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FOR ALL IN A FAST CHANGING WORLD

Developing capacity for an integrated rural sanitation service delivery model at scale

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The delivery of sustainable WASH services involves moving beyond sanitation demand creation and building capacity for an integrated approach at scale with quality, whilst ensuring equitable outcomes. The Sustainable Sanitation and Hygiene for All Programme (SSH4A), is essentially a capacity building approach, supporting local government to lead and accelerate progress towards district-wide sanitation coverage with a focus on institutional sustainability and learning. Developed in five countries in Asia by SNV and IRC since 2008, its integrated model is now used by SNV in 15 countries, tailoring solutions in demand creation, sanitation supply chains, behaviour change communication and governance. The process has generated many lessons both within the country contexts and the sector, in particular related to scaling, capacity development and the integration of methodologies, which are described in this paper.

Introduction

In recent years, demand creation for sanitation has led to promising progress in rural sanitation, both in terms of increased government commitment and examples of successful approaches on the ground. Many of these approaches are inspired by sanitation demand creation approaches such as CLTS and are now increasingly integrated with supply side interventions such as sanitation marketing. However, the focus on sanitation demand creation and increasing access has led to relatively less attention being paid to behavioural change and questions are emerging around sustainability, equity and concerns of quality in rapid scaling up of demand creation activities. A more comprehensive approach is needed, in which strategies such as demand creation and sanitation marketing are embedded in longer-term processes that lead to sustainable service delivery models.

SNV has an ongoing rural sanitation and hygiene programme in 22 countries, supporting 1.47 million people to gain access to improved sanitation during 2013. SNV's development model is based on strengthening capacity through advisory services, knowledge brokering and evidence-based advocacy. Experience has shown that building capacity and leadership from the start is essential to ensure the sustainability and scalability of interventions. SNV's programmes are based on the belief that access to improved sanitation is a human right, and that national and local governments are the duty bearers for a progressive realisation of that right in their countries (national governments) or their jurisdiction (local governments). Therefore, the approach to rural sanitation and hygiene is a capacity building approach, supporting local governments to lead and accelerate progress towards district-wide coverage. SNV engages both at local level – strengthening capacities among local government, private sector and civil society for sustainable service delivery – and at national level – working with government and development partners to support sector reform. Presence at different levels of government not only creates synergies, but also facilitates learning with the ultimate aim of improving the overall performance of the sector.

An integrated model for rural sanitation service delivery

Developed since 2008 with IRC International Water and Sanitation Centre in Nepal, Bhutan, Cambodia, Vietnam and Laos, the SSH4A programme uses an integrated model that combines work on demand creation, sanitation supply chains strengthening, sanitation and hygiene behavioural change communication (BCC) and governance. The integrated approach is now implemented in over 15 countries across Asia and Africa. In Asia alone it has an outreach of 2.2 million and has increased access to improved sanitation for 400,000 rural people in 2013. The process has generated many lessons and good practices both within the country contexts and the wider sector, in particular related to scaling, capacity development and the integration of methodologies.

The integrated SSH4A model recognises a number of principles:

- Sustainable sanitation and hygiene is first and foremost about behavioural change.
- Whilst demand creation should come first, affordable hardware solutions (local or purchased) then need to be in place so that people are able to act upon their newly defined priorities.
- The need to develop capacities and approaches that can be scalable through a government-led district-wide approach, as opposed to an exclusive community focus.
- The need to reach all requires explicit strategies for inclusion.
- The need to innovate in hygiene promotion practice, linking this to the sanitation drive, but also embedding this practice in long-term health promotion.
- The need to have a long-term strategy to sustain sanitation and hygiene behaviour change, as opposed to one-off triggering and ODF-focused programmes.
- The need to measure small steps of progress including access to and the use and maintenance of toilets, changes in hygiene behaviours and practices as well as increased capacity of local stakeholders.

Outcomes are monitored using one shared performance monitoring framework for all countries where the programme is implemented. The programme has four integrated components supported by performance monitoring and learning as illustrated in Figure 1.

