Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability

Rising up to the SDG Ambition

A Call to Action

OCTOBER 2019

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 the most vulnerable hardest – women and girls are affected disproportionally by poor access.

Making sanitation and hygiene a political priority and investing the required resources remains a struggle for many countries. At the same time, donor expenditure for basic sanitation has been declining since 2015. Although successes have been achieved, past programs have not yet managed to deliver equitable and sustainable results at scale.

Plan International UK, SNV, UNICEF, WaterAid, the World Bank and WSSCC are calling on all stakeholders to renew their commitment to rural sanitation and hygiene and step up their ambitions and investments. Going forward, we call for the use of the following five principles to underpin rural sanitation programs:

1. **GOVERNMENT LEADERSHIP:** Programs are led by national and local government, who display strong political leadership, backed with human and financial resources.
2. **STAKEHOLDER ALIGNMENT:** All stakeholders align with strategies and plans agreed at national and local level and work in a coordinated way, strengthening government systems.
3. **AREA-WIDE PROGRAMMING:** Programs are designed to reach all within a given jurisdiction, at home and in public institutions, building on available institutional capacity and resources.
4. **INCLUSIVE SOLUTIONS:** Programs strive to understand which communities and individuals are at risk of being left behind and take measures needed to address such inequalities.
5. **EVIDENCE-BASED AND ADAPTIVE IMPLEMENTATION:** Programs are informed by the context, adapt and combine approaches based on what works where, and use learning loops.

We specifically call on:

- **GOVERNMENTS** to set ambitious targets, display political leadership, invest the necessary resources, and build in review processes to overcome obstacles and ensure inclusion;
- **DONORS** to increase their investments and support, allow for longer time-frames, stimulate innovation, and focus on equitable results and systems strengthening;
- **DEVELOPMENT PARTNERS** to foster government leadership, strengthen local capacities, increase coordination, tailor approaches to context, and learn and adapt constantly.

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We Need a Renewed Commitment for Rural Sanitation and Hygiene

Sanitation is a recognized human right and is critical for people's wellbeing, education, health, economic growth, and climate resilience. At the start of the century, governments, development partners, and civil society actors expressed their commitment to this right with the inclusion of sanitation in the Millennium Development Goals. A strong momentum for sanitation was created, and 2008 was declared the International Year of Sanitation.

Under the Sustainable Development Goals, a new target was established, calling for universal access to adequate and equitable sanitation and hygiene, for increasing the focus on women and girls, and for ending open defecation by 2030. Despite this, global momentum seems to have plateaued, or even slowed down. Some countries have made substantial progress in rural sanitation and offer inspiring lessons. Yet in most countries ambitions for ending open defecation have weakened and targets pass silently without sufficient efforts to accelerate progress. Regional sanitation conferences are losing vibrancy and receive less political attention. Ending open defecation by 2025 would cost in total US$ 3.6 billion, and the costs for toilets and safe excrete management in rural areas only are estimated at US$ 24 billion annually[1]. However, in recent years, donor expenditure on basic sanitation have declined from US$ 225 million in 2015 to US$ 217 million in 2017[2] and remain grossly inadequate. Only six percent of countries have prepared rural sanitation plans with the financial backing to implement them[3].

