

# The Missing Middle: Rural Growth Centres in Area-wide Sanitation

Proceedings on the learning event on Sustainable Sanitation and  
Hygiene for all (SSH4A)

Jirapa, Ghana

August 2019



## ABOUT SNV NETHERLANDS DEVELOPMENT ORGANISATION

SNV Netherlands Development Organisation is a not-for-profit international development organisation. We provide practical know-how to make a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. Our team of 1,300 is the backbone of SNV.

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This report documents the activities from the *learning event* organised by SNV Netherlands Development Organisation from 05-08 August, 2019. It was facilitated as part of the Knowledge and Learning component of the *Sustainable Sanitation for All – Rural* programme with support from the Australian Government’s Water for Women Fund, the Department of International Development of the United Kingdom (DFID), the United States Agency for International Development (USAID), and the Dutch Government’s Ministry of Foreign Affairs and Trade (DGIS). The event was attended by 54 participants (17 female, 37 male) from 16 countries.

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The following text is the unedited proceedings of the May 2019 Ghana learning event, WASH in Health Care Facilities. For more information, contact Anne Mutta, Multi-country programme manager of the UKAid-supported SSH4A Results Programme [anne.mutta@snv.org](mailto:anne.mutta@snv.org).

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# Abbreviations and definitions

# I. Background

## Sustainable Sanitation and Hygiene for All

The Learning Event was conducted through SNV's Sustainable Sanitation and Hygiene for All (SSH4A) programme. In Ghana, SSH4A is implemented in eight districts across four regions in the country: Chereponi, East Gonja, Jasikan, KEEA, Lawra, Nandom, Nanumba South, and Saboba. The learning event was held in Jirapa, the capital town of Jirapa District in the Upper West Region of Ghana.

The SSH4A programme was introduced in 2008 and now reaches over 10 million people in more than 12 countries across Africa and Asia. SSH4A is a collaboration between SNV, national governments and line agencies, and knowledge partners. It is a single framework tailored to each country context, with shared indicators for outcome and sustainability. The framework consists of five interconnected components. The first four – WASH governance, sanitation demand creation, sanitation supply chains & finance, and hygiene change communication – are illustrated in **Error! Reference source not found.**

Figure 1: Four components of the SNV Sustainable Sanitation & hygiene for All Framework. Source: SNV



The fifth component is focused on promoting exchange between countries: analysis, dissemination and learning; this learning event is part of the fifth component.

### SSH4A Learning activities

Learning activities are not a one-off event: they are a process. This learning activity included the following events:

- i. Preparatory online E-Group Discussions. These discussions took place between April and July, 2019. The purpose and outcomes of these discussions is articulated in Annex II of this report.
- ii. Learning Event Workshop. This was held in Jirapa, Upper West Region, Ghana. This report articulates the proceedings and outcomes of this event.
- iii. In-country follow-up (depending on country priorities) and included as the country "shopping bag" in this report.



## Learning Event Attendees

A total of 54 participants (17 women and 37 men) from 16 countries attended the Learning Event. It included representatives from seven countries that are currently implementing SNV's SSH4A Results Programme – host-country Ghana, Ethiopia, Kenya, Mozambique, Nepal, Tanzania, and Uganda. In addition, there were representatives from Bhutan and Lao PDR, where SNV is implementing the Beyond the Finish Line phase of the SSH4A programme with funding from the Australian Department of Foreign Affairs (DFAT), as well as from Cambodia, Benin, Burkina Faso, Rwanda and Zambia, where SNV is implementing sustainable sanitation and hygiene initiatives that are supported through other funding sources.

The event included representatives from the Programme Management Unit (based in Kenya), the SNV Global Support Unit (based in the Netherlands), as well as government representatives from Ghana, Bhutan, Kenya, Uganda, Lao PDR, and Mozambique. Other partner participants included a representative from the Ghana Fidelity Bank and the Water Aid's Head of Sustainable Services Program in Ghana.

A full list of participants is available in Annex 1

## Preparatory E-Group Discussions

A series of E-Group discussions were held between April and July, 2019, in preparation for the Learning Event and following the same theme of *The missing middle: rural growth centres in area-wide sanitation*. The discussion covered three topics:

1. What does an area-wide sanitation approach mean in different contexts?
2. Opportunities and barriers for sanitation in rural growth areas?
3. What needs to be done to fit rural growth centres in an area-wide sanitation approach?

A summary of each E-Group discussion is available in Annex II.

## II. Opening remarks

### Welcoming remarks

*Mr. Kwasi Peperah Nan*

Mr. Nan commenced the event by welcoming local and international government representatives, SNV country teams and support staff and invited Mr Thomas Adjei from the Ghana Fidelity Bank to provide an opening prayer.

### Welcoming address

*Mr Eric Banye SNV Country Sector Lead Agriculture*

Mr Banye welcomed the representatives from each country, and extended a special greeting to Mr Kweku Quansah, Deputy Director of the Ghana Environmental Health and Sanitation Directorate as well as the new SNV Country Director for Ghana, Mr Anjo Van Toorn, and the Nandom District Chief Executive Mr Thadeus Arkun. He further recognised that this meeting marked an important milestone for SNV and the program; with the SSH4A program having concluded in Ghana it is now time to ensure that the achievements of the program are maintained and expanded

### Introductory remarks

*Ms Ann Mutta, SSH4A Multi-Country Manager*

SNV's results-based financing for sanitation programming in Africa began in 2014. The program made good progress, with sanitation coverage increasing from around 15% in some areas to up to 95%. It became clear, however, that some people were being left behind. The program had developed strategies for both rural and urban sanitation, but what of those communities that were not really rural and not really urban? There was a need to think outside of the box to meet the needs of people in rural growth centres: those communities that are more transient or who don't feel like they belong to the area but still need sanitation services.

As the results-based financing program comes to end, need to make sure that the efforts reach this "missing middle". This learning event is an opportunity to share experiences. What are the gaps, what are the opportunities? What has been tried and tested?

*Mr. Anjo van Toorn, SNV Ghana Country Director*

SNV arrived in Ghana in 1992, with a focus on WASH, renewable energy, and agriculture. It has now grown to a staff of approximately 50 people. SNV has implemented several sanitation programs, including:

|         |  |
|---------|--|
| 2008-12 | School Health program on WASH                |
| 2010-14 | Sanitation market program (Japanese funding) |
| 2009-17 | SSH4A funded through DFID                    |

This includes also the project: From possible to profitable: micro and small business

In each of these programs, SNV has taken a **systems approach**, determining how best to work with different partners to provide all people with sustainable WASH services.

*Mr Kweku Quansah, Deputy Director, Environmental Health and Sanitation Directorate*

Mr Quansah conveyed greetings from Ministry of Environmental Health and Sanitation. Like the road from Accra to Tamale, the road to sanitation is long and sometimes bumpy. Sanitation is one of the 16 priorities of the current government. The Ministry of Sanitation and Water Resources is a new ministry, less than three years old. It was created in recognition of the impact of poor sanitation and water-related diseases. These issues affect all sectors including health, education, and tourism, and impact the national economy.

Ghana now a middle-income economy, resulting in a reduction of overseas development assistance. This reduction in external funding has created a need to strike up partnerships with organisation such as SNV. Through this partnership, it has been possible to deliver the very first ODF district in Ghana. It is important to document and share the experiences of Nandom, to help other districts achieve the same.

Almost 64% of the population still depend on shared facilities; there is a need to move to household facilities. How can we reach this missing middle? Since 2011, Ghana has developed a sanitation plan, focusing at district-level. The experiences of this plan will be shared throughout this workshop.

### III. Official opening

*Mr Thadeus Arkun, District Chief Executive of Nandom District Assembly*

Mr Arkun stated that he felt privileged to officially opening the event. Over the years, Ghana has had a responsibility to ensure that our environment is clean. SNV has worked alongside the government to ensure that the villages receive clean water and sanitation, and to help communities learn how to construct simple toilets to keep their environment clean.

We are all here to continue the learning process and identify the gaps and to support other districts to achieve open defecation free (ODF) status. The Nandom story is simple: many actors that supported the process, including traditional leaders, community leaders, assembly members, city executive, SNV, and others. We have celebrated our achievement and must ensure we don't relapse.

Nandom does not want to be the only district that succeeds in this endeavour. Our wish is that all other districts and countries can do what they can to achieve ODF status. We are here to learn from one another to ensure that we live in a world free from bad sanitary practices. Our actions and inactions can affect others.

All welcome to Jirapa district to work together to support the journey to making bad sanitary practices a thing of the past here and across the world.

### IV. Expectations of Participants by Country

*Ms Antoinette Kome, Learning Event Facilitator and SNV Global WASH Sector Coordinator. Presentation available in Annex 2*

The purpose of the learning event is to have reflection within each country team, outside the country team and then again within each country team. In this event, some country groups in this event are quite small – only one or two people. To facilitate meaningful participation, the smaller country teams were grouped with other countries with shared commonalities.

Prior to commencing Block I, participants from each country were invited to introduce themselves and each country team was asked to share two of their expectations for the event. These expectations are summarized in Table 1, below.

Table 1: Country expectations

| Country              | Expectations  |
|----------------------|---|
| Benin & Burkina Faso | <ol style="list-style-type: none"><li>1. To share experience s on how to integrate rural growth centres in sanitation program approaches</li><li>2. To understand how to scale up ODF program in order to maintain ODF (quality, quantity, sustainability)</li><li>3. To understand how to measure ODF program impacts on people's health</li></ol> |
| Bhutan               | <ol style="list-style-type: none"><li>1. To have a common understanding of the definition of the "missing middle"</li><li>2. To learn possible approaches to address the missing middle</li></ol>   |

| Country                   | Expectations  |
|---------------------------|---|
| Cambodia & Laos PDR       | <ol style="list-style-type: none"> <li>1. To understand the journey to ODF: what worked, what were the challenges, how to reach diverse populations?</li> <li>2. To learn about FSM strategies for rural areas and the involvement of the private sector in water and sanitation</li> </ol>   |
| Ethiopia & Kenya          | <ol style="list-style-type: none"> <li>3. To have a clear understanding of the characteristics of and approaches for addressing sanitation needs for vulnerable groups and market centres</li> <li>4. To understand the approaches and best practices to achieve access to sanitation in market centres and emerging towns</li> <li>5. To learn from the strategies used in Nandom District, Ghana</li> </ol>                 |
| Ghana                     | <ol style="list-style-type: none"> <li>1. Learn from strategies – how were you able to achieve area-wide sanitation and then sustain it; how to push people from basic ODF to next stage</li> <li>2. To learn about appropriate technologies and financing mechanisms</li> <li>3. Community entry and communication strategies for peri-urban centres: what strategies and channels have worked in other countries</li> </ol> |
| Mozambique & USA          | <ol style="list-style-type: none"> <li>1. To learn how to adapt CLTS or to find another approach for rural growth centres if CLTS is not effective within these communities</li> <li>2. Reflect on and learn how to revisit communities where CLTS has not worked in the first time. How to revisit or find another solution for those communities?</li> </ol>  |
| Nepal                     | <ol style="list-style-type: none"> <li>1. Approaches for landless households on government land and flooding</li> <li>2. Extending current model to address FSM, solid waste and drainage as issues.</li> <li>3. Identify solutions that consider climate change: resilience, constant change, flood/rain patterns climate resilience</li> </ol>  |
| Rwanda, Tanzania & Zambia | <ol style="list-style-type: none"> <li>1. Learn the best approaches to reach the missing middle</li> <li>2. Develop a common understanding of rural growth centres</li> <li>3. Understand and share the best technological options that are available for rural growth centres</li> </ol>   |
| Uganda                    | <ol style="list-style-type: none"> <li>1. To learn how other countries manage sanitation and hygiene in trading centres</li> <li>2. To learn from Nandom: what strategies did they use to achieve ODF?</li> <li>3. To obtain a clear understanding on how to proceed from here. Now that SSH4A has finished in Uganda, show do we continue to move forward and not leave anyone behind?</li> </ol>                            |

## V. Introduction to the learning event

The participating countries are all at different stages of their journey up the sanitation ladder: some countries are just starting, others have almost country-wide access to basic sanitation. The main expectations of the facilitator are to make this workshop useful to all, and that everyone can do something with the knowledge they get from the workshop when they go home.

There are many different sanitation projects supported by different donors. SNV has been thinking about the SSH4A approach since 2008. SSH4A assumes the logic that: **if** there is demand for sanitation, and **if** people can access sanitation services and supplies, and **if** they are supported when needed, and **if** there is effective behaviour change communication (BCC), **then** there will be sustainable sanitation for all.

In Africa, SSH4A started with eight countries in Africa in 2014. There is a lot of variation among these countries: some have very dispersed rural communities, some are experiencing changes in urbanisation - some very fast, and some more slowly.

Sanitation approaches should not be defined by the donor. Each country should think about what will work best in their own country and follow the practices that best suit their needs. In partnership with SNV, some countries have implemented all four of the SSH4A components, others are focusing on only one or two components, depending on what other actors are doing in the space. There is one framework, tailored to each country with shared indicators for outcomes and sustainability. Shared indicators allows the comparison of data within and among supported countries.

The learning component is not a single event, it is a process, including the preparatory EGroup discussions, the learning event workshop, and in-country follow up based on identified priorities.

There are nearly 600 participants in the EGroup discussions including SNV staff and program officers, and partners. These discussions are not limited to SNV programs; they are intended to promote an exchange of ideas

and to deepen our understanding of the opportunities and priorities for improving area-wide sanitation including Rural Growth Centres.

