and groups. Figure 1 shows a range of support mechanisms. Integration of support mechanisms into the strategies, policies, budgets, and monitoring processes of government and other institutions is critical in shifting from a project-based focus on equity to an institutionalised one. Therefore, it is placed in the centre of the figure. Local government will ideally be the central actor driving the process.

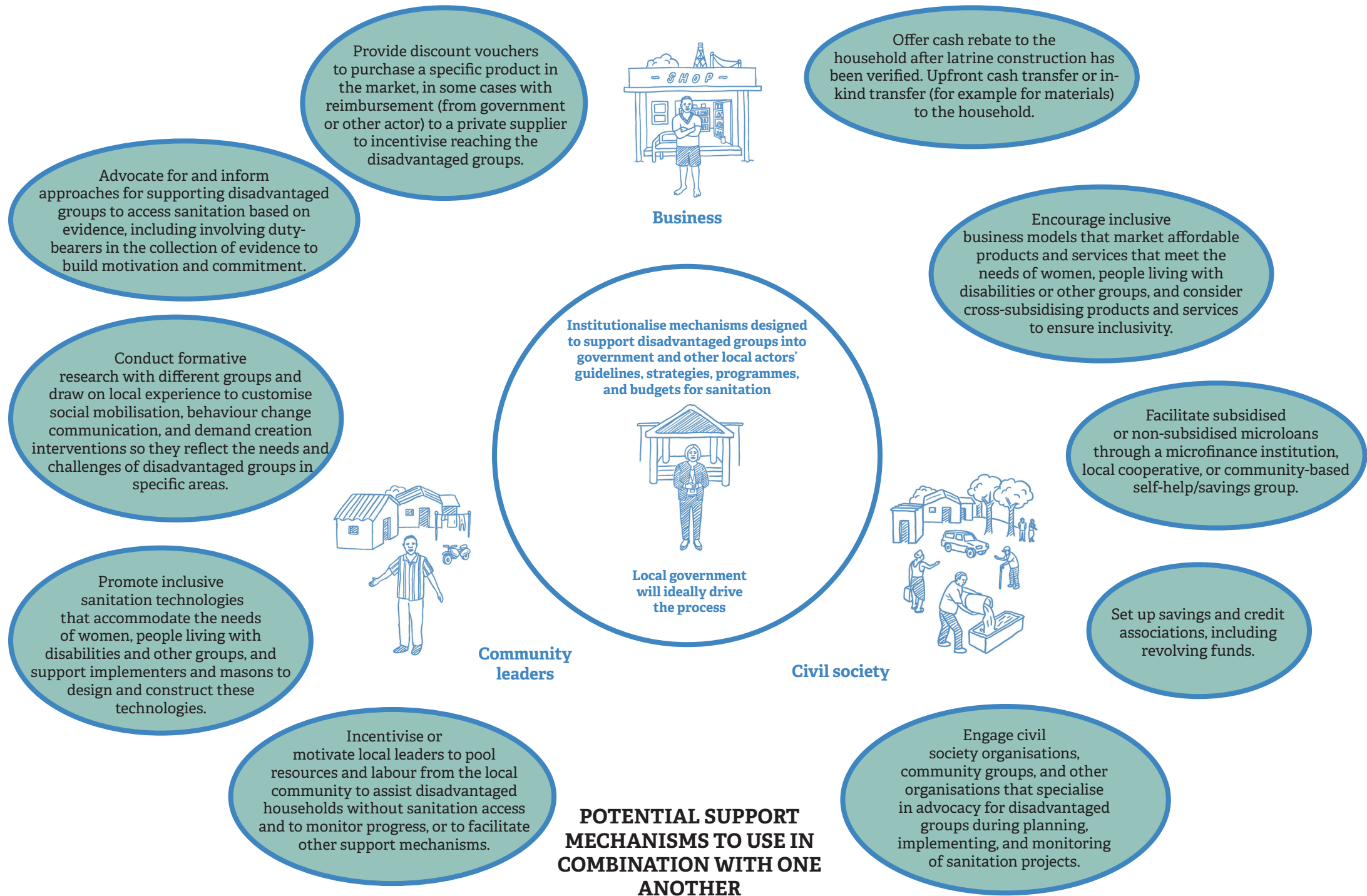


The Village Development Committee (VDC) recently helped Tabieni to build a latrine (Malawi). Credit: WSSCC/Suzanne Ferron



Proud new toilet owner who received rebate to reduce the cost of her new toilet, Mekong, Viet Nam. Credit: Juliet Willetts

Figure 1: Potential support mechanisms that rural sanitation programme implementers can use to support disadvantaged groups



Source: Adapted from ISF-UTS and SNV 2018; WASHPaLS 2018; Willetts and Powell 2016

Strengthening evidence

Although there is reason to believe that targeted support for disadvantaged individuals and groups is needed, the evidence base on what works needs to be strengthened. Financial and hardware subsidies, two of the most commonly cited support mechanisms, are contentious in the WASH sector due to widespread concerns of elite capture and also that external support will deter self-help by creating expectations for subsidies (WASHPaLS 2018), with limited evidence on their effectiveness (Venkataramanan et al. 2018; WASHPaLS 2018).

A compilation of 50 CLTS and rural sanitation programmes around the world that significantly used support mechanisms was gathered to inform this issue.¹ Our rapid review of the programmes found that although numerous trials existed, few had been taken to scale, few were located outside of Asia, and many did not have disaggregated monitoring and evaluation information that is publicly shared or collected at all.

This issue therefore emphasises the importance of **monitoring, evaluating** and **knowledge sharing** processes in building an evidence base for facilitating equitable rural sanitation outcomes. These processes are also important to guide programme adaptation in three ways:

- First, getting the right combination of support mechanisms that successfully reaches people in need in a particular setting may require some trialling and refining which demands close monitoring and evaluation.
- Second, there is a real risk that some support mechanisms, particularly financial or hardware-based subsidies, can undermine demand creation and this must be detected as early as possible.
- Third, monitoring over the long-term is needed to ensure that equitable outcomes are sustained. Rural sanitation projects should be evaluated against objectives of reaching disadvantaged groups in line with the SDG 6.2 target on equitable sanitation for all with *'special attention on the needs of women and girls and those in vulnerable situations'*.

¹ Compiled by Andy Robinson and Jamie Myers.