Figure 1. Sustainable sanitation and hygiene for all programme model

When increasing the scale of this programme simply doing more of the same (horizontal scaling) does not work. Support at different stages of progress (vertical scaling) is necessary. This paper describes how capacity is being strengthened, looking at the four integrated components. Capacity development is essential to contribute to improved performance, but needs to be understood at three levels. Firstly, at the individual level in terms of human resource development. Secondly at the organizational level focusing particularly on strengthening systems and work processes of key sector actors and stakeholders as part of organizational development. Finally, at the institutional level, which encompasses the wider enabling environment, focusing on policy and legal frameworks and collaboration among different stakeholders. While working on strengthening systems and work processes, the capacities of individuals can be strengthened at the same time. However, when individual capacities are strengthened alone, such as through training events, this does not automatically translate to better performing organizations.

Capacity for steering and implementation of sanitation demand creation

An important component of the approach is to build capacity for implementation of demand creation at scale and create momentum for change by promoting district-wide coverage. Implementation and steering activities – such as CLTS – are not necessarily done by the same people, nor do they involve the same capacities. While implementation requires strong community facilitation skills and a good knowledge of sanitation, steering involves working with different stakeholders, making agreements and setting benchmarks. Consequently, achieving this involves two main areas.

Firstly, building the individual capacity of CLTS facilitators to implement activities, taking into account differences between communities in terms of income, ethnicity, caste as well as leadership. One of the key lessons has been that more flexibility is required to adapt the demand creation approaches to address local differences and demand creation follow-up activities should include a focus on informed choice about sanitation technologies. Furthermore, facilitators need to give specific attention to addressing the needs of the elderly and disabled. Building the capacity of CLTS facilitators should not just take the form of a one-off training, but should include coaching, regular moments of reflection and learning from practice. Follow-up visits are essential to ensure ODF is achieved. For example, in Kenya SNV facilitated district-level learning and reflection for CLTS facilitators of both local government and line agencies in six districts (Tiwari, 2011). The learning involved on-the-job coaching, process monitoring (pre-triggering, triggering, post-triggering) and development of joint recommendations. As a result, the gap between triggering and post-triggering was detected and the number of ODF-declared villages increased noticeably once the number of follow-up visits increased. Consequently the approach was adopted nationally by UNICEF and the Ministry of Health in a further 20 districts.

Secondly, this component involves organisational capacity development in terms of working with local authorities at different levels (province, district, sub-district, community) to plan, organise and steer the demand creation activities. Some of the issues that need to be addressed in this process include: setting priorities and targets, harmonising the approaches, coordinating and seeking collaboration with the main implementing organisations and other organisations, enforcing agreements, ascertaining how to ensure outreach and what kind of support is needed from the district /sub-district level to achieve adequate outreach, monitoring of progress towards targets, and determining how quality and learning will be assured.

Depending on the context, these questions will have different answers. Figure 2 provides an example of the range of outreach and implementation strategies that countries use to scale up demand creation activities (Hardee et al, 2012). For example, in Nepal sanitation is characterised as a social movement, involving (under local government leadership) many types of organisations and individuals to ensure outreach to remote areas. Thus capacity is needed in terms of harmonising and steering. In many African countries, including Tanzania and Kenya, scaling is most effectively done in-house within the relevant Ministry, while in other countries, such as Vietnam, a strategic partnership was adopted between the line ministry and the women's union, who have greater outreach. In this case, capacity was developed not only in individual skills but also in terms of coordination, and integration into local (government) systems and work processes.
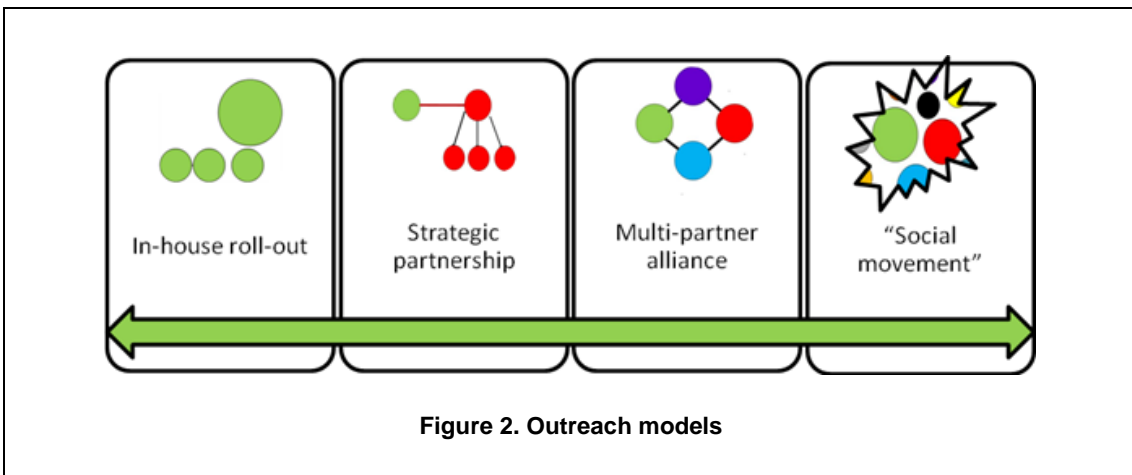