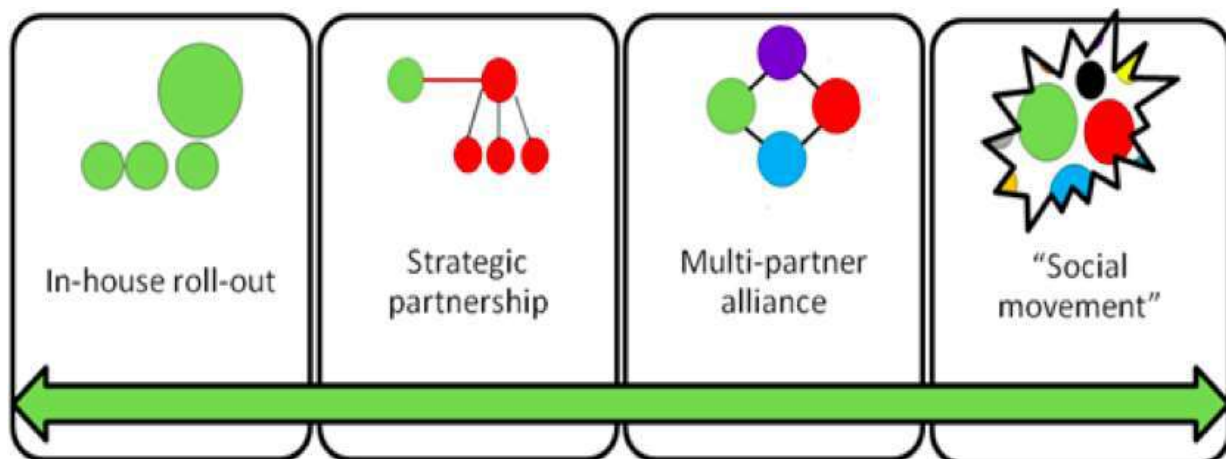
### Why area-wide sanitation?

On 30th September 2010 the UN Human Rights Council, responsible for mainstreaming human rights within the UN system, adopted a resolution affirming that water and sanitation are human rights under the **International Covenant on Economic, Social and Cultural Rights (ICESCR)**. Almost all the countries that are implementing SSH4A have signed the ICESCR, and governments are the duty bearers of progressive realisation of the right to access to water and sanitation in their areas.

Only area-wide sanitation confers the public health benefits of improved sanitation: poor sanitation in neighbouring areas can undermine sanitation efforts: flies do not discriminate, nor do they respect borders. Area-wide sanitation further creates a larger market, facilitating partnership with private enterprise, as well as creating social norms and expectations around sanitation. When done well, area-wide sanitation can also contribute to expanding good governance.

The EGroup discussions showed that outreach strategies to achieve area-wide sanitation varied from country to country, depending on their existing mechanisms. Existing country structures are difficult to change and there is value in identifying and working within existing systems. Some countries have strong existing government networks down to village or household level, such a cohort of village health workers within the Ministry of Health, which can provide an entry point for sanitation messaging. Other countries may form strategic partnerships with non-government organisations that have grassroots outreach, such as Vietnam’s Women’s Union. Still other countries may seek to work with multiple partners or to seek to engender a social movement where sanitation becomes “everybody’s business” (Figure 2). The strength of outreach depends on the numbers of people reached and the intensity of contact. Whichever outreach strategy is employed, consistent messaging is essential.

Figure 2: Types of strategic partnerships. Presented at SNV Learning Event, Ghana 2019.

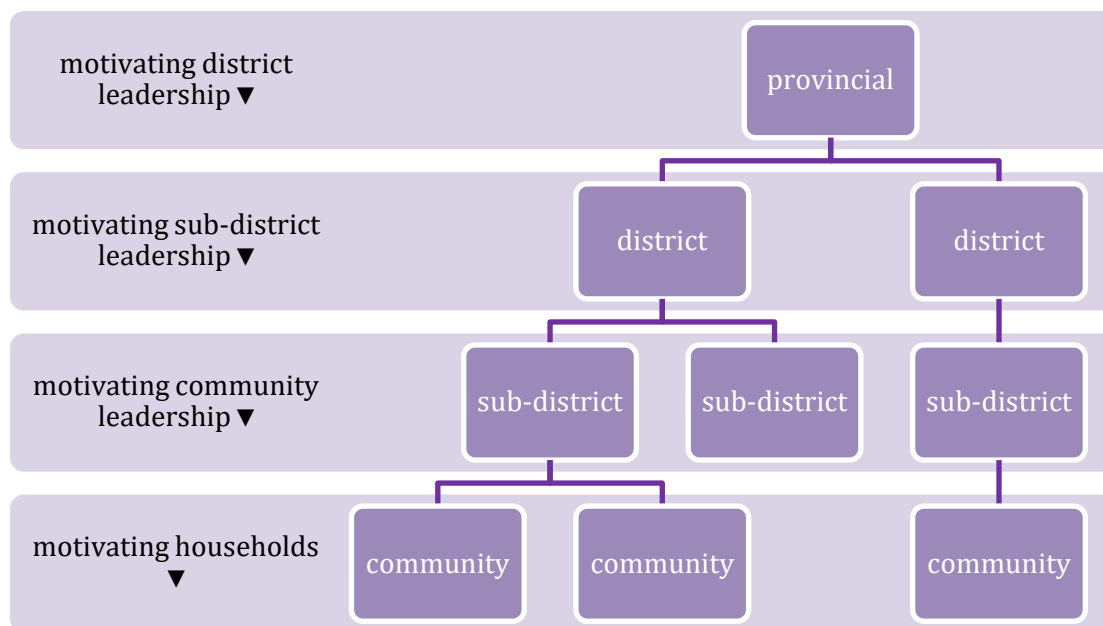


Linked to social outreach is the need to develop political drive for sanitation. How can these be developed? Once again there are many strategies, as evidenced through the EGroup responses:

- Laos, Cambodia, Burkina: having national plans and roadmaps
- Rwanda: separate sanitation policy
- Bhutan: sanitation in KPIs (performance indicators) of local government
- Tanzania, national sanitation campaign. Now with public pledge from local government, competitions and awards.
- Ethiopia: engaging political and administrative levels of government
- Zambia: sanitation summit, engagement of tradition leaders and ODF declarations in chiefdoms.
- Nepal: public commitments of all political parties, so that it could not be seen as the political agenda of one party.

Each strategy will rely on interconnected layers of political, administrative and traditional leadership: multi-level advocacy (Figure 3)

Figure 3: Model for multi-level advocacy. Presented at the SNV Learning Event, Ghana 2019.



## The Missing Middle

With our strategies focusing on improving sanitation in rural and urban areas, it has become apparent that there are populations that fall between these categories – they are not fully rural and not yet fully urban. This “missing middle” includes rural growth centres: areas that develop spontaneously, often around a market centre or other meeting point, or along highways, country borders and other liminal areas. These settlements are not planned or developed in any orderly way. The heterogeneous and transient nature of the populations in these centres make it more challenging to move to ODF, compared with village communities, who have stronger social ties.

### Workshop objectives

The objectives of this workshop were to explore strategies to reach this “missing middle”. Specifically:

- To learn about the different strategies for area-wide sanitation in the countries, and supporting diversity
- To exchange ideas and deepen our understanding of opportunities and barriers for sanitation in rural growth centres
- To develop strategies to improve inclusion of rural growth centres in area-wide sanitation.

The workshop is organised into five blocks:

- Block I           Area-wide diversity
- Block II           Rural areas and growth centres in Ghana
- Block III          Perspectives on area-wide sanitation
- Block IV          Ways forward for Rural Growth centres
- Block V          Country group session and wrap up

These blocks follow a logic, moving from a stocktaking and reflection characteristics of rural growth centres in each country in Block I, moving forward in Block II to an overview of Ghana’s approach to area-wide sanitation. Block III explores strategies and priorities to promote sanitation in Rural Growth Centres. Block V concludes the learning event, with Country Team sessions including reflections on the messages, strategies and feedback that each country will take home in their “shopping bag”.

In addition, there is a field assignment on Day 2. Three mixed-country teams are given the opportunity to each visit a different district, to meet with local government officials and the community and to visit a rural growth centre. Each group is tasked with interviewing different constituents, to elicit a testimony and develop a case study, in order to better understand the reality of SNV’s SSH4A programme in Ghana. The fieldwork is structured with a clear objective and a defined set of deliverables.

The proceedings of each block are described in detail in sections VII through IX of this report, with additional materials generated through the fieldwork available in Annex 3.

Figure 4: Workshop logic



## VII. Block 1: Area-wide diversity

### District settlement diversity

Single households need a different approach to water supply and sanitation management than, for example, larger settlements or small towns/rural growth centre. Currently, however, most guidance seems to be focused on ideal rural community with social cohesion. This guidance can still form the basis of sanitation strategies in rural growth centres, but it is essential that the differences between these two types of areas be considered.

Rural growth centres are themselves very diverse: some are recognised and include some level of planning and infrastructure, others are more informal, developing spontaneously. For those with some level of planning, rapid growth may mean that they may quickly outgrow existing infrastructure. Most rural growth centres do not yet have waste management services, although they may have institutions such as health centres or schools. A key challenge faced by these settlements is that they are rarely recognised as a town, with associated administration and budget entitlement.

Some rural growth centres are still sparsely populated, others are more densely packed and will require different sanitation technologies and methods of faecal sludge management. Most rural growth centres have a heterogeneous population, with people coming from many different areas, with different ethnicities, cultural backgrounds, religions and beliefs. This can present a challenge to develop effective sanitation messaging and to design strategies to reach each sector of these communities.

### Understanding the diversity within and between all countries

Following Ms Kome's presentations, each group was select one district that includes at least one rural growth centre. The groups were asked to describe the characteristics of the district and the rural growth centre, as well as the sanitation needs facing the rural growth centre.

A summary of each presentation is found, below.

### Ghana

#### Overview

Lawra Mun district in Ghana has a population of over 62 thousand people. It includes both rural areas and rural growth centres. Rural areas are characterised by settlements of 100 to 200 people. The populations are largely homogeneous and their needs include electricity, water supply, roads, and sanitation.

The rural growth centre of Babile was presented as an example of this type of community. Babile is a small town, located near the Black Volta River. It has a population of over 8 000 people, mostly Lobi, Dagaba and Hausa ethnicities. Their key needs include provision of a piped water system, budget allocation and financing for sanitation, access to appropriate latrine technologies, and technical support.

## Different approaches

The approach to improve sanitation varies depending on the type of community. For rural communities, there is a focus on engaging traditional authorities to provide leadership, as well as mobilizing the whole community. The identification and engagement of natural leaders further facilitates uptake of good sanitation and hygiene practices.

In rural growth centres, sectional triggering is employed, with separate triggering sessions for different cohorts, such as religious groups, community leaders, and landlords. Where possible, traditional leaders are also engaged. There is opportunity with a larger market for sanitation product. Demand for these products can be created through the use of mass media and community public announcement systems.

Table 2: Questions & Answers - Ghana

| Questions   | Answers   |
|---|---|
| On our way here, we saw many signs regarding CLTS; how was this achieved? | In the northern part of Ghana the CLTS approach is mandated. This approach uses local materials and communities form groups to choose the best option for themselves.   |
| Are people living together or do you group them and target together       | We use sectional triggering once the community is too large to get all together. Following sectional triggering, we also target leaders, such as Imam or other traditional leaders. When you bring landlords together and trigger them, they can also help to build facilities for their tenants. |

## Uganda

### Overview

The Uganda team selected Kakumiro district, which has been receiving support through SSH4A. Kakumiro district includes immigrant settlements, rural indigenous communities, and several rural growth centres. Sanitation needs differ between each type of community.

**Immigrant settlements** are usually found near the national borders, developing due to people entering Uganda to escape social or economic upheaval in their own countries. They tend to be poorer than other communities and unstable, shifting from one place to the next. It can be challenging to deliver hygiene and sanitation messaging to these transient communities. These settlements need tailored hygiene messaging, improved household stability, and access to appropriate technological choices.

**Rural indigenous communities** are characterised by spacious settlements and strong family structures. The villages, with populations of around 200 to 8000 people, have existed for generations. Their inhabitants are known as sons and daughters of the soil. The project teams works with parish leaders and village health teams to help to introduce the missing technologies, such as hand washing facilities and squat-hole covers. These communities need the use of follow-up MANDONA to enforce compliance, as well as clustering of households to facilitate continued messaging.

The rural growth centres have populations of around 5 000 to 10 000 people. They appear urban but, given that they have developed organically, there is no underlying physical planning. These areas need interventions tailored to their unique characteristics, formative staging, and use fo follow-up MANDONA.

Behaviour change communication (BCC) needs to be tailored to the type of settlement: BCC designed for indigenous villages, for example, would not work in immigrant settlements.

### Igazaya rural growth centre

Igazaya is a rural growth centre located in Kakumiro district. It has a population of over 10 000 people, around 70% of whom are immigrants. There is little physical planning or infrastructure. There is no piped water and the settlement has a low level of sanitation. This centre needs:

- A reliable water supply system
- A solid waste management system
- Implementation of an infrastructure plan



- Development of a town council, with associated budget
- Prioritisation of sanitation in budgets

The challenges are many for centres such as Igazaya, however, little attention is given to these areas.

## Lao PDR & Cambodia

### Overview

The group made up of participants from Lao PDR and Cambodia focused on Phalanxay District, in Laos PDR. This district has a population of over 13 thousand people, including three or four different ethnicities, all of whom also speak Lao. There are around 52 villages in this district as well as a District Centre. The District Centre has good infrastructure, including a health care centre and a central market, and is home to the Head of Administration for the district.

The rural area includes villages in areas with roads and more remote villages in areas without roads. The households in the rural areas with roads usually have a water supply. For those in areas without roads, the challenges are many. There is no electricity and the people living there have generally low education and low income. It is difficult to access these households with sanitation technologies. Approximately 80% of these households have no toilet.

### Rural growth centre

In line with their policy for people to be gathered in larger villages, the Government of Lao PDR has asked people living in remote mountain villages to move to the lower lands around the District Centre for easier access to services, including health care and education. Resettled communities are allocated some land, so that they can generate some income through rice growing or other agriculture.

## Zambia

### Overview

Kasama district in Zambia is comprised of 22 wards: seven urban and 15 rural. The urban areas are planned settlements, with around 20% connected to sewers and the remaining 80% using on-site sanitation. Of the on-site sanitation, approximately 30% are using septic tanks, with the rest using pit latrines. The key needs for the urban areas are sewer rehabilitation and extension.

Around the urban area, unplanned, peri-urban areas have developed. These areas have no sewerage system and rely exclusively on-site sanitation. The rural growth centres are unplanned, informal settlements. They are fluid and dynamic, appearing around shopping centres, along the highway, or in peri-urban areas. Sanitation facilities are of low quality and exclusively on-site, mainly pit latrines.