Considering the last first: Setting up for success

Before a programme or service is implemented, it is important to:

Step 1: Define what the programme wants to achieve in terms of equality and inclusion (i.e. what does success look like).

Step 2: Plan strategies for identifying which individuals and groups might require support.

Step 3: Apply a combination of support mechanisms.

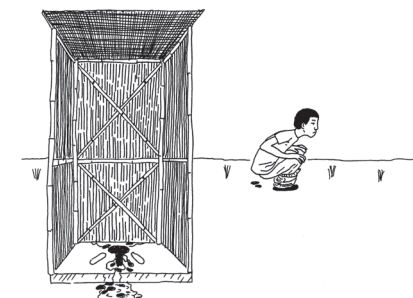
Step 4: Set up monitoring systems that track progress towards objectives.

Step 5: Set up processes for knowledge sharing and learning.

Each of these steps are discussed in the following sections.

Step 1: Defining what success looks like

Emerging evidence, and explicit language in SDG 6.2, emphasises the importance of community-wide ODF status and safely managed sanitation, including for disadvantaged groups. The 2018 WHO Guidelines on Sanitation and Health recommends: *'Sanitation interventions should ensure coverage of entire communities with safe toilets that, as a minimum, safely contain excreta, and address technological and behavioural barriers to use'* (WHO 2018). Further, the entire community must consistently use latrines in order to optimise improvements in environmental conditions and subsequent health benefits (Cronin et al. 2017; Cumming and Curtis 2018). Therefore, it is important to confirm that toilets are actually being used by all, not just constructed.



Further research reflecting on the experiences of rural sanitation programmes in five countries has highlighted the importance of thoughtfully designing support mechanisms to strengthen in-country processes and avoid adverse effects (ISF-UTS and SNV 2018). Based on these recent learnings, we identify five dimensions of success for support mechanisms to ensure total coverage:

1. Everyone, including disadvantaged groups, gains access to suitable and acceptable sanitation facilities.
2. Everyone consistently uses sanitation facilities that are sustained over time.
3. Support mechanisms are institutionalised in government, private and other sector processes.
4. Financial or hardware support mechanisms to increase sanitation access in one area do not inadvertently hinder progress in other areas or undermine WASH markets.
5. The cost of support mechanisms are not prohibitive to scaling up.

Step 2: Scoping and identification of disadvantaged groups

Ensuring equality and non-discrimination in sanitation requires that support agencies identify who is disadvantaged in accessing sanitation (Roaf et al. 2018). As described in [Part 1](#) of this issue, accurate identification of disadvantaged individuals and groups is needed to reduce the risks and address barriers that the most disadvantaged face in building and maintaining a latrine, as is the monitoring of outcomes for these specific groups (House et al. 2017).



Involving key local people in the process. Credit: WEDC/Rod Shaw

Key lessons in identifying groups

Groups that are commonly identified as disadvantaged may or may not actually require support to construct, access, or maintain a latrine (House et al. 2017). Further, people who require support may be left out if the eligibility criteria for support are not inclusive enough, or the barriers to entry are too high (e.g. if literacy or transport to the project site is required to participate). In addressing these errors of inclusion and exclusion, three lessons to bear in mind when seeking to identify who needs support to access sanitation are (ISF-UTS and SNV 2018):

- **Question assumptions** and draw on evidence about who needs support to both ensure that no one is missed and to aid with prioritisation of support strategies.
- There are **trade-offs** in different approaches to identifying disadvantaged groups between simplicity, transparency and comprehensiveness – aim to be inclusive and support the right people to access the support mechanisms, but do not make the approach overly convoluted.
- Identification of disadvantaged groups **should not be a one-off process**, but should be revisited and given ongoing attention as the programme progresses.



Consultations with elderly men and women, Kathmandu, Nepal. Credit: WSSCC/ Javier Acebal



Women participating in a CLTS triggering event in Obanliku Local Government Area, Nigeria. Credit: United Purpose/ Jason Florio

Table 1 describes different methods of identifying disadvantaged groups and their pros and cons.

Table 1: Methods of identifying disadvantaged groups

Method	Pros	Cons
Use existing data sources (e.g. census data, Demographic Health Surveys or poverty identification systems) (see case study 1, pg. 22).	<ul style="list-style-type: none"> • Alignment with government sources facilitates alignment with existing poverty reduction and social protection programmes. • Potential to engage with and improve government monitoring systems. • Can provide clear categories for who will or will not receive support. • Use of standard international surveys supports consistent approach across countries. 	<ul style="list-style-type: none"> • Government sources may focus on only economic inequality. • Official definitions of poverty may not accurately reflect reality. • Data may be poor quality, unverified, non-existent, or out-of-date. • Data may not be updated frequently.
Independent assessment of household income, assets, or other characteristics (e.g. by visiting households or by assessing them when they request support) (see case study 2, pg. 25).	<ul style="list-style-type: none"> • Allows for more detailed, tailored approach to specific contexts. • Visual assessment of assets can be more practical and accurate than income self-reporting. • Can more readily identify intra-household inequality. 	<ul style="list-style-type: none"> • Time-intensive, expensive, and difficult to scale-up. • Self-reported income can be significantly inaccurate. • Potential to miss those who are eligible for support if they do not come forward.
Facilitate a community-led (or local government-led) self-assessment.	<ul style="list-style-type: none"> • Promotes transparency and self-determination at a community level. • Accesses local knowledge on inequality and disadvantage. • Facilitates a consensus-based approach to matching available support with needs. 	<ul style="list-style-type: none"> • Could cause controversy within the community relating to who is perceived to need assistance. • Requires significant human resources to administer and manage sensitively. • Difficult to operate at scale. • Risk of elite capture/corruption.
Partner with a local organisation (e.g. an advocacy group for people living with disabilities that is knowledgeable about local communities).	<ul style="list-style-type: none"> • Draws on local expertise and community knowledge about who might be disadvantaged. 	<ul style="list-style-type: none"> • May be time-consuming and open to misdirection or corruption. • May not be scalable if partner organisation is not present in all geographic areas.
Geographical/zonal targeting (i.e. Identify areas where all households are considered to be poor).	<ul style="list-style-type: none"> • Easy to establish boundaries around who will receive support. • Relatively inexpensive and scalable approach. 	<ul style="list-style-type: none"> • Higher risk of including those who are not poor, or excluding the poor, for support. • Focuses only on economic inequality. • Can contribute to stigmatisation of an area. • Can create expectations for similar support in neighbouring districts.
Offer support that is appealing only to those who really need it (e.g. hardware subsidy for simple pit latrines in an area where richer households aspire for septic tanks).	<ul style="list-style-type: none"> • Limits errors of inclusion (people who do not need the support) by its nature. 	<ul style="list-style-type: none"> • Difficult to design effectively. • Not all who need the support may take advantage of it.