Figure 2. Outreach models

Capacity for sanitation supply chains and finance

The approach to this component is based on SNV's experience in value chain development and inclusive business, and integrates the work done on sanitation marketing by WaterSHED and IDE and business model canvases. The component includes consumer studies, sanitation supply chain analysis and business modelling to understand both supply and demand within the sanitation market. Done in partnership with local government agencies this increases not only the capacity to undertake this type of analysis, but also understanding of the potential barriers to private sector engagement and financing mechanisms, which supports the enabling environment. It also identifies supply side constraints in the sanitation markets that can potentially be addressed through business development activities with the private sector, in order to realise market-based solutions for the range of consumer needs and preferences (Kome, 2012).

From this analysis we found that constraints in the sanitation markets may lie in:

- A limited range of affordable and appropriate technology options for hardware and services;
- Lack of knowledge and informed choice, both on the consumer and supplier side;
- Lack of outreach of suppliers of toilet parts or services and/or limited accessibility;
- The fact that potential buyers need to visit several shops or suppliers for different parts and negotiate a price in each of them, making the buying process difficult;
- Lack of finance options for household sanitation purchases and for producers and suppliers (both for capital investments and working capital);
- Limited long-term viability of small businesses due to insufficient diversification;
- Poor quality of services and workmanship;
- Experience of masons being limited to specific technological options.

In terms of sanitation marketing, a lesson from SNV's work in Cambodia is the need to target different consumer segments. It was found that while the "Easy Latrine" would boost sales, it closer met the needs of middle to lower-middle class customers. Adjusted or alternative products (e.g. upgradeable toilets), combined with innovative outreach and financing strategies, are needed to reach lower-income groups. Another important lesson is around timing of demand creation and supply chain activities, which also relates to sector alignment and the capacity of steering sanitation by local line agencies. Firstly, for affordable supply to be available to households at the moment of triggering, work to improve the supply side should start well before triggering. Secondly, in many countries the right timing for demand triggering is seasonal and relates not only to accessibility of villages but also to households' availability of labour and money (Baetings et al, 2012). This means the production of hardware, such as rings and slabs, should take place during the harvest season, but this may not be possible due to seasonal labour shortages. In these cases, credit facilities for producers can be useful so that they can build up stock before the harvest season, to ensure that supply matches demand noting the inherent risk for the producers.

Capacity for behavioural change communication (BCC)

With the focus on CLTS and the MDGs, hygiene promotion is receiving even less priority by many local governments and actors, making planning and monitoring ODF-centred. In some cases, the promotion of handwashing with soap has become a simple add-on activity to post-triggering (Tyndale-Biscoe et al, 2013) This is a risk, as long-term hygiene promotion is essential for sustainability and sustained health benefits. Without the integration of effective long-term hygiene promotion, health benefits will be largely absent.

Hygiene promotion methodologies have evolved considerably over the past 5-10 years. There is now increased understanding that hygiene promotion should start from an understanding of behaviour and behavioural motivators, and that hygiene promotion can learn from advertising and other persuasive communication. However, at local government level most hygiene promotion is still characterised as "material centred" rather than "behaviour centred". This means that the bulk of attention, time and resources go into the production of materials (such as leaflets), while fewer resources are dedicated to understanding the specific motivators behind persistent hygiene behaviours. The most commonly used motivator for hygiene promotion at local level is still "health", which is rarely a sole trigger for behavioural change. Another challenge is that many hygiene promotion programmes aim to address too many behaviours at once, for example handwashing with soap, food hygiene, safe water handling, bed nets, etc. Even when hygiene messages are defined centrally, there can be a loss of quality due to limited understanding of local line agency staff. There is a need for local innovation in hygiene promotion practices and translating international insights into local understanding to achieve better quality results.