On-site sanitation needs, whether urban, peri-urban or in the rural growth centres, include, greater access to desludgeable pit latrines, safe and hygienic emptying services, and enforcement of sanitation guidelines

### Senga Hills rural growth centre

Senga Hills is an unplanned, informal settlement with a population of around 90 thousand. It is densely populated and situated along the main highway to Tanzania. This area has recently been declared a new district, with the rural growth centre named as its capital. Sanitation facilities are on-site and largely pit latrines, with a few septic tanks. The key need for this area is faecal sludge management, including

- Improved quality of sanitation facilities
- Introduction of safe and hygienic emptying services
- Introduction of safe and hygienic transportation of sludge
- Construction and use of safe and hygienic treatment and disposal facilities.

## Kenya

### Overview

The Kenya team focused on the sub-county of Kipkelion East (Londiani) in Kericho country. Kipkelion East has a population of around 143 thousand. Around 60% of the population live in planned rural areas, with homogeneous populations. The rural area is awaiting ODF declaration. In these areas, the main needs are replacement of full latrines, improved access to water, water treatment facilities and informed choices for new and replacement latrines. The planned urban area is home to around 10% of the population. CLTS and BCC have been the main sanitation approaches in the rural areas. The urban area has some sewers and some septic tanks, as well as on-site sanitation. Their key needs are improved and expanded sewers, safe and hygienic emptying of

full latrines and improved access to water. Sanitation interventions in the planned urban area have focused on BCC and focus-group discussions with landlords.

## Rural growth areas

In addition to the planned urban area, around 15% of the population are living in emerging, unplanned urban areas. There are some sanitation facilities in these areas but they are generally of low quality and often shared. People living in the emerging urban areas need improved access to water, access to toilets and informed toilet choices, and hygienic emptying services for existing latrines. Sanitation approaches in these communities use focus groups discussions, with an emphasis on legal policies. The remaining 15% of the population live in mixed, unplanned areas. These areas also need improved access to water and to appropriate toilet choices. Shared toilets are common and there is a need for information on how to share toilets hygienically. Focus group discussions are again the main sanitation approach for these areas.

## Bhutan

### Overview

Dagana is a district in the central region of Bhutan, with a population of approximately 25 thousand people. The district encompasses urban, semi-urban and rural areas, including temporary settlements and labour camps. There are approximately 94 households in the main rural growth centre, Dagbela. Dagana needs development of a sanitation strategy and strengthening of policies and guidelines, as well as greater access to improved sanitation and hygiene technologies. Faecal sludge management services are also required. To achieve improved sanitation, the district needs to raise awareness around sanitation issue and increase advocacy. In addition, stronger partnerships with local government should be developed, with clear roles and responsibilities.

These needs have catalysed the development of an appropriate framework, encompassing demand creation, supply chain and behaviour change communication.

### Dagabela rural growth centre

Dagabela grew from a natural business hub. Households are clustered so there is limited plot area for each household or individual. The settlement is unplanned, and as such has no dedicated budget. Many people have settled there only temporarily and there is a significant floating population. To facilitate sustainable improvements in sanitation, Dagabela needs to develop coherent investment and development plans, and engage in stakeholder consultation and sensitization and awareness raising.

## Nepal

### Overview

Dhanusha District is in the Terai region of Nepal, bordering India. It is geographically flat and densely populated. It has a population of around 600 thousand, with some 140 thousand households. Danusha includes five rural municipalities, 1 sub-metropolitan municipality and 12 urban municipalities. It is home to around 15 different castes. The rural villages are homogeneous, and the urban areas are more heterogeneous. There are approximately 20 rural growth centres that have developed around market places, along the Indian border, around various industries, and where services such as health centres and schools have been built. There is strong governance around sanitation. Each district has developed its own sanitation plan, building from a multi-stakeholder platform. Different approaches are used for rural and urban areas; rural growth areas tend to make greater use of rural approaches.

### Bahedabela rural growth centre

Bahedabela is a cross border market area. It is home to some 1 300 households and a substantial floating population. The majority caste is Yadav, but it is a mixed community with significant Sha and Musahar populations, as well. It suffers from poor drainage and water logging and is prone to flooding. There is little management of solid waste, including plastics and glass. There is need in this settlement for an increased number of public toilets to manage the sanitation requirements of the floating population, improved management of solid waste, and improved water quality to combat iron deficiency impacts. Safe and hygienic faecal sludge management services, with an emphasis on occupational health and safety issues are also needed. The high ground water level is an issue and the water quality should be monitored.

Table 3: Questions and Answers - Nepal

| Questions   | Answers  |
|---|--|
| What does the sanitation marketing and supply chain look like in Nepal? | Efforts have been made to link the community to the supplier, including to rural areas. Nepal has access to comparatively cheap materials due to its location between China and India. Poorer households choose single pit, richer ones usually choose a twin pit. |

## Mozambique

### Overview

Angoche district in Mozambique is a geographically diverse area, comprising beach land, islands and an inland area. It has a population of 300 thousand people and is mostly rural, with one town centre. Villages include around 50 to 100 households and the town has about 20 thousand households. The population is mostly Muslim, with some Christians, and there is a diversity of languages.

People living on the beach frequently use the water for open defecation, thinking that the sea will flush it away. Greater education is needed to change this practice. Those living on the islands have limited options for toilet technology, due to the sandy soils and rising sea levels. Many latrines collapse during the wet season. For people in this area, the walk to the beach for open defecation is a social activity – a chance to talk to others on the beach. Social norms such as this can be difficult to change.

### Namialo rural growth centre

Namialo is an administrative post and the main town centre. It is located on the main road from the north to the beach. It is near a river and also has a piped water system for most houses. It has electricity and the houses are largely conventional. The people living in Namialo come from many different districts and provinces and speak a mix of Portuguese and local languages. Most people work in the factories and have a middle income. Wealthier households have improved latrines with slabs. Mostly, people use shared latrines: latrines that are owned by one household but that allow three or four other households to use it. Most people still practice open defecation. There are high rates of cholera. The greatest needs for this community are more and improved latrines, that will not collapse during the wet season.

## West Africa (Burkina Faso, Benin)

### Overview

The West Africa group focused on Diabo Commune in Burkina Faso. Diabo has 42 villages, each with a population of around 200 people, and one town centre, with a population of around 1 500 people. The Centre includes several state offices, including a health centre, a school and college and a police station. There is only one focal point for WASH issues at the commune level. To date, 20 villages have been triggered, leaving a further 22 – including the Centre – still to be triggered. There are 17 villages that have been declared ODF.

### Diabo rural growth centre

The needs identified in the Centre include better access to different types of latrines, proper solid waste management, safe and hygienic faecal sludge management, a supply of drinking water, WASH governance at commune level and increased private sector involvement.

It is easier to trigger the villages because their populations are more homogeneous; triggering in the Centre is more challenging. An adapted approach for the centre could include dividing the population into smaller, more homogeneous groups for triggering as well as employing different communication strategies when targeting different groups, for example landlords versus tenants. In addition, the private sector could be strengthened, with masons and artisans trained to provide different types of latrines, and support given to the municipality to include WASH staff at commune level.

Table 4: Questions & Answers - West Africa

| Questions   | Answers   |
|---|---|
| From the 20 villages that were being triggered, what did you do with the poorest families in the 17 ODF villages to ensure they have access to sanitation facilities? | There is no subsidy but in the village there is a sense of solidarity. They may get help to dig the pit.      |
| You said you are supporting the commune to identify WASH staff; has the commune government agreed to take these staff on at the end of the program?                   | Communes that agreed to the program made written commitment to take these staff on at the end of the project. |

## Summary

Multi country leaders Anne Mutta and Gabrielle Halcrow closed the session with a summary of the presentations. They noted the diversity among the rural growth centres in terms of size and characteristics of population (indigenous, migrant, immigrant, ethnicity, religion), as well as in terms of geographic terrain and quality of sanitation technologies that are being used.

They noted commonalities, too: most rural growth centres are new and unplanned. They are frequently found near roads and can bring opportunities as well as challenges. Most groups tended to recognise three types of settlements found around rural growth centres; urban/peri urban/rural or urban/rural with roads/rural without roads, for example.

Bhutan country team focused on the development of plans and policies in their approach for improving sanitation in rural growth centres. Most other groups, however, looked to adapting rural strategies and approaches to this new context. Ms Mutta and Ms Halcrow noted that while it is important not to throw out everything we have learned through improving sanitation in rural areas, it can be challenging to import these approaches to urban or peri-urban areas. It requires innovative approaches, such as clustered or sectional triggering.

Most country teams mentioned working with government and other administration actors. Ghana also partners with traditional leaders to introduce their messaging. Most country teams noted the use of some level of enforcement to promote behaviour change. In a rural context we look at behaviour change that is managed at household but in peri-urban and urban we start looking for higher level; we don't yet have the tools to manage to trigger at higher levels.

The presentations made it clear that approaches need to be tailored to different country and sub-national contexts

### Faecal sludge management

The issue of faecal sludge management was raised by several groups. In Kenya, they have identified that people are doing it manually and are now in the process of managing the disposal of the sludge. They recognise the need to identify people who are engaging in sludge management to ensure that it is being conducted safely and hygienically and does not become a source of disease. The Burkina Faso team are promoting three types of latrine, including bio-digester latrines that then produces biogas.

A key question was raised around financing: once you start faecal sludge management, particularly in more densely populated areas that require sludge transportation, it is essential that the whole management chain is safe and hygienic. Who pays for this?

## VI. Block 2: Rural areas and growth centres in Ghana

### The Ghana context

*Mr Kwaku Quansah, Deputy Director, Environmental Health and Sanitation Directorate, Ministry of Sanitation and Water Resources*

Mr Quansah began his presentation with a brief overview of Ghana's administrative organisation. Ghana is organised into six Metropolitan Assemblies (minimum population 250 thousand people), 102 Municipal Assemblies (minimum population 95 thousand people) and 151 District Assemblies (minimum population 75

thousand people. The capital cities of most of the 151 District Assemblies fall into the category of rural growth centres. They are characterised by a high proportion of transient population, market centres, pockets of slums, kiosk flats (low cost unplanned housing), inadequate WASH facilities, and no social cohesion. These settlements face many of the same challenges as the Metropolitan Assemblies.

Ghana has a multi-level framework for sanitation delivery, from national level down to community level (Figure 5). More than half (54.7%) of Ghana’s population lives in urban centres (World Bank compilation, 2016). According to the Ghana MICS (2017-18), 21% of people have access to basic sanitation facilities, and more than 1 in 5 practice open defecation (Table 5). Open defecation is associated with income level: as incomes increase, practice of OD goes down. Open defecation is also more common in rural areas (31%) than in urban areas (11%). Sharing sanitation facilities remains prevalent and one in four households use public facilities.

Figure 5: Model for basic sanitation service delivery in rural Ghana. Presented at the SNV Learning Event, Ghana, August 2019.



□

Table 5: Percentage of coverage access to sanitation facilities in Ghana (2018). Presented at the SNV Learning Event, Ghana 2019

|                  | National % | Urban % | Rural % |
|------------------|------------|---------|---------|
| Basic sanitation | 21         | 25      | 17      |
| Limited          | 45         | 56      | 35      |
| Unimproved       | 13         | 8       | 18      |
| Open defecation  | 22         | 11      | 31      |

### The rural sanitation journey so far

Over the years, Ghana has employed various approaches to rural sanitation. Pre-independence, the focus was on the construction and use of free public toilets. Following independence, there was a vigorous push to build pit latrines at government quarters and bungalows. The 1980s saw the start of an era of subsidies, which were intensified from the year 2000. In around 2006, wide-spread subsidies were replaced by a move to CLTS approaches (no subsidy and hybrid). Since 2012, the focus has been on CLTS Plus and limited subsidies.



## Key policies and strategies

There are numerous policies and strategies to guide sanitation activities in Ghana. Key documents include:

- Environmental Sanitation Policy (May 1999)
- Environmental Sanitation Policy (Revised June 2010)
- National Environmental Sanitation Strategy and Action Plan (NESSAP; June 2010)
- Strategic Environmental Sanitation Investment Plan (SESIP; June 2010)
- Rural Sanitation Model and Strategy (RSMS; 2011)
- Guidelines on Expanded Sanitary Inspection and Compliance Enforcement (ESICOME; 1999)
- District Environmental Sanitation Strategy and Action Plans (DESSAPs; from 2010)
- Guidelines for Targeting the Poor for Basic Sanitation Services (2017)
- ODF Protocol
- Compendium of Sanitation Technologies

The Rural Sanitation Model and Strategy (RSMS; 2011) provides the model for basic sanitation delivery in Ghana. In building an **Enabling Environment** for the strategy, consensus building on the adoption of CLTS for sanitation promotion at all levels: national, regional, district and area council, will be mainstreamed into the plans and policies especially at district level. Adequate financing will be secured for implementing the strategy across all levels.

In order to **Create Demand**, a process of CLTS training, facilitation and supervision will be established at all levels, focusing on natural leaders, women and community consultants at the community level backed by appropriate reward systems, mutually reinforcing communication materials, channels and formative research.

**Facilitating Supply** through the development of low cost sanitation technology options, creating and strengthening existing sanitation supply chains and enhancing the role of the local private sector (simple slab-makers, artisans).

**Strengthening Capacity** by developing CLTS SanMark training facilitation, mainstreaming CLTS training into curriculum of Schools of Hygiene and Vocational/Technical Colleges and building capacity at the district and sub-district level to implement and supervise CLTS.

An elaborate **Monitoring and Evaluation** system has been designed for the model and strategy. The M&E system is built on the existing collaborative mechanism used during the preparation of District Environmental Sanitation Strategies and Action Plans (DESSAPs) and National Environmental Sanitation Strategy and Action Plans (NESSAP). The monitoring and evaluation system for the model and strategy is also aligned with the data requirements under the District Monitoring and Evaluation System (DiMES) and the Expanded Sanitary Inspection and Compliance Enforcement (ESICOME) manual which is expected to be reviewed.