Source: Adapted from ISF-UTS (2016), Jenkins and Pedi (2013), and WASHPaLS (2018)

Step 3: Applying a combination of support mechanisms

Many different support mechanisms are possible (see Figure 1). It is important to consider how potential support strategies might **fit a given context**. For example, some rural areas are more closely connected to markets and local government than others, or have stronger or weaker social cohesion, and these factors could impact the effectiveness of chosen support strategies. Given that existing literature on support mechanisms focuses on financial and hardware subsidies, and these also feature in the case studies in this issue, more detail on other forms of support mechanisms are described below:

Motivate local leaders to pool resources: This mechanism is often a part of traditional CLTS interventions, however it is often not implemented in a systematic way to specifically address all disadvantaged groups. One example in Nepal showed that beyond mobilising local support for households for whom a latrine was unaffordable, local leaders also employed a Muslim social mobiliser to conduct house-to-house visits amongst the Muslim population, which increased traction amongst this group that otherwise were being left behind (ISF-UTS and SNV, 2018). Incentives for local leaders to support equitable outcomes can assist, but should be carefully designed and promoted. For example, leaders may be given formal recognition to raise their status, or district offices could receive conditional cash transfers that are designed to motivate them to reach equitable sanitation outcomes (see case study 1, pg. 22).

Encourage inclusive business models: The private sector can have an important role in enabling latrine construction, but does not always view the poor as profitable customers. Helping sanitation businesses develop a sense of “social responsibility” and business plans that allow them to offer affordable (or tailored) products and services without hurting their bottom line may support equity. For example, see iDE’s approach to pro-poor sanitation marketing in Cambodia (iDE, n.d.). In some cases complementary government intervention may be needed to provide support or incentives for businesses to reach the disadvantaged (particularly where economies of scale are challenging in remote areas) (Gero and Willetts, 2019).



Toilet built for people with a disability in Dhaka, Bangladesh. Credit: Juliet Willetts



The standard 'Easy Shelter'. Credit: iDE Cambodia



The Ring Shelter, a more basic and affordable alternative. Credit: iDE Cambodia

Conduct formative research: Behaviours, attitudes, knowledge, and practices around sanitation are highly context-specific. Formative research can be conducted to better understand these, and how they differ across groups, to inform the design of combinations of support mechanisms and gain inputs from potential beneficiaries. For example, see SNV’s research on latrine usage and handwashing with soap that investigated differences across ethnic and religious groups in Nepal (SNV, 2015). Involving local government stakeholders in such research can provide an important experiential learning outcome to support commitment from local leaders to reach all.



Formative research being conducted on the experience of people with disabilities in WASH. A deaf lady who cannot speak from Sarlahi shares her experiences on water use and personal hygiene, SNV Nepal. Credit: Vijay Yadav, District DPO, Sarlahi on behalf of SNV Nepal

Advocate for evidence-based approaches: Policy-makers and other duty-bearers for ensuring safe sanitation access should draw on existing evidence for reaching all. However, the evidence is often contained in publications that are difficult to interpret (e.g. journal articles and lengthy technical reports). Rural sanitation advocates should both support locally-driven investigation of barriers faced by disadvantaged households, as well as help interpret and translate the evidence into understandable terms, and raise awareness on why evidence-based approaches are advantageous.

Promote inclusive sanitation technologies: People living with disabilities may require dedicated planning and budgeting within interventions to meet their needs. Implementers, local leaders and others may require disability-sensitive awareness raising and training, participatory and accessibility barrier analyses may need to be carried out, and local masons may need to be trained to build disability-friendly latrines. *Frontiers of CLTS* issue 3 '[Disability: Making CLTS Fully Inclusive](#)' discusses this area in more detail.



Accessibility audit, Niger. Credit: WEDC/ Hazel Jones



Toilet built for people with a disability in Dhaka, Bangladesh. Credit: Juliet Willetts

Engage local advocacy organisations: Engagement of local organisations that are experienced in working with and advocating for particular disadvantaged groups may be helpful in identifying effective and respectful ways to ensure disadvantaged groups benefit from rural sanitation interventions. For example, in Cambodia working with Disabled People's Organisations (DPO's) at district level helped bring attention to these groups (ISF-UTS and SNV, 2018).

Step 4: Monitoring outcomes

Implementers or service providers must develop strategies for how outcomes will be monitored to ensure that inequalities are being successfully reduced. In this section, we discuss common challenges with reference to the five dimensions of success presented earlier, and potential ways of monitoring whether success is being achieved.

Outcome 1: Everyone, including disadvantaged groups, gains access to suitable and acceptable sanitation facilities

Challenge: Disadvantaged groups face a higher risk of not achieving ODF status, building sub-standard latrines, or regressing back to open defecation following the implementation of rural sanitation programmes. Hence, there is a need to monitor whether the rural sanitation programme or service is adequately meeting the needs of disadvantaged groups.

Monitoring: To monitor that everyone, including disadvantaged groups, is gaining access to sanitation facilities, **disaggregation of data is essential**. SDG 10 on reducing inequality emphasises data disaggregation across all SDG indicators by 'income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics' (UNSD 2017 in Bain and Slaymaker 2018). Disaggregation of data along these lines can reveal alarming differences in the rates and total numbers of different groups of people in gaining access to and using sanitation.