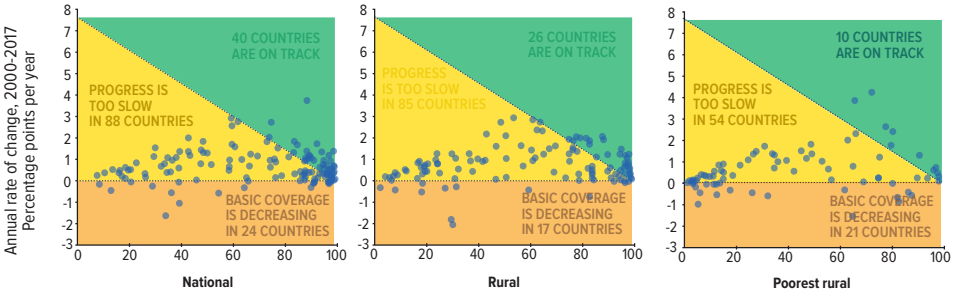


Photo by The World Bank Group

Lack of Basic Sanitation is a Rural Problem

Yet there are 2 billion people globally without basic sanitation services – a private toilet that safely separates people from excreta – and 673 million of them practice open defecation (2017[4]). This has a profound impact on children, women and girls and those in vulnerable situations, who risk their health, safety and dignity without basic sanitation services. The sanitation crisis is most acute in rural areas, home to 91 percent of those defecating in the open and to 72 percent of those without basic sanitation. In developing countries, 80 percent of the extreme poor and 75 percent of the moderate poor live in rural areas[5]. In 2017, only 27 percent of the population in least developed countries had basic handwashing facilities with soap and water, with access in rural areas lagging behind urban[6]. Globally, in 2016, one in three schools lacked a basic sanitation service, and in 2017, one in five health care facilities had no sanitation service[7] and one in six had no handwashing facilities. Unsurprisingly, this lack of service is concentrated in rural areas[8]. Of the 62 countries with substantial[9] levels of open defecation, only 18 are on track to become Open Defecation Free (ODF) by 2030. Only a few countries make enough progress to get close to universal access to basic sanitation in rural areas by 2030 and progress for the rural poor is even worse (see Figure 1). With these trends, the goal of universal access to basic sanitation won't be reached until 2043[10] and universal safely managed sanitation will only be realized in the 22nd century.

FIGURE 1. Progress towards universal basic sanitation services by national, rural, and poorest wealth quintile (2000-2017) among countries with <99% coverage in 2017.



Source: UNICEF and World Health Organization (2019).



Photo by WaterAid/ Ernest Randriarimalala



Photo by SNV

What Have Been the Barriers to Success?

Political prioritization and resourcing: While there are a few notable exceptions, most governments struggle to prioritize rural sanitation in the national agenda and to make progressive financial commitments. In 2017, 90 percent of countries reported insufficient financing to meet national targets for rural sanitation, and 73 percent had no financing plan that was consistently followed[11]. Weak institutional structures for rural sanitation and hygiene also hamper effective resource mobilization.

Ability to show lasting at-scale results: Poor results from prior investments may be a compounding factor to sustain commitments for rural sanitation. Programs have struggled to demonstrate results at scale with quality and equitable outcomes. The ability of countries to sustain any gains achieved remains a real concern. This further undermines the already fragile political backing for rural sanitation and hampers mobilization of resources.

Blanketing single approach "blueprints": Over the past decades, rural sanitation programming has seen a shift from construction-driven approaches towards social mobilization and behavioral change approaches, including, among others, Community Led Total Sanitation (CLTS). Market-based approaches have gained momentum. While these innovations have been an important step forward, they present mixed outcomes[12, 13, 14]. A systematic review showed that most sanitation interventions only had a modest impact on increasing latrine coverage and use, averaging a 14 and 13 percentage point increase respectively[15]. Applying a blueprint of single approaches across large areas, or even countries, does not work everywhere, all the time, and is simply not enough to reach everyone.

We Must Focus on Scale, Equity and Sustainability

To reinvigorate the rural sanitation agenda, we need to make a concerted and urgent effort to prioritize rural sanitation and hygiene and ensure that programs can deliver scale, equity and sustainability.

- **SCALE** is about making a significant contribution to achieving universal access to and use of sanitation and hygiene within the 2030 timeframe, while maintaining quality.
- **EQUITY** means reaching disadvantaged populations and ensuring equitable and inclusive sanitation and hygiene outcomes.
- **SUSTAINABILITY** entails looking beyond access towards the strengthening of the systems for long-term support to and resilience of rural sanitation services.

We, the underwriters of this Call to Action, believe that rural sanitation and hygiene programs are more likely to achieve such outcomes when they are rooted in the five principles described below. The principles are based on evidence from good practice, have been at the basis of several existing programs, and present an emerging consensus.