## Results and achievements

Ghana's achievements in improving sanitation are many. Sanitation activities have taken place in 130 districts in 16 regions. Partner confidence is high, with over ten key partners working with the government. The development of a District ODF League Table has supported the achievement of district-wide ODF in XX districts, including community efforts to sustain their ODF status through behaviour change and enforcement. These efforts have also resulted in improved environmental cleanliness.

Improved coordination among governing bodies including WSSWG, DICCS, RICCS and NTWGS supports a more efficient and effective response, further facilitated through the Annual Stocktaking Forum and the signing of regional-level performance agreements. Achievements are more easily measured through the rolling out of the Basic Sanitation Information System (BaSIS).

There is increased political interest in and prioritisation of sanitation, as evidence through the incorporation of WASH issues into political party manifestos.

## Opportunities

The establishment of a Ministry for Sanitation has elevated consideration of sanitation issues to the highest level and has provided a focal point and coordinating mechanism for sanitation activities. Sanitation has been prioritised as a focus for national development, including the introduction of a budget line for sanitation at District Assembly level.

There is a robust structure of policy and implementation frameworks to guide sanitation activities and high political will to implement the sanitation agenda. The President of Ghana has been appointed as co-chair of SDG Advocates with Her Excellency Erna Solberg, PM of Norway and there is high interest among development partners to support sanitation improvements towards achieving the SDGs. The NLLP and Stocktaking Forum provide a foundation for sector-wide learning and knowledge sharing.

Increased media interest in sanitation issues helps to raise awareness among the population. Ghana’s vibrant civil society includes a Coalition of NGOs in Water and Sanitation (CONIWAS). The rolling out of Results Based Financing has provided a mechanism to fund effective sanitation activities.

## Barriers

Mr. Quansah identified several barriers to achieving nation-wide sanitation coverage in Ghana. The cost of installing a toilet is high and there are limited innovative financing mechanisms available to households, resulting in slow latrine uptake. The availability of communal toilets can also act as a barrier to households deciding to install their own toilet. There is inadequate coordination of activities, particularly at implementation level and insufficient funding for monitoring and follow-up activities. This results in poor data collection and use. There are instances of interference by some district authorities and non-conformity to national protocols.

## What needs to be done differently?

To address the identified barriers and to achieve sustainable access to sanitation and hygiene services for all, Mr Quansah identified some areas where things could be done differently. These include:

- Review and revision of relevant policies and strategies to better reflect the reality on the ground
- Enforcement of community and district by-laws
- More effective targeting of the poor
- Identifying ways to reduce the cost of toilets
- Improvement in sanitation facilities for transient populations
- Reframing sanitation as a housing issue
- Creation of an enabling environment for small scale private sector partners
- Establishment of a Sanitation Fund
- Consideration of adopting an incremental, district-wide approach

For lasting impact, all implementation should be undertaken with sustainability in mind.

Poor sanitation costs Ghana USD 290 million per annum. It makes economic sense for adequate investment to be made into sanitation sector in Ghana especially in Rural communities where the incidence of open defecation is high and access to sanitation facilities is low. Tackling the sanitation concerns of the Rural Growth Centres will go a long way to avoid the deep-seated challenges of Ghana’s urban centres.

Table 6: Questions & Answers – The Ghana experience

| Questions   | Answers   |
|---|---|
| Ghana’s institutional framework seems quite strong. It is quite rare to have a Ministry of Sanitation. How did you manage this?   | We needed to do a lot of underground advocacy. People worked very hard to make this a government priority. We needed to lobby from the ground up.   |
| Rolling out of information system for sanitation is a big challenge. How did you manage this?   | We recognised that we needed to capture all the information or else it was like it didn’t happen. We did it step by step. BaSIS is a virtual system, so it is very quick to move data from district to central to national level. BaSIS also allows verification.   |
| Tanzania is struggling with getting rural population to move up the sanitation ladder, how did you manage this?   | A lot of private sector initiatives are happening in Ghana; innovative products are now available, and micro-finance helps people to access these new products  |
| Ghana seems to have many key policies; are they regularly reviewed?   | There are always many new issues arising around sanitation. When the policies are reviewed, we do not throw everything out, we see what is still relevant, through stakeholder consultation. Teams come to assess district performance across a number of areas, including sanitation. Each district has a Medium Term Development Plan - need to have your program included in this or they will not get funded. |
| There are many policies in place, as well as monthly (and other) meetings. Are the meetings at national level only or down to district level? What strategies are used to ensure that stakeholders are meeting regularly? How can we strengthen institutionalism? | Meetings need to happen at different times depending on the body. Some districts meet every two weeks or every month depending on the issues at the time  |
| Tell us more about your District Sanitation League Tables.  | District league tables have been very effective in mobilising districts towards sanitation efforts and have been instrumental in generating political will.   |



| Questions  | Answers   |
|--|---|
|  | They are an effective way to put social pressure on people to do the right thing. This has been effective in encouraging people to do the right thing.  |
| What advice do you give to SNV?  | We have a good open relationship with SNV. It is in the interest of government that INGOs can do their work and also support the government.  |
| You spoke a lot about enforcement, but how can we enforce laws when the people around are relatives? | This should not be a problem; the law is the law. For enforcement to be effective need three things: (i) the construction of the law itself – needs to be clear and reasonable; (ii) the person doing the prosecution needs regular training on how to successfully prosecute these type of cases; and (iii) the court needs to create space to hear sanitation cases. Also need to make sure that people understand <b>why</b> the law was written in the first place. Traditional by-laws may be easier to enforce because they seem more connected to the community. |
| What are you doing to ensure sustainable achievements and also to scale to other areas?              | We go to communities that have been declared ODF but now the pit latrines are full and now people are practicing OD again. What can we do to sustain sanitary behaviours? We need to keep monitoring ODF communities and see when they need further support or resources. To upscale, it is important to focus all immediate attention on the quality of work. Government should be seen to be in charge of sanitation, show other partners that it is a priority.  |

## Explanation and preparation of the field assignment

On Day 2, the participants split into three groups to visit the districts of Nandom, Lawra Mun, and Wa. The objectives of the fieldwork were to:

- Understand the differences between rural areas and growth centres in Ghana
- Develop ideas on how to better integrate rural growth centres into area-wide sanitation.

The case study prepared by each group are presented from the next page, with full outputs available in Annex 3. In line with European Union guidelines, consent was obtained prior to taking photographs and videos, and no images were taken of children under the age of 18 years.

# Case Study Field Group 1: Nandom District

Journey to Pride and Prestige through Open Defecation Free Declaration

Case study on the role of the Sanitation Ambassador in disentangling last knot

## Issue

The influence of Sanitation Ambassadors towards ODF after achieving 91% sanitation access in Nandom district.

## Background

Ghana had put forwards its thoughts to promote sanitation and hygiene since 1980s. While looking at the history of sanitation and hygiene, the country designed strategy to promote sanitation and hygiene with subsidy from 1980 to 2000, and then intensified from 2000 to 2006. The Country prioritised sanitation and hygiene but the progress was not satisfactory. Between 2006 to 2012 hybrid model of Community Led Total Sanitation (CLTS) and subsidy base approach was implemented. However, results could not be achieved as expected. Now, 2012 onwards CLTS approaches with pro-poor support mechanism has been rolling out. To coordinate the sanitation and hygiene related activities dedicated ministry has been formed since 2017 as ministry of water supply and sanitation. This ministry is coordinating throughout the country to realized people right to sanitation and hygiene.



Sustainable Sanitation and Hygiene for All (SSH4A) programme implemented in Nandom district by SNV since 2014 coordinating with different stakeholders and taking ahead the efforts put forwards on sanitation and hygiene as essential needs to improve the life of people to achieve good health and dignity. Intervention of SSH4A started with memorandum of understanding with Nandom district assembly and SNV, Ghana.

Nandom District lies in north-western part of upper west region of Ghana. District was newly formed which was part of Lawara-Nandom district. It has approximately 8551 Households with 56742 population with majority of rural settlement. The district has a very strong traditional leadership at community level whereby SNV is using these influential traditional leaders as Sanitation Ambassadors to support the community in the implementation of WASH interventions at community level.

## Previously

Before the implementation of SSH4A in Nandom district in 2014, there were low (47%) coverage of household toilets, very low handwashing facilities next to toilets and no functional district interagency coordination committee for sanitation (DICCS) in the district. Besides, people's health related to sanitation and hygiene practice was challenging though they have 67 basic schools, 2 Secondary schools, 3 vocational schools, one midwifery school and 4 health centres.

## Driving force for change

The government of Ghana has targeted to reach area-wide ODF status by 2030 coinciding with the conclusion of the Sustainable Development Goals (SDGs). The progress of sanitation access in Nandom was not smooth after 91% coverage. One of the sanitation actor said that people without toilet being deviant were standing in front of us as lion. Sanitation task force and Sanitation Ambassadors were vital to push sanitation ahead reaching the last mile. With this situation, the concept of the sanitation ambassador triggered to take sanitation agenda ahead. The welfare of the people for their health and education were my aspiration to initiate sanitation and hygiene was the saying of Honourable Aasoglegnang Thaddeus Arkum, who is the district chief executive of Nandom District. He appointed the 10 sanitation ambassadors, which includes traditional chief, assembly members and religious leaders from churches and mosques. The ambassador helped communities to realize ODF by motivating as well as enforcing the deviant.

Now

After mobilizing the community using CLTS as demand creation, ODF progressed from 3% to 91% in 2017 in Nandom District. The role of the Sanitation Ambassador was found crucial, as they were reputed person in the community. "People always listen to the people who are well known and respected in the community" says Naa Jacob Zaabele, sanitation ambassador. The recognition obtained from the ODF declaration makes us proud and we are really satisfied with the work that we did was a powerful statement by sanitation ambassador Hon Stans Nasaal, assembly member and sanitation ambassador. After declaring ODF in the district, excreta related diseases are down from 5<sup>th</sup> to 9<sup>th</sup> top ten morbidity diseases as reported by District Coordinating Director, Esther Abaching. Everybody is concerned about sanitation particularly it is now the issue of traditional leaders in the district. Even separate toilets were also constructed in some households for small children next to the adult toilets at household levels.

Next priorities

The next key priority of the district as reflected by the Sanitation Ambassadors is engaging the community with continuous follow up support by interacting with the natural leaders in order to ensure the resilient and sustainable toilets in the community. The sanitation ambassador, Pognaa Rosalina Babai says the ODF has been realized but now we cannot stay silent, we need to educate mothers to sustain it and practice hygiene.

Lessons learnt

- It is possible to declare ODF by tracing and supporting the households who are lagging behind through using influential traditional leaders and natural leaders as Sanitation Ambassadors;
- Re-verification and certification of ODF declared communities every year during toilet day event celebration is quite important to ensure sustainability;
- It is important to enforce few deviant community members using sanitation and hygiene bylaws for the community health benefit through Sanitation Task Forces by engaging police men at community levels;

The Way Forward

- Replication of the approaches used in Nandom district by localizing will supports other parts of the country such as mobilizing all stakeholders, using sanitation ambassador etc.
- Continue the support of sanitation ambassador and stakeholders to sustain the sanitation practice.
- Fully implement the post ODF-strategy making the sanitation facilities equitable and inclusive.
- Continue promotion of the hand washing with soap at critical junctures.
- Upgrading the sanitation ladders using the sanitation technological options through trained masons.
- Strengthen the supply chain actors like developing appropriate pit covers, and other materials for toilets and handwashing stations.
- Focus on faecal sludge management issues to manage it safely.

Some interesting quotes

- Pognaa Rosalina Babai is one of the Lady Sanitation Ambassador in Nandom district assembly explained with impression that "When you are doing something, you need to do something well. Then it will be OK."
- The director of sanitation in Ghana Ministry of Health said "Close to 11 years stay in this position, I did not see area-wide ODF except Nandom district. I am now happy to see Nandom district in my life and hence let's keep the spirit and unity for sustainability".
- One of the women group member explained in Turborgu community "constructing toilet helps us to eat vegetables with no faecal contamination, to visit toilet during day times and prevents us from diarrhoea and cholera".
- Teng-yang Christophher is a unit committee member in Turborgu community and explained at the end of community meeting as conclusion that "whoever supports our community, Let a business go on by ourselves" to indicate the community ownership.

Group 1 Members

Sanom Pelzom (Bhutan), Thinley Dem(Bhutan), Fidel Zacarias (Mozambique), Chainga Ackim (Zambia), Jackson Wandera (Tanzania), Joseph Oluonch (Kenya), Okello Denis (Uganda), Andualem Anteneh (Ethiopia), Krishna Hari (Nepal), Anoulack Louanglathbandith (Lao PDR), Antoinette Kome (Netherlands), Nyirishema Richard (Rwanda), Kweku Quansah (Ghana), Thomas Adjie (Ghana), Theresa Swanzy(Ghana), and Rita Nyorka (Ghana)

# Field Group 2: Lawra Mun District

## Background

As part of the Learning event being held in Jirapa, Ghana, the group was assigned a field activity to Lawra district with the view of understanding the context of rural sanitation strategies for reaching all with area-wide sanitation and whether rural growth centres fit into this. The group visited Lawra Municipal Assembly and met with the Municipal Inter-agency Coordination Committee on Sanitation (MICCS). The team also visited two communities viz Babile and Kumasal. Kumasal is a farming community in the Babile zonal council, with an estimated 457 population, 197 male and 260 female. They have 21 houses, 43 households, 5 mins drive to the zonal capital Babile, and 15 minutes' drive to the municipal capital Lawra. The livelihood of this community is agriculture, irrigation system is poor and most of the farming activity is depending on the rain. Kumasal is one of the Open Defecation Free community (ODF) among of 72 communities ODF in Lawra district. Babile, a peri-urban community was indicated to have low sanitation coverage at 43%. Meanwhile Kamasal, the rural community had attained ODF status.

## Local Action on Sanitation

Our interaction with the Kumasal community generated interest in the approach in which they attained ODF. In October, 2015, the Health official of Lawra Municipal Assembly and SNV staff conducted a CLTS triggering and from the triggering, the community found that it is a good idea to improve their livelihood especially on their health. "They came to open our eyes so we welcomed this good idea" the Secretary of the community said.