There are challenges with data disaggregation that need to be addressed:

- **High costs of data collection:** Disaggregation of data has cost implications because larger sample sizes, or additional surveys, are usually needed to infer significant differences between groups (OHCHR 2012). While disaggregated data can incur significant costs, it is argued that the WASH sector must look beyond 'value-for-money' arguments and acknowledge the human development costs of leaving people behind (Roaf et al. 2018).
- **Potential to increase stigma:** Highlighting the differences between groups of people can increase stigma for disadvantaged people (Wilbur et al. 2018). The 'do no harm' principle must always be followed and steps to protect the privacy and confidentiality of community members involved in data collection must be taken.
- **Classifying people to social groups:** Identification of disadvantaged

people can be challenging if terms are not understood consistently or disadvantaged people are reluctant to be identified. For example, disaggregation can involve subjective criteria, such as self-identification with a social group (OHCHR 2012). In some cases, internationally recognised standardised surveys can be used to determine whether someone belongs to a certain group (e.g. the Washington Group questions for people with disabilities) (Wilbur et al. 2018).

Case study 3 (pg. 29) shows SNV's Sustainable Sanitation and Hygiene for All (SSH4A) programme in Zambia and Tanzania. In this programme (also implemented in 16 other countries across Africa and Asia), carefully designed and administered surveys were used to monitor the progress of latrine access, use, and maintenance for each wealth quintile, and female-led households.

Outcome 2: Everyone consistently uses sanitation facilities that are sustained over time

Challenge: ODF status is often measured in terms of whether every person in a community has access to a hygienic toilet, but it is not uncommon for some household members to inconsistently use their toilet (Chambers and Myers 2016). Poverty, age, disability, and gender can each contribute to partial usage. *Frontiers of CLTS* issue 7 '[Norms, Knowledge and Usage](#)' explores this problem, and potential solutions, in detail. Strengthening the enabling environment to ensure good behaviours and technical maintenance (e.g. pit emptying) are sustained is critical for encouraging use over time, as discussed in *Frontiers of CLTS* issue 4 '[Sustainability and CLTS: Taking Stock](#)' (Cavill et al. 2015).

Monitoring: Toilet use is commonly monitored via self-reporting through surveys or diaries kept by users, although research suggests over-reporting of use by these methods is common (Sinha et al. 2016). If self-report methods are used to monitor latrine use, asking



Filled up pit latrine Syedpur Village, Bangladesh. Credit: Suzanne Hanchett

individual household members whether they used toilets within the last 48 hours (and breaking the days down into segments of morning, afternoon, evening, night) may yield more accurate results than asking groups of family members how many times they usually, or on average, use a latrine each day (Sinha et al. 2016). Questions should also be balanced (e.g. "Do you defecate in the open or use a latrine?", rather than "Do you use a latrine?") (Coffey and Spears 2014). These self-reports can be compared with observations of the latrine conditions (e.g. to check if a latrine reported to be in use is actually in a usable state and functional, or if the pit requires emptying). This data should be disaggregated where possible to learn whether certain groups are using latrines less frequently than others. Monitoring processes, and associated mechanisms for addressing slippage and inequality, must be institutionalised in service provider or service authority structures to support sustained use.

Outcome 3: Support mechanisms are institutionalised in government, private and other sector processes

Challenge: Local government agencies are often tasked with ensuring sanitation service delivery, but may have limited financial resources, decision-making power, and human resource capacity to implement support mechanisms. Meanwhile, the private sector may not find it cost-efficient to prioritise the needs of disadvantaged groups. Advocacy for greater consideration of sanitation equality in government budgeting and planning, and the development of pro-poor business models, can help address these issues. Further, there is risk of corruption where financial incentives are involved. Accountability mechanisms must be carefully designed and implemented.



Sanitation entrepreneur manufacturing low-cost toilets in Eastern Indonesia. Credit: Janina Murta

Monitoring: Reviews of government documents, or interviews with government authorities and other key informants, can be undertaken to determine the extent to which government processes have been developed for addressing sanitation equality. For example, in **case study 2** (pg. 25), the Phased Approach to Total Sanitation (PhATS) programme monitored whether a sanitation

budget was created for local government units. For the private sector, initial baseline assessments can be conducted through interviews with business owners to understand the extent to which they focus on reaching disadvantaged groups, and more sophisticated monitoring of who is actually being reached through these businesses is likely to require close cooperation and expansion of their existing customer tracking processes.

Outcome 4: Financial or hardware support mechanisms to increase sanitation access in one area do not inadvertently hinder progress in other areas or undermine WASH markets

Challenge: If support mechanisms – especially those that include financial subsidies – are introduced in one community, others may hear of it and delay the construction of their own toilets under the expectation that they may also receive financial or in-kind support (Crocker et al., 2016). Also, people who are (knowingly or unknowingly) ineligible for the support may apply for it. Clearly communicating the intent and processes for delivering the support mechanism can help to manage expectations. Financial and hardware subsidies can also distort local markets by putting other suppliers not involved in the intervention at a disadvantage. One possible way to mitigate this effect is to offer support to all suppliers in an area that meet certain eligibility criteria (e.g. a criterion could be the supplier has undergone a training course on providing safe goods and services delivered by government or an NGO) (Dwan and Bond 2016).

Monitoring: One way to monitor whether attitudes in other communities have been affected is to involve local government. For example, in a review of SNV's pro-poor subsidy for rural sanitation in Cambodia, commune and village-level government authorities were interviewed and reported that the motivation of non-targeted households was not negatively impacted and that it was well understood that the mechanisms were intended for the poorest households (Murta et al. 2017). However, this was possible, in part, due to the Government of Cambodia's ID-poor system being well known and accepted as a system for poverty assessment and identification. Many other countries do not have a system of assessment or identification that is similarly known and well accepted. Robust systems for verifying eligibility claims based on monitoring data (e.g. see **case study 1**, pg. 22) can help limit errors of inclusion. Stagnating prices, even as material costs rise, may indicate that the market has been affected. Qualitative interviews with suppliers not involved in the intervention or with other key informants (e.g. local business associations) can reveal whether the mechanism has directly affected willingness-to-pay.

Outcome 5: The cost of support mechanisms are not prohibitive to scaling up

Challenge: The addition of support mechanisms can raise costs and the complexity of sanitation programming and service delivery significantly. Some support mechanisms may be effective at producing equitable outcomes locally, but difficult to scale up because the programme costs become too high or the necessary management and administrative structures are not in place at regional or national levels. Some mechanisms may also require significant human resource capacity (e.g. skilled facilitators) that is not available everywhere. It is important to take long-term benefits into consideration when looking at cost-effectiveness because economic returns on sanitation investments emerge over time and when everyone in an area uses a hygienic toilet.