To radically accelerate progress, these principles need to be mainstreamed and upheld. To show our commitment to working together and bringing about this shift, Plan International UK, SNV, UNICEF, WaterAid, the World Bank and WSSCC are putting forward this Call to Action and urge other institutions to join us.

Our Commitment to Five Principles for Rural Sanitation Programming

In our efforts to accelerate rural sanitation progress, we are committed to the adoption of the following five principles in our engagement:

1. **GOVERNMENT LEADERSHIP:** Programs are led by national and local governments who display political leadership, define priorities and targets, co-invest resources, provide staff and administrative support, direction, and continuous oversight. These roles are critical even when governments are not the main implementing entity in a given jurisdiction. Other stakeholders follow and strengthen that leadership, while engaging in a constructive dialogue to address any gaps. Programs aim to build capacity to implement, learn, and adapt to achieve results.

* Without fostering government leadership, there is a risk that partners put accountability to their funders first. The pressure to deliver narrowly defined results may lead to "working around" government or to superficial or temporary partnerships. Instead, partners should strive to deliver through government systems in order to contribute to sustainable sanitation and hygiene services.

2. **STAKEHOLDER ALIGNMENT:** All stakeholders align with strategies and plans agreed at national and local levels, and work in a coordinated way. This requires a deliberate effort on the side of partners to strengthen systems and for governments to lead coordination and cross-sectoral dialogue to build consensus and synergies.

* Uncoordinated interventions in a given area (e.g. a district, province, region) can create inefficiencies, duplication and perverse incentives, thereby hampering progress. This typically happens when different ministries work on rural sanitation in different ways, when national and local entities have conflicting approaches, and when partners work in an isolated or competing manner. Overcoming such institutional dynamics requires conscious efforts to change mindsets, adjust funding modalities and streamline operations.

3. **AREA-WIDE PROGRAMMING:** To optimize health outcomes and realize everyone's right to sanitation, programs are designed to reach all in a given jurisdiction or area. They build on the available institutional capacity, systems and resources. Partners and national agencies work with mandated authorities for sanitation and hygiene and strengthen systems at the local level. This includes planning, human and financial resourcing, implementation and monitoring, and enabling local markets. It also means delivering sanitation and hygiene beyond the household, encompassing schools, health centers, and public spaces, and coordinating different funding streams and stakeholders responsible for service delivery in social institutions.



Photo by WaterAid/ Ernest Randriarimalala

* There is a danger that rural sanitation and hygiene interventions are implemented in a piecemeal manner, with a focus on low-hanging fruit, and without addressing sanitation and hygiene in schools and health centers. Area-wide programs require interventions to be tailored to hard-to-reach remote settings, at one end of the spectrum, to rural growth centers with semi-urban characteristics at the other end. An area-wide approach requires creativity, tailoring and additional efforts to achieve effective multi-stakeholder coordination to maximize the strengths of all.

4. **INCLUSIVE SOLUTIONS:** Programs strive to understand which communities and individuals are at risk of being left behind and collect data in this respect. Well-informed strategies, dedicated engagement mechanisms, tailored technology options, and targeted incentives are put in place to address such inequalities.

* Even the most successful rural sanitation programs have struggled to respond to the needs of the poorest and specific vulnerable groups. A short-term focus on access ignores such complexities. While equity is implicit in the notion of "universal" access and in the area-wide principle, we need to make it explicit. Inclusion needs to be deliberately resourced such that the extremely poor, people with disabilities, people excluded based on caste, religion, ethnicity, location, gender, or other identity markers are fully taken into account. There is no justification to continue ignoring women's and girls' sanitation and menstrual hygiene needs at home, as well as in schools and health care facilities.

5. **EVIDENCE-BASED AND ADAPTIVE IMPLEMENTATION:** Programs are informed by a good understanding of the geographic, cultural, socio-economic and institutional context and the best available evidence of what works where. They adapt and combine approaches and build in frequent feedback loops to course correct, using learning reviews and monitoring systems.

* Due to institutional preferences, inertia, organizational incentives or inflexible financing mechanisms, programs may end up using a rigid narrow-focus "blueprint" approach. In a context of uncertainty, monitoring systems are critical for learning, adjusting, and responding to emerging challenges. Learning and adaptation requires deliberate planning of time, capacity and resources, as well as the associated enabling financing and reporting structures.