Within 3 months, the each HHs started digging the pits for latrine construction, hence to date all HHs have a latrine. Local materials are used to build the latrines hence are not durable resulting in some collapsing during the rainy season. However, the community re-constructed them because people preferred to use latrine than open defecation at the fields. The community secretary and a Women community leader said, "There are some poorest HHs and HHs that unable to build a latrine, the community leader mobilizes people to construct the latrine for them".



Welcome to Kumasal

disability

## Kumasal declared ODF



The Women community leader said that people in the community were trained on good hygiene, the 5 critical times for handwashing with soap, food preparation, the use and upkeep of the toilets and keeping the environment clean. The local lady said "Before the CLTS programme, we did not have latrines and practiced OD hence you could find many stools in the field and bad smell and it posed a security and dignity issue for us women. But now it is different". The community people strongly agreed that the latrine is making their life more convenient, reduces the time to go out for defecation as the toilets are within reach of HHs. Some of the diseases such as diarrhoea and typhoid have been reduced.

The school health education programme (SHEP) has also played a very important role in the community. Every student knows how to use the latrine, Handwashing with soap and keep the environment clean. The physically challenged in the community also know how to deal with their disability such as

the woman with a paralyzed leg showed the way she used the latrine. The community people also know how to build a latrine for the disabled people in the community, although it was noted that there could be improvements in the design.

### Monitoring & follow up

The Natural leaders having village maps for monitoring all the households. They know all the HH latrine conditions for example if any HH latrine collapsed, they mobilised the community to re-build the toilet.

### What make this community successful?

- The Leadership of this community was strongly engaged and active in the program.
- The community is united and work together to put up sanitation facilities.
- The school is the key driver for the school children in the community, complementing the community efforts for ODF.
- Good facilitation skills from the Health officials of Lawra Municipal Assembly and SNV staff
- Monitoring is a key ingredient in the ODF recipe - needed to measure quarterly and annual progress against targets - and community map is a proven tool.



Inspection of HH latrines in Kumasal

### Recommendations

- The MICCS should provide training to the community leader on the latrine informed choice (e.g. Pour flash latrine or latrine for PWD).

Monitoring and follow up to the ODF community is very important to ensure the ODF are sustained.

# Field Group 3: Wa District

Wa Municipal Assembly and Biihee community

Overall leadership and implementation in a community with rural growth centre features

## Introduction

In the frame of this year's global learning event this group visited the Wa Municipal Assembly, a rural community (Gurimuni), Busa health center and a second community with more features of a rural growth center (Biihee). This document summarises the results with a focus on the first and the last visit since they are the focus of the learning event.

### Background

Wa Municipal Assembly is located in the Upper West Region of Ghana, it is the regional capital with about 130,000 inhabitants. The region is relying on agriculture and trade with Burkina Faso.

Biihee is a community of Wa Municipality with an average population of more than 500 inhabitants. Its characteristics can be summarised as follows:

- Settlement structure is dense but without physical planning in the background
- Social Services like schools of several levels and a Community Health Post (CHP) are available
- Point water sources, partly motorised with a tank are available
- Greater range of income generating activities ("petty trade"), the community isn't just focused on agriculture

## Methodology

The findings presented herein are based on the background material provided, discussions and observations during the visit.

### Findings

## Current status

At the Municipal Assembly there is a team / unit in place to drive the sanitation agenda. The Municipal Inter-Agency Coordinating Committee coordinates and plans for sanitation and hygiene related issues for instance through WASH coordination meetings to attain synergies between actors.

In Biihee sanitation coverage stands at 80% (basic) and full coverage would be reached within the next few months. Different latrine technological options are available and artisans have been trained to construct them. The team wasn't able to assess the handwashing status. The traditional chief appear to be powerful and committed to sanitation – he is even a sanitation ambassador! The Queen Mother (traditional female leader) is a midwife and supports the sanitation agenda by working with women.

### Issues

#### Municipal Assembly

- No solid and no liquid waste management systems available, no landfill site
- Inadequate budget provision for sanitation and hygiene, thus high project dependency
- In absence of sanitation solutions at household level, public toilets were put in place as a short-term measures

#### Biihee

- Information gaps in terms of usage and maintenance of latrines
- Inadequate water supply coverage (raised also as a need)
- Enforcement of local by-laws is wanting

#### General

- Awareness of magnitude of the problem "the missing middle" and strategy to target peri-urban / almost urban areas
- Maintaining ODF achievements, understanding post ODF work

## Needs

The chief has a clear vision of how his community should develop. Despite the need for support, there is a clear potential to achieve progress from own resources. Some areas for support were outlined, among them water supply and water for production, women and children and a community model farm as well as general investments to thrive economically.

## Recommendations

- Municipal Assembly to:
  - Scale up efforts to reach the whole municipality through lobbying for funds internally and externally
  - Establish a clear communication strategy with clear messages and measurement of impact
- Biihee needs continuous follow-up to achieve ODF and maintain it
- Enforcing the building standards and issue permits for habitation

## Appreciation

We warmly thank the organisers, the colleagues and beneficiaries we met. They were all more than willing to inform us and share.

Group 3 participants

Dr. Joe Lambongang and Jesse Coffie Danku (team leaders), Anne Mutta, Ugyen Thinley, Mouftaou Gado, Nurudeen Ibrahim, Bouakeo Suvanlong, Kwesi Nyantakyi, Ivone De Jesus Amaral, Sarah Clarke, Jerry Sabogu, Sharon Roose, Dr. Sengdao Sydalay, Vinod Kumar Sharma, Jillo Elema, and Sonja Hofbauer



## Faecal sludge management

Following the presentations from the Field Groups, Ms Kome turned again to the issue of faecal sludge management – a recurring area of concern for many participants. Asking participants what FSM meant to them, most responded that FSM considers the chain from safe containment through transportation, treatment and reuse, to avoid disease. It was noted that the safe management of liquid waste was also very important, as well as considering the financial aspects of FSM. Ms Kome reminded the participants that FSM is not just about trucks: the covering of full pits, where practical, and making them safe is also FSM.

## VII. Block 3: Perspectives on area-wide sanitation

A brief overview of the workshop to date highlighted the special challenges faced by rural growth centres and the enormous diversity among these types of settlements, while not forgetting that there are still challenges in rural areas. RGC will need different approaches to reach ODF and will also have different needs post-ODF. Some of the solutions to RGC post-ODF needs may also be useful in rural settings.

**Post-ODF becomes easier if you think about it BEFORE you reach ODF**

### Different needs to reach ODF

Key outputs of the EGroup discussions around the needs of RGC to reach ODF included:

**Sanitation demand creation, approaches and messages** may need to vary. The people who may be building the toilets, such as landlords, may not be the same people that are using the toilets, such as the tenants. We need to create demand among both groups, recognising that they may have different motivators and different capacity to engender change. CLTS motivators may still be effective, and other motivators may also be needed. Outreach strategies, such as CLTS triggering events, may need to be adapted to meet the new context.

**Technology choice, sanitation marketing and sludge management** needs to vary. Are people really informed about the types of technologies when they are choosing them? DO they know how to manage and maintain them? Do they know how long they will last? Do they know what to do when they reach end of life? In general, it seems that there is greater effort towards demand creation than developing the supply chain and supporting informed choices. It is important that people understand the risks of certain choices, such as making toilets very deep. Given that RGC are more densely populated than rural areas, these questions become even more pressing.

**Governance activities need to vary** around planning, regulation, and post-ODF. There may be other issue to consider, such as the needs of floating populations. If public toilets are developed for these populations, it is important to define who is responsible for the maintenance, especially given that it may not be feasible to ask the community to do so.

**Behavioural change activities need to vary.** People living in RGC may behave differently than those in rural centres. For example, they may generate more solid waste, which they then dispose of in latrine pits.

In rural growth centres - and perhaps everywhere – we need to take a longer-term perspective on toilets, towards, sustainable, safely managed sanitation, ensuring the separation of human waste from human contact through technology choice, governance structures, and behavioural change.

### Subsidy to no subsidy: rural sanitation delivery

*Mr Jesse Coffie Danku, Head of Sustainable Services Program, WaterAid.*

Mr Danku presented an overview of the Water Aid Group's rural sanitation program. The strategic direction of WaterAid is *working in partnership to deliver integrated and inclusive WASH programming in rural communities and schools*. Their niche is to take a district-wide approach to achieve the change they want to see: *sustainable, equitable access to WASH for everyone, everywhere in Ghana by 2030*.

### The journey

Between 1985 and 2008, WaterAid used a subsidy approach to support household latrine uptake. In the early 2000s, they started to introduce inclusive institutional latrines in schools in rural communities. They began



implementation of WASH governance and improved sanitation in a pro-poor settlement in and urban centre, between 2008 and 2010. At around they same they were supporting the formation of District Teams and building the capacity of these teams to pilot CLTS in two districts. From 2010 to 2012, through partners integrated with limited Sanimarts, WaterAid supported the full implementation of CLTS in 13 districts. Since 2013, they have focused on an endogenous development approach introduced to rural sanitation, largely focusing on strengthening WASH cooperatives. Other key activities have included integrating provision of toilets in health care facilities (2015), integrating entrepreneurial skill development in to latrine artisan trainings (2017-2018) and the piloting of a "shit-flow diagram" in an urban centre to assess faecal sludge management practices (2018). Since 2018, WaterAid has introduced the HBC campaigns based on the "Assess, Build, Create, Deliver, Evaluate (ABCDE)" model, to complement the CLTS approach.

## Outcomes

To date, Water Aid has reached more than 300 communities with rural sanitation models, and have supported improved access to more than 40 thousand latrines and more than 15 thousand hand washing facilities. More than 50 communities have obtained ODF status.

## Challenges

At each stage of the journey, WaterAid encountered different challenges. The subsidy approach achieved minimal results, with OD actually increasing. The plans to implement rural sanitation using CLTS to create demand did not appear to be well thought through before implementation and, following the introduction of CLTS, some implementing partners did not believe in the approach and were not fully committed to delivering it. District facilitation teams became dormant and ineffective. Rural sanitation implementation was highly projectised for many years, lacking plans for sustainability. More recently, there is a lack of strong leadership and poor coordination a the local government level to steer sanitation demand, as well as minimal involvement of the private sector in rural sanitation delivery.

## Addressing the challenges

To meet these challenges, WaterAid has worked to strengthen institutional capacities at the local government level for WASH services planning and provision through LCCA and IPC training. They have supported governance strengthening by promoting coordination among local government and sector actors to pull innovative ideas and resources together for improved WASH delivery. In addition, WaterAid has facilitated demand creation using the CLTS and Endogenous Development Approaches in 15 Communities resulting in four ODF and six Potential ODF communities. They have sought to strengthen the supply side by promoting small businesses, and have improved access to WASH facilities in communities and schools, with the goal to *leave no one behind*. Their creative hygiene campaigns based on determinants, motives, culture & norms have engendered behaviour change, to promote lasting good hygiene practices. The development and training of advocacy groups have helped to develop a voice for change to continue to influence the WASH conversation.

In research, WaterAid has developed a "shit flow diagram" (Figure 6), investigating faecal sludge management and to use as an advocacy tool to encourage local governments to manage faecal sludge more safely.

Figure 6: Shit-Flow diagram for Wa District, Upper West, Ghana (WaterAid 2018). Presented at the SNV Learning Event, Ghana 2019



WaterAid is a member of the Sustainable Sanitation Alliance (SuSanA) Platform to benefit from knowledge exchange on promoting systems approach to sanitation.

**Nearly every problem has been solved by someone, somewhere. The challenge of the 21st century is to find out what works and scale it up."**  
**Bill Clinton**

## Opportunities

Looking forward, there are opportunities to scale up improved access to sanitation. Sanitation and hygiene is a national priority. The roll-out of the District Sanitation League Table across most districts is engendering strong leadership at the local government level. There are several national and regional sanitation KM initiative that are ongoing. Civil society organisations and NGOs are organising into networks and coalitions for a more effective WASH response and the private sector is also organising around sanitation.

| Questions   | Answers   |
|---|---|
| CLTS started in 2010 in 2 districts. Which districts and what is their performance to date? | There is not much improvement to date. CLTS gained ground after 2011 following the assessment of a UNICEF evaluator, who provided recommendations. It was largely a projectised approach with no long-term plans, and led by donor demands, not community demands.                                |
| I am curious about the ABCDE approach, can you tell me more about it?                       | The ABCDE approach was developed in Nepal as a method to make hygiene behaviours easier and more integrated into daily activities. You can find more details at XXXXX   |
| What was the improvement, when you did the evaluation                                       | At this stage just rolling out the campaign; we have not yet reached the stage of evaluation.   |
| When do you apply the life cycle approach, how does it play out?                            | We use this mainly with the local government to help them to understand the total cost of an intervention. The total cost must include capital expenditure, maintenance and so on. It helps them to see if there is a gap between the donor funding allocation and the total cost of the program. |

## SSH4A Area-wide approach in Cambodia: Experiences and lessons learnt

*Mr Bunleng Tan, WASH Advisor, SNV Cambodia*

Cambodia has a population of around 16 million people, 68% of whom live in rural areas. Between 2007 and 2017, access to improved toilets increased from 20% to 71%. However, 26% still practice open defecation.

SSH4A has been implemented in Cambodia since 2009. District wide approaches commenced with Phase 1 (2012-2014) focused on one district with an additional two districts added in Phase II: Reaching the last mile (2015-2017). Phase III: Beyond the finish line (2018-2020) has continued in each of the three districts: Chum Kiri and Basedth in Kampot Province, and Bantaey Meas in Kampong Speu Province.

Phase III: Beyond the Finish Line seeks to understand FSM needs and promote appropriate solutions; reduce inequalities through targeted sanitation smart subsidies; and approach ODF status in all three districts.

### Context of program districts and area-wide approach

The three districts are home to over 290 thousand people in some 62,835 households. The average household size is 4.2 people. Population density varies considerably from 50 to 500 people per square kilometre in the communes, with higher population density in the town centres. The main highways are paved but most other roads are not.

The area-wide approach focuses on partnerships and collaboration with the district administrative government and the provincial line ministry responsible for sanitation. It utilises district-wide planning and the implementation of demand creation activities using CLTS and BCC activity approaches. A key component is the supply chain strategy, fostering the engagement and strengthening of local Small-Medium Enterprises. Cascade training to commune officials and local focal points towards monitoring, demand creation, and implementation of smart subsidy programmes.