Monitoring: Collection of data on the cost per household (or per person) of the support mechanism is important for determining whether it can be taken to scale. Costs that should be tracked include those associated with the mechanism itself (e.g. the value of a subsidy or materials/technology provided), time and labour for delivering the mechanism (e.g. for training new facilitators or traveling to intervention sites), and monitoring and verification, in addition to standard programme cost categories (see WaterAid, Plan International and UNICEF 2018). Extrapolating the cost to a regional or national level can be done to determine if the mechanism can be feasibly scaled up.

How can you tell if a support mechanism really works?

Developing methods to determine whether a particular support mechanism 'works' or not depends on the nature of the mechanism and the local context. Randomised control trials are often invoked as generating the most rigorous form of evidence, but they can be difficult and expensive to implement, typically do not give qualitative insights on how or why mechanisms work and can face serious ethical dilemmas when focused on disadvantaged groups. Overall, stronger partnerships between practitioners and researchers in designing studies for specific cases will help address contextual challenges and build an evidence base on the effectiveness of mechanisms (Venkataramanan et al. 2018).

Step 5: Knowledge sharing, learning and adapting

Data itself will not lead to a reduction in inequalities. Before implementing a programme, a budget and plan must be put in place to decide how the data will be analysed and who will be involved in interpreting the analysis, explain how findings will be reflected on and identify when programming can be adapted to the context based on what was learned. Programming should be adapted in alignment with the initial definitions of successful impacts and outcomes of equitable rural sanitation as agreed before implementation (and ideally in line with SDG 6.2 targets).

Information collected from monitoring processes will also contribute to building an evidence base that the wider WASH sector can use to design and implement more effective and equitable sanitation interventions. Leaders should set aside time, space and resources for knowledge sharing and learning. Research suggests that, amongst WASH civil society organisations, face-to-face learning with peers is critical, reports are most useful when they are practical, concise and evidence-based, and 'how-to' guides are helpful but may require mentoring to put into practice (Grant et al. 2016).

Timing: When to introduce support mechanisms?

The time at which a support mechanism should be introduced into rural sanitation interventions is an important consideration. There is little documented evidence on appropriate timing. The most effective time to implement a support mechanism depends on (i) the nature of the support mechanism; and (ii) the specific context.

In general, [Part 1](#) of this issue has highlighted that intra-household and inter-household inequality should be considered before, after and during all stages of a sanitation programme (House et al. 2017). There is little question that development of local leadership for the mobilisation of collective action, evidence-based advocacy for disadvantaged groups, and promotion of inclusive sanitation technologies are beneficial at all times.

However, many support mechanisms must be initiated early in an intervention. Integration of mechanisms into government guidelines, strategies, programmes, and budgets can be a slow process and needs thought well before a rural sanitation programme commences. Programmes need to conduct formative research early on to inform

implementation activities. Encouraging pro-poor business models also can require significant time to set up, therefore sanitation programmes need to commence them early.

In the case of financial or hardware consumer subsidies, there are advantages and disadvantages related to making the subsidy available or known to users early on or later in the programme:

Table 2: Advantages and disadvantages to timing of financial and hardware subsidies

	Advantages	Disadvantages
Subsidy available near beginning of intervention (e.g. see upfront rebates in case study 1, pg. 22).	<ul style="list-style-type: none"> Helps enable targeted households to mobilise immediately. Allows for bulk transport of materials / products from suppliers. 	<ul style="list-style-type: none"> May undermine behaviour change and locally-driven solutions. Potential to distort local markets.
Subsidy available only after certain ODF threshold has been met or after other activities or outcomes have been achieved (e.g. see community rewards in case study 2, pg. 25).	<ul style="list-style-type: none"> Incentivises demand for sanitation and rewards behaviour change. Facilitates continued engagement with communities post-ODF. 	<ul style="list-style-type: none"> Poor households may feel ashamed and make harmful decisions (e.g. selling off assets to pay for latrine) (House et al. 2017). Can delay the movement of disadvantaged groups to ODF.

Source: Adapted from WASHPaLS 2018 and Willetts 2013.

There is a need to build the evidence base on the timing of subsidies. Implementers should seek to document their experiences, successes and challenges of following a particular timing, and discuss contextual factors that may have influenced these. Where possible, different timing configurations should be compared within a programme (such as through a randomised control trial). Sharing findings with the WASH sector is critical to consolidating experiences to create informed guidance for practitioners and service providers.

Some key questions to help with deciding the point at which financial and hardware consumer subsidies are disclosed and made available to the community, and whether financial subsidies should be introduced at all, include:

- Does existing data indicate high levels of poverty that could limit the ability of households to build quality latrines?
- Does government policy on the timing of financial and hardware subsidies exist? What has been the local experience with these kind of subsidies?
- Does the community have a history of receiving subsidies, or are nearby communities receiving subsidies?
- Are materials locally available for households to build good quality latrines or do they need assistance accessing these?

Case studies on implementation of support mechanisms

Three case studies that span Vietnam, the Philippines, Zambia and Tanzania are presented below. Each of these case studies describe interventions that employed different combinations of support mechanisms to reach disadvantaged groups, as well as their successes and challenges.

Case Study 1: Community Hygiene Output-Based Aid (CHOBA) – Vietnam

Implementer: East Meets West Foundation (EMW) (Funded by Bill and Melinda Gates Foundation)

Setting: Aimed to reach 125,000 poor families across 246 communes in eight provinces in rural Vietnam, 2012 – 2016

Overview of programme: CHOBA was designed by EMW to follow an output-based approach (OBA) to accelerate household ownership of hygienic latrines, with a focus on the rural poor. CLTS-like triggering activities were carried out to inspire disgust with open defecation and promote good hygiene behaviours. Poor families were eligible for loans through the local government and those who purchased and installed a latrine received a rebate of approximately USD 28. The programme costs were approximately USD 50 per household. EMW also gave a conditional cash transfer (CCT) to communes that achieved a 30 per cent increase

in sanitation coverage over the baseline, and another CCT if they achieved 95 per cent sanitation coverage. The programme further supported the training of local masons to construct latrines and engaged the Vietnam Women's Union (VWU) to promote latrine ownership and good hygiene, assist poor households with accessing loans, and coordinate trainings for local masons. Commune People's Committees



CHOBA household living in Tra Vinh. Credit: Morgan Ommer

(local government body) were also engaged to provide political and administrative support. The Vietnam Women's Union and the Commune People's Committees were given cash incentives for each latrine constructed by a poor household.