Since 2008, the programme has been working to introduce and build capacity in behavioural change communication methodologies at local level, with the active involvement of local and national agencies. SNV uses the work from WSP on Framework to Design Effective Handwashing Programs, FOAM and SaniFOAM, as well as barrier analysis (Devine, 2009). The approach with the line agencies consists of a participatory review of existing information, education and communication (IEC) or hygiene promotion work, definition of priority behaviours based on survey data, developing skills in formative research, development of BCC strategies, design of messages and campaigns and, finally, monitoring effectiveness. From this work, we have learned that local formative research involving stakeholders contributes both to a better understanding of behaviours and change in hygiene promotion practice. While the frameworks, such as FOAM, are helpful, their application requires strong support in the analysis phase. Without this support, the research findings are not translated into changed practice, but, rather, the same lists of activities (leaflets, workshops, etc.) are proposed. A start has been made to simplify the frameworks for local use, going through a first phase of limiting behavioural determinants. We have also learned that national line agencies are not necessarily better informed and may still have the same practice as mentioned above for local agencies. Exposure and engagement in the field is essential to change these attitudes towards hygiene promotion.

Capacity for WASH governance

An essential part of the SSH4A approach is to support local governments to make the shift from a village-focused triggering programme, to a coherent district-wide approach to service delivery for rural sanitation and hygiene. Common challenges occur when conflicting approaches are implemented within the same district or when there are insufficient resources to take the approach district wide. SNV uses a multi-stakeholder approach to overcome this by bringing together stakeholders at sub-district and district level to share their approaches and develop a sanitation plan for their district. Local government is supported to take the lead in planning and bringing together everyone, including non-government organisations, to take pride in incremental progress made in their district through effective outcome and impact monitoring using the governments systems. Local alignment has a huge spin-off, because many barriers for accelerating progress are found in having competing or contradictory service delivery models at the local level. Local alignment does not mean that everybody is engaged in all WASH aspects or does the same thing but it requires that there is clear communication regarding roles and responsibilities at different levels of implementation. Once a shared vision and plan is created this approach enables faster implementation, which has been clearly demonstrated in SNV's work in countries such as in Nepal, Kenya, Mozambique, Ethiopia and Cameroon.

A district-wide approach does not mean that the entire district will immediately become ODF, but it changes the dynamics and mindset of the stakeholders, which is ultimately the key to reaching full coverage. With a focus on villages, attention goes into the methodological details of triggering and handwashing promotion. As a result, the tendency is to go for the easier villages and to divide villages amongst stakeholders without addressing the bigger institutional picture that is essential for sustaining behaviour change. Joint district sanitation plans and the district focus incentivise stakeholders to discuss the needs and approach to reach different geographical areas (remote), poorer households and ensure best use of resources. It also sets clearer standards (e.g. ODF certification) and can reduce contradictions between the approaches employed by different stakeholders. It can also engage a much broader group of stakeholders as a district-wide commitment becomes a political commitment, rather than a concern of the health agency alone.

In addition to working on district sanitation plans, ODF certification and alignment, the WASH governance component of the SSH4A approach works with stakeholders on developing pro-poor support mechanisms. For this it is essential to facilitate dialogue between representatives of vulnerable groups and decision makers. Formative research is also used to gain a broader understanding of "subsidy", sanitation financing and the different dimensions of poverty impacting access, including labour and affordability, and tailor solutions. The process also increases visibility and awareness of the needs of vulnerable groups and is essential to integrate their specific needs into district sanitation plans and identify and strengthen existing local structures (Halcrow et al, 2014).

In conclusion

The discussions for the Post-2015 development agenda look beyond household access towards delivering affordable, accountable, environmentally and financially sustainable WASH services with equity (WHO et

al, 2013). This will require a move beyond rapid coverage towards professionalizing the sector and institutional sustainability in order to not only sustain behaviour change but also respond to future needs.

This does not simply involve ensuring that governments are informed of a programme being implemented, but that the responsible government authorities take the lead in driving the process and ensuring effective and sustainable implementation. At the same time, sanitation and hygiene efforts need to be embedded within local plans and budgets, thereby increasing local investment in sanitation, supported by national efforts in terms of setting policy objectives and allocating earmarked budget. Consequently, the SSH4A approach is focused on strengthening capacities within government and engaging stakeholders in an integrated sanitation service delivery model at scale. The current challenge in sanitation and hygiene therefore, does not only lie in identifying and integrating the right methodologies, but in building capacity for these methodologies at scale with quality, whilst ensuring equitable and sustainable outcomes.

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