### Lessons learnt

Decentralised, district-wide integrated approach

- Commitment and leadership are vital, and can best be cultivated when the programme covers a larger administrative areas - linking all relevant stakeholders (communes, committees, SMEs)

- Working district-wide allows for better economies-of-scale, as SMEs are able to benefit from a broader customer base and make related products and services available for a variety of needs and preferences
- Sanitation uptake can be more effectively and sustainably achieved when implemented at-scale - as health benefits are associated with ODF areas and programmatic support and integration are best achieved by district authorities.

#### Multi-stakeholder approach

- National (MRD) and provincial (PDRD) level engagement is needed to lead, fund, train, and support programme delivery towards sanitation targets
- District, commune, and village level engagement is critical towards planning and implementing CLTS, BCC, and follow-up and monitoring activities
- Private sector involvement is crucial to ensure that locally available latrine supply is ready to meet demand

#### Skills and capacities

- Capacity development of programme leaders at provincial and district levels is needed towards work planning, financial and human resources management, and technical aspects of programme delivery
- A core training team needs to be established at provincial level to bridge the capacity gaps between programme leadership and community level implementers
- Commune and village level authorities and focal points need to be well-trained on programme activities, have clear roles and responsibilities, and strong communication skills to be effective

#### Targets and monitoring

- Performance targets are needed to motivate stakeholders towards a common goal - such as achieving commune and district-wide ODF
- Monitoring is a key ingredient in the ODF recipe - needed to measure quarterly and annual progress against targets - and village log-books are a proven tool

#### Cost-effective financing of programmatic activities

- For delivery of the NAP/PAPs at-scale, the National Government needs to consider how "soft" activities can best be delivered using Government funds and executed by the line entities and local governments through the decentralisation approach
- Priority must be given to the ground-level activities that are most cost-effective - such as demand triggering, private sector strengthening, and monitoring

#### Leadership and commitment

- Leadership is needed to begin and sustain programmes while keeping stakeholders engaged and active
- Genuine commitment is needed at all levels to ensure that activities are implemented with quality - particularly at community-level where the most challenging and most important activities are executed

#### Thinking beyond the finish line – towards the SDGs

- Innovation and open-mindedness are needed to discover and apply potential solutions to each context - with the aim of institutionalising proven approaches
- Sanitation programming needs to be mindful of quality, equity, sustainability, and safely-managed facilities
- ODF serves as a milestone, but is not an end-point - rather efforts must continue to address the vision for universal and equitable access under the SDGs

## Questions & Answers

| Questions  | Answers  |
|--|--|
| I am interested in how you encouraged private sector engagement; one of the key strategies we want to use in Nandom is private sector engagement. And what is the total cost for one toilet? | In Cambodia, most people now have improved toilet, so there are many people buying cement rings and ceramic pans. Do mapping of suppliers , talk with them and provide training to them. Talk with the small and medium enterprises. It costs around USD 50 for three concrete rings, a chamber, a platform and the ceramic pan. With labour and transport, the cost is around USD 75. |
| Some of the superstructures are very basic, others are much more robust. After triggering, how long does it take to get to this type of superstructure?                                      | Poorer people start with simple, temporary structures and then upgrade later. In general, people go with the best they can afford, although they will not build a toilet that is more beautiful than their house!  |

| Questions                                   | Answers  |
|---|--|
| How do you manage the water supply?         | We have plenty of water – lots of ponds etc. to get water. A greater challenge is flooding.  |
| Tell us a bit more about the smart subsidy. | <p>When the sanitation coverage reached 85%, the government introduced the smart subsidy to reach remaining 15%. People with “ID Poor classification” are eligible and must contribute 30% of the cost.</p> <p><u>Comment from Ms Kome:</u> The problem with subsidies is that, if not done properly, they can generate jealousy and conflict. If the governance of the district assembly is strong enough to develop a categorisation of eligibility that will be agreed by all, subsidies may work. Also, it is important to sue the same suppliers as the general market in order to strengthen the supply chain.</p> |

## The great debate

Participants were given the following statement and asked to organise themselves into two groups: those that agreed with following the statement and those that disagreed:

### First ODF, then total sanitation

After a few minutes to prepare their arguments, each team was given three minutes to present their arguments, a further two minutes to respond to the opposite team and then a final minute for closing statements. The key arguments for each side are presented below.

| Agree   | Disagree   |
|---|--|
| <ul style="list-style-type: none"> <li>- Best practices is first reach ODF because it has to create awareness among the community and take the decision based on the community, they will make the decisions to move from OD to ODF.</li> <li>- Many households may not have the financial means to move to improved toilets. We should first focus on making sure there is some level of sanitation: no OD</li> <li>- Households may build the structures in different shapes but they understand the risks of OD</li> <li>- Go in a sequential manner</li> <li>- Assess the budget and plan</li> <li>- We need to start from somewhere, need a good foundation,</li> <li>- Sanitation is about behaviour change, when you can change the mind-set from OD, it is not just about the facility</li> <li>- OD for who and why? We need to support poor people who end up in the hospital due to basic sanitation issues, need to address this issue and move to ODF before worrying about improved facilities</li> <li>- If people have improved facilities but no understanding of why they need them, they will not use them.</li> </ul> | <ul style="list-style-type: none"> <li>- We have enough evidence and knowledge to learn from our mistakes: best practices in rural sanitation include supporting informed choice</li> <li>- We have learned about sustainability: asking poor communities to continually up grade toilets is not cost effective; it can save money to build a higher quality toilet at the beginning</li> <li>- We have also learned that if you try to improve at the end it can be more challenging and more costly. It needs to be an integrated process</li> <li>- People have shown that they can be ready to take up improved technologies. They may not want to start at the basic level</li> <li>- In an effort to reach ODF, many people have been forced to build latrines which they then don't use</li> <li>- We should be supporting people access the full benefit of improved sanitation</li> <li>- Life is never sequential – it is complex, and we need to be able to develop and adapt</li> <li>- Need to think of improved sanitation from the beginning</li> </ul> |

The appointed jury considered clarity of definitions and arguments, and the inclusion of data and other evidence. While both teams presented strong arguments, the jury decided that the Agree side was more compelling due to greater clarity of definitions and a more cohesive logic, and they were declared the winner of the debate!

## Possible to Profitable: Providing financing for WASH services in Ghana

*Mr Thomas Adjei, Head of Retail Products, Fidelity Bank, Ghana*

### Background

The Possible to Profitable (P2P) project is implemented in Ghana in partnership with Fidelity Bank. The project aims to support people in urban and peri-urban areas, and some rural growth centres. It started in 2015 as a five-year project. Demand for financing has resulted in a one-year extension.

The objectives of the initiative are as follow:

- Establish and manage a revolving fund to sustain loan options
- Develop innovative lending products for households and MSMEs in the WASH Sector
- Improve viability & sustainability of WASH MSMEs • Collaborate with GNWP and other WASH projects

Possible to Profitable aims to achieve these objective by partnering with financial institutions to provide access to financing; tailoring products to meet the needs of households and micro, small and medium enterprises; and by strengthening the capacity of WASH businesses. The initiative is currently operating with a network of 30 financial institutions, including savings and loan companies, rural and community banks, and microfinance companies.

The project focuses on urban and peri-urban areas and intends to cover all provinces in Ghana. SNV provided trained to Fidelity Bank on how to identify houses that may benefit from these types of loans and to develop a policy for WASH financing.

### Progress to date

Between April 2016 and July 2019, Fidelity Bank has supported the disbursement of a total of 4 million Euros (GHC 24.8 million). They have provided dealer financing for household latrine construction, general WASH loans for WASH services and Products and have provided institutional WASH financing for health and educational institutions. To date, they have supported 583 households (target 1,200), 278 businesses (target 240) and 13 health and educational institutions. Repayments rates are currently around 92%. Loans are monitored through a two-step process, including phone verification of financial institution pipelines, as well as through client visits, using the Akvo platform for data collection.

Fidelity Bank recognises the need to better understand the WASH sector and has implemented WASH financing training to equip the staff of their partner financial institutions to be able to:

- Identify WASH business cases and prospects
- Develop WASH lending products
- Market WASH financial products and to
- Implement risk appraisal of WASH small and medium enterprises

### Financing in rural settings

The key to success when providing financial products to people in rural settings is to make it effortless for beneficiaries. Loan officers go to the villages to collect repayments, ensuring that they visit regularly enough that each repayment is small enough to be manageable for the household. The WASH fund is a revolving fund, so it is essential that what goes out also comes back in.

The fund is currently lending at a rate of 17% per annum. This interest rate is relatively low for Ghana; steps will need to be taken to ensure that the fund is sustainable beyond the pilot program. The key challenges currently identified include:

- Inadequate knowledge about the WASH sector by financial institutions contributed to delays in loan disbursements
- Perception of non-bank financial institutions about the viability of WASH businesses affected their willingness to access the fund
- Poor response from small and medium enterprises in participating in follow up mentoring and coaching
- For many WASH micro, small and medium enterprises, it is difficult to meet the basic requirement for receiving loans

### Lessons learned

During implementation of the pilot program, Fidelity Bank has identified some important lessons to inform the next phase:

- Identifying & forging strategic partnerships is a major catalyst for promoting access to WASH services

- The commercial alignment of financial actors in some cases supersedes social orientation of such project; hindering development of innovative solutions which have broader social impact
- The lower interest rate provided is key to the current traction of the project
- The key to sustainability & scaling up (i.e. addressing availability, accessibility & affordability concerns) in WASH is blended financing
- Developing the capacity of FIs in WASH Lending is key in facilitating loan disbursements
- Effective monitoring is vital in ensuring appropriate utilisation of loans and compliance
- Diversity of targeted beneficiaries has enhanced financial inclusion in the sector
- The role of NBFIs has proven to be very significant

## Question & Answer

| Questions   | Answers   |
|---|---|
| How many households and how many businesses have you marketed your products to?   | Targeted 1,200 HH and 240 WASH businesses and institutions; 1.3 million customers inc 40k SME customers. Conversion rate of 70% among those that apply  |
| What is the minimum volume of loans that you need to recover the cost of your loans?  | Structure in terms of collection and sales and marketing already there, so not much additional cost. Some other benefits that the FI receive – a large % of population is not connected to a bank. This initiative can help FI to grow their portfolios.  |
| Are the conditions to access a loan too harsh? Is that why so few loans have been issued?   | Over the years we are learning, especially for the rural sector. We are still changing the model, Bank of Ghana is in midst of reforming the financial sector, many micro financiers are falling off. Still WIP – developing new products; chain is a bit unstable at the moment.   |
| How did you get the banks interested?   | Constant sensitisation, showing them the business potential; make them understand the profitability of WASH businesses. Trained some artisans, who were then able to create the pipelines for the FI through marketing their products; help households to see that there is also financial benefit for them to build a latrine or toilet.<br><br>Fidelity Bank aspires to supporting the SDGs – this is a way to help them support achievement of the SDGs  |
| How many of the households are from urban/peri-urban/rural? Do you use the same approach  | 70% of the bank's customers are urban, so focus on urban/peri-urban with some beneficiaries in rural areas in partnership with rural banks. Strategies: each region has their own dynamics, need to tailor marketing strategies to different communities. Some people living in urban areas will access loans for their relatives in rural areas.   |
| What is the interest rate?  | collects quarterly, so MFI have an opportunity to grow the money that they have to repay Fidelity Bank  |
| Very impressive access – in Lao PDR tried to get people to access loans at 2% and 8% but people not interested in taking out loans. How did you get people interested in loans? What is the ? Who carries the risk? | Average interest rates in Ghana is around 27% p.a. – so these loans are very attractive. In peri-urban areas people are borrowing at 4% a month. We are focused on preserving the value of the fund only, so have not increased the interest over the life of the project. Some FI view it as a form of social responsibility – one bank charging only 12% not max of 17%. Get people interested through sensitisation, some areas people are pushed to get funding due to government push for everyone to have a toilet. |
| What happens when someone defaults?   | MFI collect a small amount of money at regular intervals to help people pay back manageable amounts to reduce default. In the case where they cannot pay back due to some unusual event, they can   |

| Questions  | Answers   |
|--|---|
|  | be given an extension to pay. If we cannot recover, have to write off the loan  |
| If you were to do this all over again, what would you do to make this financially viable? Who would put money into a trust fund like this? What other strategic partnerships would you develop to improve your outreach? What would you do differently | The bank is trying to set up another fund for another sector. Fidelity Bank makes profit but also has a strong culture of social responsibility. Bank would be ready to put down the seed money. Also helps to mobilise development partners. Need to find a good partner who can help to understand the technical aspects of the sector, to ensure the right products are developed.   |
| How are socially included linked to your products? Especially given that most poor people are scared of getting loans. What are some of the challenges that you have faced   | There will always be some people that will not be able to access these products, but we try to make them as accessible as possible. We can also send up the fund so that a portion of profits is used to provide grants to those that will not be able to access loans  |
| Rwanda is also trying to start this type of loans. One issue we are anticipating, is that the loans are only for latrines but people often want to improve their whole house. How do you manage that?  | Have to make sure that the majority of the loan goes into the WASH intervention but understand that some of the money may be used for other improvements. Let the MFI do the pre-loan assessments – work with the to make sure they provide the level of detail that you as the primary lender need. Monitoring is essential – cannot be over emphasised. We know what it costs to make a toilet or other WASH improvement – if loans are requested for strange amounts, we check it out. Also make direct payments to the suppliers/artisans so we know that it will be constructed. |

## VIII Block 4: Ways forward for rural growth centres

### Introduction

*Ms Antoinette Kome, SNV Global WASH Coordinator*

So far, the workshop has included a lot of discussion about the characteristics of rural growth centres and the sanitation issues they face. In the final day of the workshop, discussion will focus on how to address these issues. All the SSH4A country teams have developed a range of tools to address rural sanitation issues; it is important that we do not throw out what we have already learned. We need to adapt our tools to this new context. Perhaps we need new communication strategies or new technologies and services. We may need to develop more suitable faecal sludge management protocols, and to consider some form of public toilets for floating populations. This in turn, may require us to develop additional behaviour change communications around how to use and manage public toilets safely. We may need to include messaging around how to manage solid waste. In this new setting, we may also need to identify new partners, such as the Department of Town Planning or Department of Agriculture.