Combination of support mechanisms used:

- Rebates for poor households;
- Government administered loans to households for latrine construction;
- Conditional cash transfer to communes;
- Financial incentive to implementing partners and local government;
- Training of local masons to construct latrines;
- Engagement of local government agencies;
- Promotion of good hygiene and toilet use.

Groups targeted by support mechanisms: The poorest 40 per cent of the population. Households that held a certificate of poverty issued by the government, were classified as 'near poor' in government records, or were suffering from 'economic hardship' according to income and asset ownership criteria created by EMW were eligible for latrine subsidies.

Outcomes for inclusion: 113,500 latrines were built by the target population (poorest 40 per cent of households). However, the majority

of these were built by households classified as facing economic hardship according to EMW criteria, many of whom were relatively less poor than households holding a certificate of poverty or classified as near poor according to the government income threshold. Many commune leaders found the 95 per cent sanitation coverage threshold for receiving a CCT too difficult to reach and consequently may not have even tried to reach it. As a result, EMW adjusted the threshold down to 75 per cent coverage, but only 16 communes achieved this – well short of the programme’s goal of 71 communes.

Monitoring and evaluation: EMW established a database that contained baseline information, collected with Commune People’s Committees and Village Chiefs, about household sanitation access and eligibility for subsidies in the programme areas. Households and communities that claimed rebates or CCTs were verified by in-person checks of latrines by the VWU or EMW staff and cross-checked with the baseline data to confirm that claimants were eligible for the subsidy. A randomised control trial was conducted by EMW, which found that the OBA rebate led to a significant increase in latrine adoption, and that the OBA rebate was more effective than the commune CCT.

Key reflections/lessons:

- The OBA rebate was found to be a more effective mechanism for increasing latrine ownership among the poor than the CCT or a separate sanitation marketing intervention.
- CHOBA was effective at reaching households experiencing hardship, but did not reach all poor households equally. This may be because the rebate amount was still insufficient for the poorest households to afford a latrine, and because the poorest households faced barriers in accessing informal and formal sources of credit.
- The creation of a robust and comprehensive M&E database was critical to the success of the CHOBA programme, and is an important component of any OBA approach.
- There is a trade-off between ensuring a high rate of reporting accuracy in verification and cost. For example, training local implementers to reliably and accurately conduct M&E activities took significant time.
- Rigorous research was important to demonstrate the impact of the CHOBA support mechanisms, but challenges with implementation of the study arose. Local government partners

resisted administratively supporting a randomised control trial due to the complexity in implementing it. Additionally, local government and implementing partners in the control arm of the trial objected to not receiving subsidies for the poor in their areas.

Information sources: EMW 2016; Nguyen et al. 2013; Larsen and Connell 2015; Reviewed by Hanh Nguyen (EMW)

Case Study 2: Haiyan PhATS recovery programme: the Philippines

Funder and coordinator: UNICEF

Setting: Aimed to reach 900,000 beneficiaries across 40 municipalities and six provinces in the Philippines affected by ‘Super Typhoon’ Haiyan (2014 – 2016)

Overview of programme: The Haiyan Phased Approach to Total Sanitation (PhATS) recovery programme aimed to eliminate open defecation and gradually progress communities to higher levels of sanitation service following the ‘Super Typhoon’ Haiyan disaster in the Philippines. The programme was implemented by a coalition of 12 NGOs and government counterparts. The PhATS programme broke down sanitation and hygiene development into the following phases, but each implementer had its own specific approach:

- The ‘Zero open defecation’ (ZOD) grade²: To reach this grade, 100



Mother and child posing beside their newly constructed toilet at a Haiyan-stricken area. UNICEF Philippines 2014. Credit Joey Reyna

² Zero Open Defecation (ZOD) in the Philippines refers to 100 per cent open defecation free area-wide.

per cent of households in a community must use a hygienic toilet with soap and water nearby. Implementing partners (comprising multiple NGOs and local government counterparts) used CLTS, sanitation marketing, and mass media campaigns to raise demand for sanitation (some implementers felt that CLTS was not appropriate in a post-emergency context). Within the post-emergency context, some implementers gave in-kind hardware subsidies and vouchers (valued at approximately US 135, although the amount varied between implementers) to poor and vulnerable households to assist latrine construction (under non-emergency conditions, financial assistance is normally not provided until after ZOD has been achieved).

- The 'Sustainable sanitation' grade: Implementers awarded communities that achieved the ZOD grade USD 500 (funded by UNICEF) to further develop sanitation facilities to be more hygienic and sustainable. This included the design of containment to enable safe emptying, toilets that prevented human excreta from human contact, and toilets that limited unpleasant odours amongst other criteria. Implementing partners complemented this by training masons and supporting local businesses to create sanitation supply chains. Communities reached the sustainable sanitation grade when 100 per cent of households used their own improved toilet with handwashing facilities, and 100 per cent of institutions in the community had an improved toilet.
- The 'Total sanitation' grade: Communities that met the conditions of the 'Sustainable sanitation' grade, received another USD 600 from implementers to put toward achieving the 'Total sanitation' grade. Meeting the total sanitation requirements included reaching all of the conditions of the previous grades, plus management of solid and liquid waste, implementation of Water Safety Plans to protect water sources, and improved handwashing facilities that limit re-contamination from dirty hands.

Implementers also supported local government units to develop disaster risk informed WASH plans and to develop their own budgets for sanitation improvements.

Range of support mechanisms used:

- In-kind hardware subsidies and vouchers to poor and

vulnerable households for latrine construction (in emergency situations);

- Financial rewards for communities to use toward upgrading sanitation services;
- Support to local businesses to create sanitation supply chains;
- Training of local masons to construct latrines;
- Engagement of local government agencies in programme planning, implementation and monitoring;
- Development of WASH plans and sanitation budgets within local government units;
- Sanitation and hygiene promotion and demand creation.

Groups targeted by support mechanisms: Each implementing partner had its own criteria and verification process for identifying beneficiaries of the latrine construction subsidy. Criteria included those living below a defined income threshold or having no one in the household with permanent work, female-headed households, having a family member with a disability, and having a pregnant family member. Some implementers used an existing national conditional cash transfer programme (called the 4Ps) to identify disadvantaged households.