These five principles draw on and are aligned with the Sanitation and Water for All building blocks and collaborative behaviours[16].



Photo by WaterAid/ Ernest Randriarimalala

Our Call to Action

To realize the right to sanitation, accelerate progress, and deliver scale with equity and sustainability, we call on all stakeholders to renew their commitment to rural sanitation and hygiene by stepping up their engagement using the five principles presented. We specifically call on:

» **GOVERNMENTS** to state their ambitions for rural sanitation and hygiene, to set ambitious targets, to display political leadership from the top to the local levels, and to back this with human and financial resources; to build in multi-stakeholder review processes to tackle obstacles and learn how to reach those left behind.

» **DONORS** to make long-term commitments for investment and support, recognizing the value of sanitation in its own right and in support of broader human capital gains and resilience; to acknowledge that one-off initiatives won't provide equitable and sustainable results; to increase their funding and alter their modalities, allowing for longer time-frames, innovation, and a sharp focus on equitable results and systems strengthening.

» **DEVELOPMENT PARTNERS, INTERNATIONAL FINANCIAL INSTITUTIONS, AND CIVIL SOCIETY** to recognize and foster government leadership, and ensure that their efforts strengthen local capacities for sustainability; to adopt the five principles, increase coordination, and tailor approaches to context, and to learn and adapt constantly.

Finally, to offer inspiration, we share some case studies from around the world, illustrating different journeys to address the rural sanitation and hygiene challenge.



Photo by WaterAid/ Ernest Randriarimalala

Case Studies

Nepal

In 2009, a deadly cholera outbreak in the then Mid-Western Region of Nepal prompted the regional administration and its water and sanitation directorate to move into action. Political leaders and administrators were mobilized in all districts of the region, and in 2010, signed a joint commitment to move forward in sanitation, mobilizing "multiple levels, multiple sectors" through sanitation conferences. Among the principles were: making maximum use of local resources and working area-wide. These conferences, in various forms, became an effective tool in the subsequent years to build momentum for a government-led, politically-supported, "social movement" across the country at the village, district, region, and national levels. Broad WASH committees were established at all administrative levels, involving representatives from nearly every sector, civil society and from a diverse political spectrum. The Mid-Western Region demonstrated that results at scale could be achieved through this approach, showing a 7 percentage point increase in access to sanitation within a year.

This inspired the government of Nepal to set a clear course through its Sanitation and Hygiene Master Plan, endorsed by all partners in 2011. Sector stakeholders acknowledged that the heavy investment in subsidies for sanitation had not led to any meaningful increase in sanitation access, and it was agreed to adopt no-subsidy as the basic principle, with locally developed support mechanisms for the most vulnerable groups. Through strong national leadership and a consensus on the principles and direction, local sanitation movements and campaigns helped increase sanitation access from 31 percent in 2010 to country-wide in 2019. A focus on inclusion and understanding of local context allowed local WASH coordination committees to lead the process, mobilize local government budgets, coordinate partners' support and achieve tailored solutions to reach the vulnerable. Detailed planning informed resource allocations and a dedicated budget line and pooled fund for sanitation were created. Local leadership fostered learning and adaptive management, shared through regional and national platforms.

The strong foundations and committed efforts of all stakeholders in Nepal have overcome the setbacks of the 2015 earthquake, 2017 and 2019 Terai floods, crippling post-constitution political strikes, and country-wide restructuring from unitary governance to the federal system. Nepal has now achieved Open-Defecation-Free status, and the government plans an official declaration on September 30th, 2019. The country now continues its journey on sustaining and addressing a wider scope of behaviors under its total sanitation manifesto.