It may be too optimistic to develop a sanitation plan for each rural growth centre but we should aim at least to include a link to rural growth centres in the district sanitation plan. This may include a strategy for the sanitation plan to link to other services as they come in as the centre grows. We will also need to think about how to enforce the laws and guidelines: it is often easier to enforce by laws in a small community where the chiefs have lots of power; chiefs may not wield same level of power in rural growth centres with more heterogenic populations.

### Suitable faecal sludge management

As previously discussed, faecal sludge management is not about trucks; it is about the **system** of service.

We need to think about what is feasible and achievable: we are unlikely to be able to support the construction of sewers in rural growth centres. Sewers are expensive to construct, and bigger cities are likely to be prioritised. It is far more likely that faecal sludge will be disposed *in-situ*, such as buried in a pit. There may also be an opportunity to develop a system of emptying, treatment and re-use or disposal, but who will pay to develop and implement this system? Indonesia has constructed 160 sludge treatment plants. Currently, however, only 20 are fully functional. This represents a substantial wasted investment.

## Toilet lifespans

An important component of faecal sludge management is understanding the lifespan of a toilet and having a plan about what to do when it is full. Most participants acknowledged that while they may discuss toilet choice with communities an also what to do once the toilet is full, few discussed the lifespan of the toilet.

In rural sanitation, usually thinking about user-interface but a lot of faecal material comes into the environment because the containment is not poor. There are also lots of potential hazards around emptying (Table 8). Out ambition should always be to empty in a safe way. Specialist emptying services may assist with this, however, there a associated risks here, too. A key issue with private emptying services is that their biggest cost is fuel. Treatment sites are often located as far from city as possible, representing a high cost to the service company. These companies may decide to dump the sludge somewhere closer, creating a significant environmental risk.

Many treatment plants that do not do real treatment anymore due to lack of maintenance. At start-up, there is often a perception that the income they generate through providing the emptying services and selling the treated waste as, for example, fertilizer, will cover costs and generate profit. This is rarely the case. Demand for emptying is usually very low: households will find (often unsafe) ways to avoid emptying their latrine and avoiding the associated costs.

It is also essential that any products designed for re-use are safe. The management of most pathogens is relatively straight-forward. Worms (helminths) and worm eggs, however, are very hardy. They are not killed by septic tanks or pit latrines. Re-use HAS to be safe – don't underestimate the resilience of worms. Deep row trenching (burying waste in a deep trench) can help eliminate helminths and their eggs, as can co-composting (composting of organic waste mixed with sludge). Poor waste disposal, however, means that organic waste is often full of plastic, glass and other solid wastes. Cleaning the organic waste of these pollutants can be hazardous. Even if these challenges are addressed, the companies then still need to find a buyer for their compost.

Table 7: Potential hazards at each stage of the faecal sludge management process

| Stage                 | Potential Hazards  |
|-----------------------|--|
| User interface        | No use<br>Flies and rats   |
| Containment           | Seepage<br>Overflowing containment<br>Unlined/ unstable pits   |
| Emptying              | Collapsing pits<br>Entering/ falling in pits<br>Inhaling poisonous gas<br>Explosions<br>Spilling while transferring transport device<br>Use of kerosene<br>Working without shoes, Removing solid waste from the pit<br>Removing rags/ rubbish from hoses without bare hands<br>No personal hygiene |
| Transport or transfer | Spilling<br>Leaking valves<br>Accident<br>Leaking transfer stations<br>Improper use  |
| Disposal              | Disposal on-site or unsafe dumping elsewhere<br>Spraying when discharging from the hose<br>Manual raking and cleaning screens  |
| Treatment/re-use      | Maintenance<br>Low quality effluent  |

## Informed choice

In the end, it comes down to informed choice for clients. Key questions that need to be answered include:

- What is the lifetime of a pit? (when it will be full?)



- What needs to be done?
- Will the pit be replaced when full? (This is the preferred method)
- Will the pit be emptied when full? If so will the sludge be dry or wet?
- If emptying, how should this be done safely?
  - Do the clients know how to handle faeces safely?
  - How stable is the ground and the pit?
    - Where does the sludge go? Where is the site for final disposal?
    - Who pays for all this?

The lifespan of a toilet depends on different parameters:

1. What accumulates? Only solids? Or solids and liquids?
2. How many people use the toilet?
3. What is the accumulation rate for the toilet (Table 9)?
4. How big is the pit? What is its **effective** depth? (Figure 7)

The filling rate is calculated using the following formula:

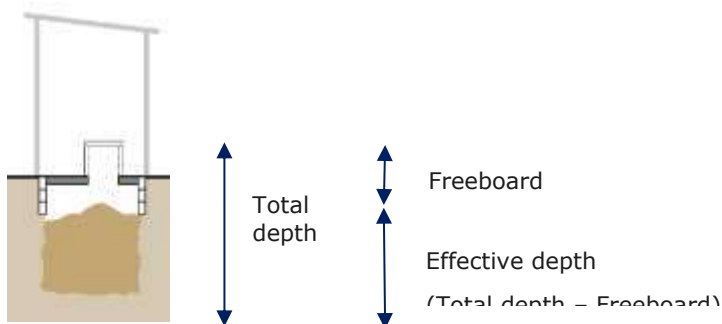
$$\text{Effective size of pit} (\text{Accumulation rate} \times \text{No. of compartments} \times \text{No. of users}) = \text{Years before emptying}$$

Note: If solid waste is dumped in the pit, the resulting number of years should be divided by two.

Table 8: Estimated accumulation rates. Presented at SNV SSH4A Learning Event, Ghana 2019

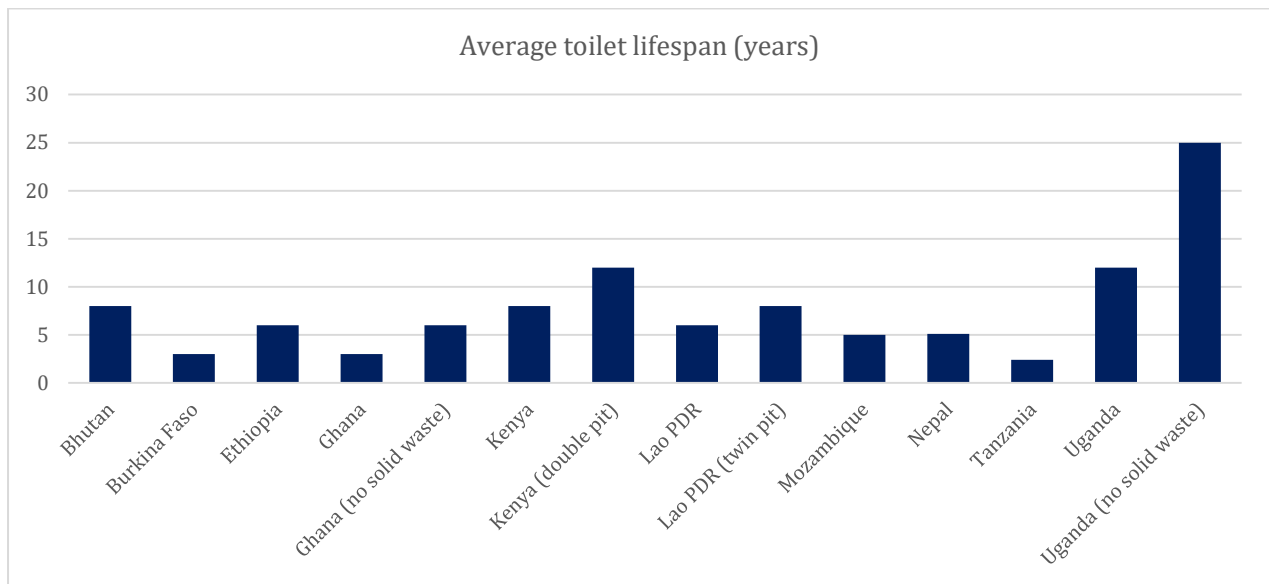
| Type of toilet                   | Estimated accumulation rate (m <sup>3</sup> /year) |
|----------------------------------|--|
| Single pit                       | 0.06   |
| Two pits or two alternating pits | 0.06   |
| Single compartment               | 0.04   |
| Double compartment               | 0.04   |
| Tank, no effluent outlet         | 3.5  |
| Tank, effluent outlet            | 0.08   |

Figure 7: Effective depth of a latrine pit. Presented at SNV SSH4A Learning Event, Ghana 2019



To help participants better understand the needs of the people in the communities with which they work, each group was asked to calculate the lifespan of the toilets in their particular context. The results are presented in Figure 8, below.

Figure 8: Average toilet lifespan for participating countries. SNV Learning Event, Ghana 2019

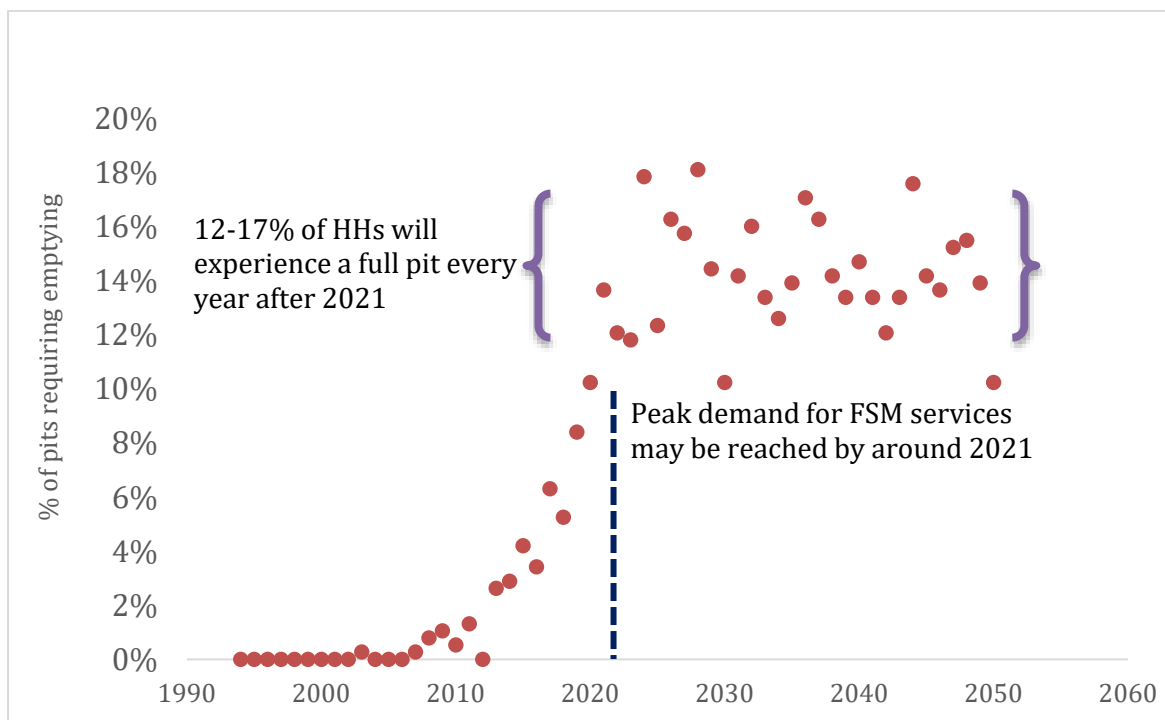


## Presentation on FSM in Cambodia

*Mr Tan Bunleng, SNV WASH Advisor, Cambodia*

Following on from his presentation on Day 2, Mr XXXX presented findings from research into onsite management of faecal sludge management in Cambodia. With SSH4A currently implemented in three districts, including one district that has achieved ODF status, it is estimated that approximately 12-17% of the existing latrines, or some 2,000 households, will require emptying after 2021 (Figure 9). Current emptying practices are very unsafe, and emptying services are very expensive (approximately USD 50). To respond to this issue, the program is working to increase uptake of the twin pit model.

Figure 9: Findings from operational research: Modelling of pit filling over time.



Investigating **past** faecal sludge management, the research team learned that 82% of users have never experienced a full pit, 10% pits are now nearly full, and that 8% pits have been full before. Some 10% of

households have already emptied their pit. Of these, 92% were emptied by the household themselves, with the remaining 8% emptied by a service provider.

Methods for emptying included manual emptying (47%) and emptying by motor suction pump (42%). Use of gloves, boots, mask was very high. When asked about the costs of emptying, 62% of families incurred no emptying costs. For those that reported incurring some cost, it was largely for use of a motor pump, a cost of around USD 2.50. Approximately 73% of respondents reported disposing of the sludge in a waterbody or field near their house.

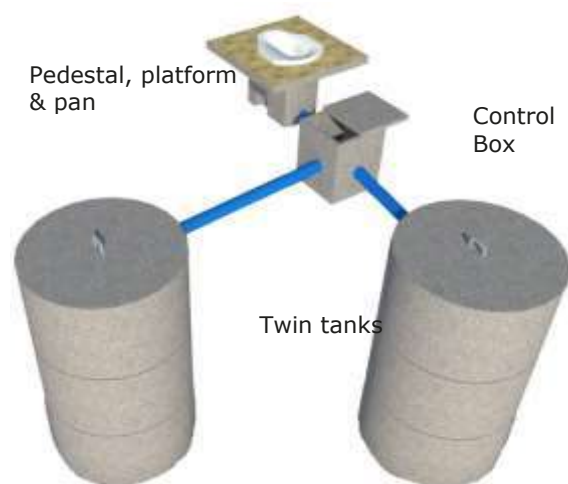
When asked about **future** faecal sludge management, 90% of respondents planned to empty their pit once it is full. Some 48% plan to dispose of it in a waterbody or field near the house, with 26% planning to pay for a service provider to take the sludge away to dispose of elsewhere and 25% planning to store it at the house for compost. Approximately 84% of respondents reported being willing to pay a service provider to empty the pit and 64% had already heard of an existing service provider.