Outcomes for inclusion: The proportion of households in the PhATS programme areas that used an unshared improved sanitation facility rose from 64 per cent at baseline to 76 per cent. The proportion of households practicing open defecation did not change significantly. However, it should be noted that the PhATS programme followed an intense emergency response phase that had also included sanitation promotion and provision of shared/communal sanitation facilities. 937 communities were certified as reaching the ZOD grade and 288 certified for the sustainable sanitation grade. Control groups were not used during assessments and data was not disaggregated for poor and vulnerable groups.

Monitoring and evaluation: The Regional Department of Health led the development of guidelines on verification, certification, and monitoring for each grade, which all implementing partners followed. This included verification of ZOD status (based on national guidelines), and other conditions for meeting each subsequent grade, by a municipal verification team (which included a third-party verifier) and certification by a provincial team. All implementing partners reported against agreed

core indicators which included use of adequate sanitation, presence of handwashing facilities at home, local government units with approved sanitation budgets, and number of people living in certified ODF communities.

Key reflections/lessons:

- As a result of the widespread damage caused by Haiyan, there was a high demand for skilled labour and construction materials. This issue, coupled with highly subsidised WASH facilities being provided by other NGOs, caused reluctance of households to invest in building their own toilets. Substantial effort was needed to persuade humanitarian agencies to shift away from a heavily subsidised approach.
- Allocation of rewards or incentives to a community should be proportionate to the number of households that require support in order to ensure collective outcomes.
- When implementing a subsidised approach, it is important to avoid risks of bias. In this context, potential beneficiaries of toilet subsidies should be identified by local councils in consultation with the community, not by elected officials.
- Allowing the community to decide and take actions on problems or issues encountered during the project implementation empowers them and gives them a sense of responsibility.
- Even in a post-emergency context, support to strengthen the overall WASH enabling environment should be prioritised. Where advocacy with local leaders was incorporated from the start, there was a positive impact on the level of institutionalisation of the programme into local government political priorities, plans and budgets.
- A defined strategy for post-ZOD demand creation is needed to ensure that key messages around ZOD and handwashing at critical times are adequately reinforced.
- Local government investment in sanitation increased when there was the prospect of moving communities beyond open defecation to higher levels of service.

Information sources: Robinson and Gnilo, 2016; UNICEF, 2016; Reviewed by Louise Maule (UNICEF Philippines) and Andy Robinson (Independent consultant).

Case Study 3: Sustainable Sanitation and Hygiene for All (SSH4A) – Zambia and Tanzania

Implementer: SNV (Funded by DFID)

Setting: Targeting four districts in the Northern Province of Zambia and five districts across the Lake and Northern zones in Tanzania, 2014 – 2017

Overview of programme: The SSH4A programme focused on district-wide sanitation outcomes and long-term engagement to sustain sanitation and hygiene behaviour change. It was guided by a framework comprising four complementary components: sanitation demand creation; sanitation supply chains and finance; hygiene behavioural change communication; and WASH governance. Activities were supported by a suite of learning activities and performance monitoring, and informed by nearly a decade of experience implementing SSH4A in other countries.

In Zambia, there were multiple activities, for example:

- Community champions advised households on latrines that meet government standards during CLTS triggering sessions.
- Sanitation marketing groups were developed to pool financial resources at the village level to purchase latrine materials in bulk, thus lowering costs for poorer groups.
- Behaviour change messages were customised through formative research and tailored for specific audiences (e.g. poorest quintile, female-headed households).

Tanzania also had multiple activities, including:

- Local leaders were supported to deliver sanitation behaviour change messages that were tailored for specific audiences (e.g. female-headed households, households with people with disabilities).
- Local business entrepreneurs were supported to market and construct low-cost durable latrines and upgrades to basic latrines.
- Booklets were distributed to help households make informed decisions about inclusive sanitation designs for people with disabilities.

Groups targeted by support mechanisms: Both Zambia and Tanzania country programs focused on districts that had relatively low rates of sanitation coverage and received limited support during recent national level sanitation campaigns. Within districts, the poorest quintile, female-led households and people with disabilities were identified as vulnerable by formative research studies.

Outcomes for inclusion: In Zambia, open defecation across the districts fell from 50 to 5 per cent overall. For the poorest quintile, open defecation fell from 91 to 11 per cent. For female-headed households, open defecation fell from 57 to 7 per cent. The proportion of people using and managing a functional, clean and private toilet increased from 7 to 70 per cent for all households, 1 to 56 per cent for the poorest quintile, 6 to 68 per cent for female-led households, and 7 to 66 per cent for households with people with disabilities.

In Tanzania, open defecation fell from 36 to 2 per cent for all households, 76 to 9 per cent for the poorest quintile, 40 to 3 per cent for female-led households and 34 to 3 per cent for households with people with disabilities. The proportion of people using and managing a functional, clean and private toilet increased from 4 to 41 per cent for all households, 0 to 33 per cent for the poorest quintile, 4 to 40 per cent for female-led households, and 4 to 42 per cent for households with people with disabilities.

Monitoring and evaluation: Five rounds of household surveys were conducted throughout the duration of the project to document outcomes. Two rounds of focus group discussions were used to qualitatively measure pre-designed sustainability indicators. Household survey data were disaggregated across different vulnerable groups as identified by formative research. Qualitative data were quantified to measure indicators by using a Qualitative Information System (QIS) (i.e. assigning a 'score' to short, factual descriptions of a situation). SNV partnered with researchers at Emory University to analyse the data and evaluate outcomes.

Key reflections/lessons:

- Focused studies on identifying vulnerable groups in collaboration with local government and civil society was key for targeting support and disaggregating data to monitor progress.
- It is important to be realistic and realise that addressing systemic issues of disadvantage takes time and some barriers cannot be

removed in the short-term.

- Achieving area-wide sanitation requires that substantial effort from the outset of the programme be spent on disadvantaged groups relative to other groups.
- There is tension between tailoring support to local contexts while keeping support standardised enough to efficiently go to scale.
- Identification of disadvantaged groups can be challenging and may require substantial resources.
- In districts that have widespread levels of low sanitation access, it is difficult to tell which groups are the most disadvantaged. Once levels of access in the district begin to rise, it becomes more apparent which groups required targeted support.

