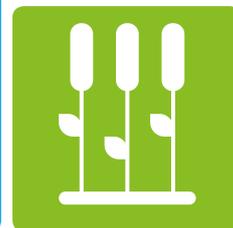


Sanitation approaches



Introduction

Inadequate sanitation leads to exposure to disease, lack of privacy and indignity. To overcome this ideally all households in a community would own and maintain a decent toilet¹. As well as considering the infrastructure, a good sanitation programme must ensure that people will be motivated to build or buy a toilet, that the materials and skills required for durable, hygienic toilets exist locally to the community, that the toilets are maintained and regularly used and that those who can't build their own toilets are considered and included. These elements of sanitation programmes are often addressed through a variety of behaviour change and community mobilisation approaches.

Which sanitation approach is appropriate to use may differ depending on the context: the culture, the population density, geography and the existing norms and policies. Some of the most commonly used approaches are outlined in this briefing note.

Rigorous research forms the basis of selecting an approach, or combination of approaches, as this provides a deeper understanding of the context and current behaviours. The most appropriate approaches will be able to work at scale, reaching everyone, including the most marginalised and will lead to sustainable, long-lasting change.

Whilst the desired outcome of most sanitation approaches is to change the behaviour around

the containment of faeces and to eliminate open defecation, there are obvious and unavoidable links with other hygiene behaviours such as handwashing, water treatment and menstrual hygiene management. This subject can therefore not be treated in isolation from hygiene behaviour change approaches or other elements of water, sanitation and hygiene programming.

1. A decent toilet is one that safely separates excreta from human contact.

Overview of approaches

There are two main categories into which sanitation approaches might fall: community-based and market-based. In general, community-based approaches are aimed at creating demand for sanitation services and technologies and are more commonly used in rural areas where the desired outcome is a household toilet often constructed by the household themselves. In more urban areas market-based approaches, aimed at building up supply chains and increasing demand through marketing, tend to work better. There are many contexts in which the best approach will be a combination of multiple approaches and the context will determine how the different approaches are combined to lead to the greatest change.

Community-based approaches

Participatory, community-based approaches allow organisations and governments to work with communities to arrive at sustainable solutions to development problems. They build self-esteem and a sense of responsibility, while placing the decision-making process at community level.

1. Community led total sanitation – CLTS

CLTS is a ‘no hardware subsidy’ approach to rural sanitation that helps communities to recognise the problem of open defecation and take action to become ‘open defecation free’ (ODF). This means that the entire community gains access to sanitation facilities and all faeces are therefore safely contained without financial support from outside of the community. It uses activities such as community mapping, walks and the use of the local equivalent of the word ‘shit’ – to generate disgust about open defecation, with the aim of ‘triggering’ a community into action. In some cases, communities have been less responsive to CLTS where there have been previous subsidies. Skilled facilitators are essential in carrying out triggering exercises in communities. CLTS has been trialed in urban areas where it is sometimes called Citizen Led Total Sanitation but there is ongoing debate about its usefulness outside of rural communities.



Harkar Bahadur Bal (husband of Laxmi Maya Bal) takes part in a community water and sanitation mapping meeting led by WaterAid local partner KIRDAC, Khareltok (Ward 6), Kavre, Nepal, 16 April 2016.

Credit: WaterAid/ Catherine Feltham

2. Participatory hygiene and sanitation transformation - PHAST

PHAST is based on the idea that as communities gain awareness of their water, sanitation and hygiene situation through participatory activities, they are empowered to develop and carry out their own plans to improve their situation. PHAST uses local languages, situations and perceptions in seven steps. Each step has between one and four activities, enabling groups to improve their community planning on sanitation and hygiene. PHAST requires skilled and experienced facilitators as well as in-depth training of community workers. Although this is time-intensive, community workers can become lasting assets to a programme and the community. It is important that PHAST has the full support of a community before being implemented.

3. Leader led total sanitation - LLTS

Leader led total sanitation was pioneered by WaterAid Burkina Faso in an attempt to accelerate access to sanitation in the country. It is a local fundraising initiative that complements CLTS and is based on the willingness of a leader (for example ministers, business owners or footballers) to be a sanitation change agent in their community. The leader must commit their own resources to subsidise toilets for those in need. Steps in this process include lobbying, a telethon and donation mapping, all aimed at motivating leaders to step up and then to follow through on their commitments.

4. Community Health Clubs - CHCs

Community health clubs are voluntary community-based membership organisations that aim to improve the community's health. The approach is based on regular meetings, facilitated by health extension workers who have been trained in participatory health promotion activities. They are open to anyone and encourage members to practice what they have learned at home through homework assignments and monitored home visits. CHCs are sociable and competitive. They increase learning and raise social status. They do not require literacy and aim to strengthen the position of women within the family and the community. They also reduce workloads for health extension workers and provide an important institutional link between members and government.

Market-based approaches

Market-based approaches to sanitation use theories developed for businesses for social good, combining demand stimulation through advertising and promotion with product development based on the needs and wants of users. These approaches assume that people both want and are able to change their behaviour.

5. Sanitation marketing – SanMark

Sanitation marketing views households as consumers rather than beneficiaries. The approach involves collaboration with private local businesses to deliver products that meet the needs of customers. On the supply side SanMark aims to increase the availability of relevant and aspirational sanitation products and to break down barriers to businesses entering the sanitation market. To increase demand for these products SanMark uses promotions and marketing based on research into the consumers' needs and desires and what they willing to pay for. SanMark is based on the "Four Ps" of social marketing: product, place, price, promotion and with sanitation there is the additional P of Policy.

Hybrid approaches

In order to establish the most appropriate combination of approaches in a given context a robust analysis is a vital first step. A variety of tools are available to collect the relevant data, for example, baseline surveys, formative research and a political economic analysis. The results of these, combined with good knowledge of all approaches, will help inform the programme design.



Credit: WaterAid/Nneka Akwunwa

Case study

Sustainable Total Sanitation (STS) – Nigeria

As mentioned in the introduction, sanitation approaches are best used in conjunction with one another, the blend being specific to a given context and based on strong formative research. This case study demonstrates the use of an adapted CLTS approach alongside Sanitation Marketing in Ekiti, Enugu and Jigawa states in Nigeria.

WaterAid Nigeria had been using a CLTS approach to rural sanitation for many years. An evaluation confirmed its effectiveness but also identified some gaps particularly around the quality of the toilets constructed as a result of triggering activities. As a result of this the STS project was designed to integrate targeted support to those involved with the supply of sanitation products and services (such as small business support, financing options and market promotion

activities) with effective, transformational demand generation within communities and households (including CLTS, public awareness and communications activities, alongside behaviour change communications on hygiene promotion).

The result of this project was the introduction of new products to the sanitation market based on in-depth market research and human-centred design. Artisans were supported to improve their business processes and to increase sales through “door-to-door” agents. A modified version of CLTS was successful in creating demand for the products where cultural or geographical closeness enabled community social pressure to work. This modified approach incorporated an introduction to local suppliers with the communities given access to artisans and products directly after triggering.



Market place sales event during STS project

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