Kenya

While Kenya is still home to over 5 million people who are defecating in the open, substantial progress has been achieved in reducing open defecation from 18 percent in 2010 to 12 percent in 2017 (JMP data). In 2010, the new constitution of Kenya recognized water, sanitation and a clean environment as a basic human right. It assigned the responsibility for water supply and sanitation provision to 47 county governments, coming into force in 2013. With sanitation being an entirely new mandate for the counties, and a drastically changing role for the Ministry of Health, the -- perhaps overambitious -- target to achieve an Open Defecation Free rural Kenya by 2013 could not be met and enthusiasm stalled. In 2014, a first national sanitation conference was convened to instil a new sense of urgency and encourage counties to implement commitments in their ODF roadmaps. In 2016, the national government renewed efforts to support counties to meet their obligations on sanitation and hygiene. It aligned national policies and strategies with the new constitution, through the Kenya Environmental Sanitation and Hygiene Policy 2016-2030, Strategy and ODF Campaign Roadmap. A prototype County Environmental Health and Sanitation Bill was developed and used by counties as a guide to develop their own legislation. A National Bill to address long-standing legal ambiguities has been finalized and is currently under review by Parliament. National coordination, leveraging the critical contribution of a range of development partners, has allowed for effective support. While three counties have been certified as ODF, the National 2020 ODF target will not be achieved.

Moving forward, the government of Kenya has recognized the challenge of area-wide sanitation provision across the urban, peri-urban, small town and rural spectrum. Nakuru county developed a County-Wide Inclusive Sanitation approach, bringing all sectors, stakeholders and interests under the leadership of County Governor and the joint patronage of County Ministers for Health and Water. The Government of Kenya is now considering the replication of this approach in support of the SDGs.



Photo by SNV

India

In 2014, the Government of India launched "Swachh Bharat Mission-Gramin" (SBM-G) or Clean India Mission – Rural. The goal was to make rural India Open Defecation Free by October 2, 2019 – the 150th birth anniversary of Mahatma Gandhi. The government has reported 100 million toilets being built and over 500,000 villages declared ODF[17]. This transformation is triggered by the so-called four Ps: *Political leadership, Public funding, Partnerships, and People's participation.* Top-level leadership from the Prime Minister, backed by US$20 billion in funding, and human resources at various levels were key ingredients to the success. Incentives for those in charge of sanitation were aligned to prioritize sanitation: performance under the SBM-G became an indicator that shaped career advancement of chief ministers, district magistrates and civil servants. District officers, village leaders and local committees championing SBM were visited by relevant authorities and publicly recognized. The Prime Minister awarded top-performers in national ceremonies. The government partnered with development partners, private sector entities, philanthropic organizations, religious leaders, youth, and women, and made sanitation everyone's business. Influencers and celebrities, including famous Bollywood stars, became champions and helped turn SBM into a powerful movement. SBM successfully aligned different government programs and ministries behind a grand vision, focusing on time-bound targets.

Households were exposed to a locally-defined mix of community-based approaches, including school rallies, monitoring by village-level committees, and sanctions for those practicing open defecation, combined with comprehensive social media and behavior change communication at the local level. Generous cash incentives were provided to poor and vulnerable households, usually delivered once households had built toilets that were durable and matched people's aspirations.

Progress is monitored using a comprehensive and publicly accessible online portal. Results-based incentives are delivered following an area-wide approach, for achieving and sustaining Open Defecation Free status at various levels. The area-wide approach included households, public toilets, as well as nurseries, schools and health centers to achieve sustained health and social benefits. SBM also tried to address the needs of people with disabilities, as well as women and adolescent girls, issuing guidelines on accessibility of toilets and to support menstrual hygiene management education.

There were multiple formal and informal mechanisms for learning and adaptation, ranging from monthly leadership video conferences to review progress, peer visits, and an online knowledge-sharing portal called "Swachh Sangraha" to WhatsApp groups that cut across hierarchies and allowed almost immediate feedback loops, adaptive implementation and recognition of success. This has led to deliberate sharing of experiences among states and districts, and innovations to be adopted faster.

Going forward, the government is focusing on the sustainability of ODF outcomes and solid and liquid waste management, through its 10-year vision called "Realisation of Sampoorna Swachhata by 2029".