Information sources: ISF-UTS and SNV 2018; SNV 2017a; SNV 2017b; Reviewed by Anne Mutta (SNV).

Three common lessons across the case studies are apparent:

1. Identification of disadvantaged groups and ensuring support reaches them requires additional investments in monitoring and evaluation, but these are worthwhile;
2. Involvement of local government and other local actors is key to implementing and institutionalising support mechanisms; and
3. Support should be tailored to levels and types of need – not all communities and disadvantaged groups require the same amount or the same type of support.

What's next? Steps toward supporting equitable outcomes

While the WASH sector is turning attention toward equitable sanitation outcomes through support mechanisms, application of support mechanisms must become more systematic, evidence-based, and sustained. Below we offer steps that practitioners, researchers, and policy-makers can follow in the near-term to accelerate the sustained achievement of sanitation for all in all forms of sanitation programming and service delivery. Each of these points should be considered in light of the 'principles to ensure people who may be disadvantaged benefit effectively from sanitation programmes and processes' listed in [Part 1](#) of this issue.

- Create specific targets for programmes and service delivery to achieve area-wide open defecation free status with equitable progress made across all groups.
- Consider whether conditions are favourable for a conventional CLTS approach, or if additional support mechanisms are needed for disadvantaged groups.
- Work with local authorities, and advocates and representatives of disadvantaged groups, at all stages of the intervention, upholding principles of respect and do no harm.
- Develop key monitoring and evaluation indicators or approaches for ensuring everyone can access and use a hygienic toilet.
- Budget and plan for the collection of disaggregated data to monitor and verify equitable progress toward and beyond ODF, and make plans for how the data will be used.
- Involve the local government and other sector actors in the design, implementation, and monitoring of support mechanisms, making clear plans for how support mechanisms can be institutionalised with transparency and accountability.
- Develop a suite of support mechanisms that can be implemented together to complement one another, in particular combining financial mechanisms with other support mechanisms.
- In the design of support mechanisms, manage the programme costs and complexity of implementing these mechanisms so that they can be institutionalised and taken to scale.
- Design support mechanisms and implementation processes that are understandable to the communities, and seek their involvement in decision-making about how to employ these mechanisms and who should be supported.

- Consider steps beyond ODF and think about how disadvantaged groups will be moved toward safely managed sanitation.
- Form partnerships between implementers and researchers to create evidence to determine which mechanisms work in which contexts.
- Document findings on success and challenges associated with supporting equitable outcomes, including how to best include the knowledge and experiences of disadvantaged groups, and share them widely with the sector such as through the CLTS Knowledge Hub website (www.communityledtotalsanitation.org).

Further, there are areas that require more research or careful thought in the WASH sector in order to better inform next steps on equitable rural sanitation programming and service delivery. These include:

- Common evaluation indicators for measuring equitable progress toward achieving SDG 6.2 targets.
- Disaggregated data to track differential progress toward achieving sustained use of hygienic sanitation facilities.
- Evidence of when it is appropriate to introduce support mechanisms versus employing conventional CLTS interventions.
- Evidence of which combinations of support mechanisms work for different disadvantaged groups in varying contexts.
- Evidence of appropriate timing on when to introduce support mechanisms, especially financial and hardware consumer subsidies.
- Strategies for efficient verification of consistent toilet use across individuals, including where shared sanitation is used.

Summary of key learnings

1. Emerging experience shows that rural sanitation programmes often fail to adequately reach the most disadvantaged groups. Support mechanisms can help ensure that no one is left behind.
2. Support for disadvantaged groups is not always strictly 'hardware' or 'software' – they often need to be effectively blended.
3. There is limited documentation of experiences and evidence of outcomes for support mechanisms, especially in African contexts. Planning and allocating budgets for monitoring outcomes and impacts and sharing lessons learned is critical to strengthening the evidence base for the design of effective support.
4. Successful use of support mechanisms means that improved sanitation reaches and is used by everyone in an entire area, the enabling environment is strengthened, improvements in one area do not hinder progress in others or undermine markets and support mechanisms can be feasibly scaled up.
5. When identifying disadvantaged groups for support, it is important to question assumptions about who needs what kinds of support and to draw on evidence. Identification should be viewed as an ongoing process that is monitored and evaluated to ensure that the intended recipients are receiving the support they need.
6. There are trade-offs in simplicity, transparency and comprehensiveness when it comes to identifying groups to support, implementing support mechanisms and monitoring the equality of outcomes.
7. There is no 'right time' to introduce support mechanisms – it depends on the nature of the mechanisms and the context. Ask critical questions about the advantages and drawbacks of introducing mechanisms at particular times.
8. Make the most of collected data and documented experiences by designing processes to incorporate them into the planning of subsequent interventions and by sharing lessons learned with the wider WASH sector.

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Issue 12: Myers, J. (ed) (2019) 'Rural Sanitation in Africa: Challenges, Good Practices and Ways Forward'

Support mechanisms to strengthen equality and non-discrimination (EQND) in rural sanitation (Part 2 of 2)

Achievement of adequate and equitable access to sanitation for all, and an end to open defecation, requires that special attention is given toward disadvantaged groups. It has become apparent that the benefits of conventional rural sanitation programming and service delivery are often not spread equally, and risk leaving disadvantaged groups behind. This issue of *Frontiers of CLTS* examines the potential of support mechanisms designed to help disadvantaged groups access and use hygienic toilets in driving more equitable rural sanitation outcomes. It covers the latest thinking on the opportunities and challenges of support mechanisms, and explores what works remains to be done.

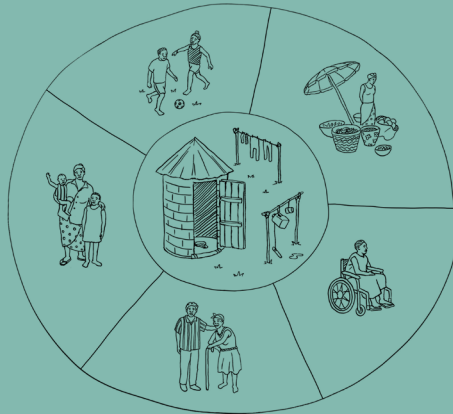


Illustration by Jamie Eke



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