Tanzania

Under the leadership of the President's office, different ministries are working together to implement the National Sanitation Campaign (2016-2020) in both urban and rural areas, and public places (health care facilities, schools). A national behavior change communications campaign "*Nipo Tayari*" ("I am ready") has been launched in pursuit of universal sanitation and hygiene by 2025. The National Sanitation Campaign uses an area-wide approach, already implemented in 14 districts, with the support of various partners. The campaign engages a broad group of government and non-government stakeholders, builds political commitment at the local level, leverages resources**,** and develops the capacity of local authorities to implement and monitor district-wide sanitation plans. Progress is reported through the national management information system.

At the district level, stakeholder forums have been established to foster engagement, sector alignment and collaboration, and at the community level, sanitation networks known as Jirani (neighbour) groups are formed with leaders for every 10-15 households. These groups provide effective community mobilization, monitoring, and reliable reporting on sanitation progress. They also mobilize the communities to sustain their ODF-status. With the establishment and the continuous strengthening of these systems, access to sanitation has increased, and open defecation has been reduced to less than 10 percent in these fourteen districts. The Jirani sanitation groups, informed by evidence from door-to-door surveys, have played a pivotal role in understanding which households have or have not adopted safe sanitation practices. This segment consists of geographically and socially marginalized households (e.g. single mothers, extreme poor), but interestingly, the large majority are "defiant" households, who have the economic resources to build latrines, but prefer not to do so. This local understanding is now being transformed into piloting innovative and targeted measures to motivate and reach these "last mile" households. Results and learning will be shared to adapt and scale up similar evidence-based approaches in other districts.



Photo by SNV

Endnotes

1 Hutton, G. and Varughese, M. (2016) The Costs of Meeting the 2030 Sustainable Development Goal Targets on Drinking Water, Sanitation and Hygiene. World Bank. Water and Sanitation Program, Washington.

2 OECD CRS (2019) Gross Disbursements from Official Development Assistance. Dataset: Creditor Reporting System. Accessed at stats.oecd.org on 01/08/2019

3 World Health Organization and UN-Water (2019) UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2019 report National systems to support drinking-water, sanitation and hygiene - Global status report 2019. Geneva.

4 UNICEF and World Health Organization (2019) Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities. New York.

5 Castaneda, A., Doan, D., Newhouse, D., Nguyen, M., Uematsu, H., Azevedo, J. (2016). Who Are the Poor in the Developing World? Policy Research Working Paper, No. 7844. World Bank, Washington, DC.

6 UNICEF and World Health Organization (2019) Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities. New York.

7 UNICEF and World Health Organization (2018) Drinking water, sanitation and hygiene in schools: Global baseline report 2018. Geneva.

8 UNICEF and World Health Organization (2019) WASH in health care facilities: Global Baseline Report 2019. Geneva.

9 This refers to countries with more than 5 percent open defecation.

10 WASHwatch (2019) Sanitation Map. Accessed at washwatch.org/en/wash-maps/sanitation-map/ on 10/09/2019

11 World Health Organization and UN-Water (2019) UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2019 report National systems to support drinking-water, sanitation and hygiene - Global status report 2019. Geneva.

12 Tyndale-Biscoe, Paul, Matthew Bond, and Ross Kidd. (2013). ODF Sustainability Study. Brighton, UK.

13 UNICEF (2013). Community-Led Total Sanitation in East Asia and Pacific: Progress, Lessons and Directions. UNICEF, New York.

14 USAID (2018) An Examination of CLTS's Contributions toward Universal Sanitation. Water, Sanitation, and Hygiene Partnerships and Sustainability (WASHPaLS) Project. Washington, DC.

15 Garn JV, Sclar GD, Freeman MC, Penakalapati G, Alexander KT, Brooks P et al. (2017). The impact of sanitation interventions on latrine coverage and latrine use: A systematic review and meta-analysis. Int Journal of Hygiene Environmental Health 220(2 Pt B): 329-340

16 www.waterandsanitationforall.org

17 Government of India (2019) Swachh Bharat Mission (Gramin) dashboard. Accessed at https://sbm.gov.in/sbmdashboard/IHHL.aspx on 12/09/2019