Other key findings included:

- High awareness of health risks associated with unsafe faecal waste
- Acceptance of pit disposal into fields, paddies was moderate  
More work needed to convince communities that sanitation that is not safely managed is problematic
- Bad smells associated with a full pit are an important behavioural driver
- Existing demand for FSM services  
Household do not want to empty pit themselves
- Any FSM services must be both affordable and profitable

The program team in Cambodia are currently promoting an alternating twin pit (ATP) design. Each component of the twin pit (Figure 10) is moulded, which keeps production costs down and quality high. To upgrade an existing pit to an ATP costs around USAD 60, with a whole new system costing around USD 120. Key challenges to uptake of the new design have included issues around the control box design and function (these have been addressed by creating a mould to produce a consistent design), as well as demand creation: most households want to wait until their existing pit is full before changing to the new design

Figure 10: Alternating twin pit design, Cambodia. Presented at the SNV Learning Event, Ghana 2019.



Next steps will focus on building the capacity of small and medium enterprises and local masons to increase demand and to improve their construction skills. ATP demonstrations and pilots will be conducted in communities and the BCC campaign will continue. The team will continue to monitor their results, including FSM behaviours and ATP uptake, and will work with government and sector partners to draft national FSM guidelines.

### Safely managed sanitation solutions: Safe self-emptying

There will always be a proportion of households who will elect to self-empty their pits when full. To ensure that this is managed safely, the Cambodia program team has been developing new behaviour change communication materials to raise awareness of how to safely handle and dispose of faecal sludge. They will continue to monitor households and to reinforce safe-handling messaging.

## Question & Answer

| Questions  | Answers   |
|--|---|
| What do you get for the \$60?  | Have to buy another 3 ring, cover, pipe, box - \$60 includes all  |
| Looking at costs – so low compared with Ghana (around \$200-\$250) Does govt. subsidise? Looking at verification posters – do you consider emptying etc. in place in the verification? Or only that everyone has a toilet? | <p>ODF based on Govt guideline – many criteria but do not consider full pits. But when we realised the issue, we did some research and come up with.</p> <p>In Cambodia, \$60 is not so cheap! But maybe cheaper in Cambodia than in Africa due to material costs. Also a standardised design, each piece fits together so it is easy to construct and to produce cheaply on large scale. Also Cambodia maybe has better access than Africa. Very quick installation – order today, will be in your house tomorrow. Structure of supply chain helps to reduce costs. Also, fixed price – can increase a little with inflation but not more.</p> |
| What is the challenge in the control box? Do you check water sources in relation to FS disposal?   | Difficult to make the control box to work well – maybe the pipe is too high etc. Now we have standardised mould so we can make them quickly and cheaply. Yes, we tell people not to dig deeper than around 1.5m to bury FS so that they do not hit the ground water. Still a challenge but better than emptying into the field or into a river  |
| How much does it cost for the emptying service?  | \$50 per pit. But with ATP, and according to WHO guidelines, it is safe to self empty, just with a shovel. The tanks are quite low (1.2-1.5 m) so no need to get into pit.  |
| How do you make sure that people dispose of their sludge safely if they are self-emptying?   | New law/regulation, for anyone who throws faeces into field or water, the district government will fine them  |

## Toilet options in Africa

*Mr Jackson Wandera Lutomia, SNV CPL, Tanzania*

When starting sanitation activities, you need to think about the type of toilet you are planning to introduce. Will you promote a toilet that will require replacing? Or one that you will need to empty? The answer depends on the specific context: is there room to simply build a new toilet? Will this be safer and cheaper than emptying? Will you be able to develop safe, hygienic and affordable emptying services?

In Tanzania, SNV has been implementing sanitation activities for several years. Many communities now have toilets, but many are of low quality. Once you start with low-grade toilets, how do you get communities to re-invest in upgraded, higher quality toilets? The SNV program team conducted action research to better understand the needs and desires of the communities. This helped us to understand what they wanted but at the time we didn't have a toilet that met their needs. This led to the development of the Safi toilet.

The Safi toilet seemed to meet all the stated requirements of the community and yet somehow uptake of this new toilet was slow. We went back to the community and invited a researcher to help us understand what we were doing wrong. The results of this research showed us that we had a good product, but that we did not know how to market it well. Another challenge when innovating is to ensure that something is affordable at least for middle-income households, and that it is desirable. People care about the details. After Kenya decided to introduce the Safi, we found that we needed to send masons from Tanzania to Kenya to teach them how to install the pieces correctly, to improve uptake.

Following this research, we now have a new methodology around selling the toilets, to ensure that we are talking with the right people. We provide our communities with options, including an option that allows people to re-use the slab once the toilet is full, which makes them see the value of the investment, as it reduces the cost of toilet replacement.

## Questions & Answers

| Questions   | Answers   |
|---|---|
| Do you have provision for the twin pit?   | For the Safi, we have been promoting twin pits, right from the start  |
| Sharing experiences from Zambia: We focused on a slab that was cleanable, not necessarily washable. JMP only counted slabs made of concrete                                       | A limitation of the JMP is that definitions are still technology based, not around functionality (e.g. can flies get in etc.)   |
| This is a very attractive model for the latrine, but what is the difference between the model in Cambodia and Tanzania, in terms of cost and lifespan? Also, what about flooding? | Cost: a low-quality village option costs around USD 28-32. In comparison, a one ring Safi costs around USD 54, with each additional ring about USD 10 (sub-structure only, not including labour). The Safi latrine has the bottom-most ring sealed, like a container to avoid lower flooding, but cannot contain properly in high floods. |

## Group work: How to meet the challenges of sanitation in rural growth centres

The plenary organised themselves into five groups to discuss some of the different challenges in developing and maintaining sanitation facilities and practices in rural growth centres, and to try to offer some solutions to these challenges. Each group considered ways to address the four components of the SSH4A model: demand creation, behaviour change communication, supply chain and financing, and governance. The outputs of the group discussion are presented, below.

### Group 1: Mobile Populations

Group 1 considered various types of mobile populations, including immigrants, semi-nomadic communities that follow seasonal migrations, herders, farmers, miners, casual workers, and fishermen. Most of the communities they considered stayed in one place for around four to six months, were mixed groups of males and females of between 250 and 1,000 people, and largely aged between 16 and 55 years. They tend to set up temporary, make-shift homes and are more likely to be tenants than landowners. Most mobile populations are poor or working middle class. The centres where they congregate develop heterogenous populations and may people living in these centres do not have routine lives. These characteristics lead to specific challenges, including how to develop regular supply chains if the population they serve increases and decreases at different times; how to trigger demand and sustain behaviour change when communities may move out of the area before the message has time to take root; and how to support often powerless tenants to lobby landlords to provide and maintain sanitation facilities. Considerations for supporting uptake of sanitation facilities and practices for mobile populations are presented in Table 10, below.

Table 9: Considerations to improve uptake of sanitation facilities and practices among mobile populations. Presented at the SNV Learning Event, Ghana, August 2019.

| SSH4A Component | Group 1 outputs   |
|-----------------|---|
| Demand creation | <ul style="list-style-type: none"> <li>▪ Help mobile populations to understand their sanitation needs at their new sites</li> <li>▪ Communities should be encouraged to think about creating toilets where they are going</li> <li>▪ Develop strategies for "spicy" triggering: triggering within a shorter time to capture people before they move on</li> </ul>   |
| Supply chain    | <ul style="list-style-type: none"> <li>▪ Think about new types of toilet technologies</li> <li>▪ Develop facilities that are durable and able to withstand the dormant period</li> <li>▪ Facilitate mobile populations to know how to construct temporary toilets</li> <li>▪ Encourage and establish communally-owned public facilities</li> <li>▪ Understand the financial constraints and opportunities that are typical of mobile populations</li> </ul> |

|                                |  |
|--------------------------------|--|
| Behaviour change communication | <ul style="list-style-type: none"> <li>▪ Research motivations and barriers to improve understanding of the group-social factor</li> <li>▪ Focus on hygienic use of shared facilities</li> <li>▪ Identify existing community groups that may be able to advance sanitation uptake</li> </ul>  |
| Governance                     | <ul style="list-style-type: none"> <li>▪ Advocate for government regulation and enforcement of guidelines for toilet construction and use</li> <li>▪ Strengthen norms and regulations around migratory communities (e.g. to migrate to a new area, you must show proof of sanitation facilities)</li> <li>▪ Governments to create designated areas for settlement and to support construction of sanitation facilities in these areas</li> <li>▪ Develop minimum-standard guidelines around workers accommodation, including provision of sanitation facilities</li> <li>▪ Develop and enforce regulations around provision of sanitation facilities in rented properties and work places</li> </ul> |

## Group 2: Integrating sanitation into WASH plans

WASH plans should be designed to meet the needs and challenges of a specific context. As such, Group 2 decided to focus on one community – Babile, in Lawra Mun district – to help guide their discussions. Babile is a peri-urban community, a commercial town with a trading centre. It has a population of 8,350 people, of whom around one quarter are Muslim with the remainder Christian. Babile currently has 43% sanitation coverage. Some households have access to piped water and there are seven boreholes with handpumps and nine hand-dug wells. The settlement is unplanned and fast growing. Many members of the community have limited knowledge about or access to options for sanitation and hygiene, as well as limited access to private sector services. The community is comprised of diverse populations with different levels of leadership, with weak social cohesion. Solid waste and waste water management are key issues in the community. Group 2 outputs are presented in Table 11, below

Table 10: Considerations to for integration of sanitation into WASH plans. Presented at the SNV Learning Event, Ghana, August 2019.

| SSH4A Component | Group 2 outputs  |
|-----------------|--|
| Demand creation | <ul style="list-style-type: none"> <li>▪ Segmented targeting: separate strategies for landlords, tenants, floating populations</li> <li>▪ Engage religious and other community leaders</li> <li>▪ Clear communication of by-laws, which should be developed with community consultation</li> <li>▪ Use of most effective communication channels and messages for different groups</li> </ul>   |
| Supply chain    | <ul style="list-style-type: none"> <li>▪ Need to provide different appropriate and affordable technology options for households and public facilities</li> <li>▪ Research should be undertaken to better understand the needs of consumers as well as the capabilities of suppliers</li> <li>▪ Identify and engage relevant private sector actors</li> <li>▪ Need to develop solutions for solid waste and waste water management</li> <li>▪ Need to develop FSM options</li> <li>▪ Could consider developing a micro-finance model for micro, small and medium enterprises</li> </ul> |

|                                |  |
|--------------------------------|--|
| Behaviour change communication | <ul style="list-style-type: none"> <li>Identify priority behaviours and develop targeted messaging for different groups using relevant communication channels</li> <li>Develop partnerships between government, local community based organisations, local media, and local leaders</li> <li>Roll out campaigns across the community, in public places, and in institutions</li> </ul>   |
| Governance                     | <ul style="list-style-type: none"> <li>Strengthen the capacity of clear leadership, including identifying champions and ambassadors and building sanitation networks</li> <li>Creation and enforcement of by-laws and regulations</li> <li>Develop a system of monitoring and learning from successes and challenges</li> <li>ODF verification and declaration, based on government protocols and guidelines</li> <li>Development of a Post-ODF strategy.</li> </ul> |

### Group 3: Tenants

Tenants often face specific challenges to accessing sanitation facilities. They may be unable to put sanitation facilities into their rented accommodation, either through lack of funds or because their tenancy agreement precludes this type of modification. In addition, they often lack the negotiating power to persuade landlords to provide these facilities. Group 3 discussed how these challenges may be addressed. Their outputs are presented in Table \*, below.

Table 11: Considerations to improve uptake of sanitation facilities and practices for tenants. Presented at the SNV Learning Event, Ghana, August 2019.

| SSH4A Component                | Group 3 outputs  |
|--------------------------------|--|
| Demand creation                | <ul style="list-style-type: none"> <li>Modification of existing designs, for example, multiple rooms for one pit</li> <li>Trigger tenants to pressure landlords to provide water, sanitation facilities and electricity</li> <li>Trigger landlords to provide these services through messaging around the value of the property and through threats of fines</li> </ul>  |
| Supply chain                   | <ul style="list-style-type: none"> <li>Modifications and improvements influenced by tenants; use contracts and tenancy agreements</li> <li>Ensure both landlords and tenants are informed about technology choices</li> <li>Recognise that who will pay will depend on the specific context</li> <li>Ensure FSM responsibilities are clearly included in tenancy agreements, including who will bear the cost</li> </ul> |
| Behaviour change communication | <ul style="list-style-type: none"> <li>Focus on the tenants, especially for cleaning, minor maintenance and handwashing</li> <li>Don't wait for the landlords to take action but do include both landlords and tenants in BCC campaigns</li> </ul>   |
| Governance                     | <ul style="list-style-type: none"> <li>Local government should have responsibility to resolve disputes between tenants and local government</li> <li>Landlord should be responsible to pay the fines for not following local sanitation by-laws</li> <li>Landlord's responsibility to provide hygienic latrines</li> </ul>   |

- Tenants responsible for maintenance and cleanliness; perhaps on tenant can be the designated caretaker

## Group 4 – Floating populations

Floating populations include people travelling to markets, festivals and churches, as well as people congregating around transport hubs and border crossings. Key issues include ensuring that people are aware sanitation facilities where they exit and how to use them hygienically, solid waste management, and safe operation and maintenance of public or shared facilities. A summary of Group 4’s discussions around these issues are presented in Table 13, below

Table 12: Considerations to improve uptake of sanitation facilities and practices among floating populations. Presented at the SNV Learning Event, Ghana, August 2019.

| SSH4A Component                | Group 4 outputs   |
|--------------------------------|---|
| Supply chain                   | <ul style="list-style-type: none"> <li>▪ Develop a standard design that is quick and inexpensive to produce</li> <li>▪ Conduct surveys to estimate the population at different times of the year</li> <li>▪ Research to better understand budget adequacy</li> <li>▪ Ensure availability of familiar and appropriate technologies</li> <li>▪ Incorporate accessibility for all into standard designs</li> <li>▪ Provide adequate visible advertising of facilities and instructions on how to use them hygienically</li> </ul>                      |
| Behaviour change communication | <ul style="list-style-type: none"> <li>▪ Use visual behavior change communication materials to address difficulties arising from lack of literacy and different language groups</li> <li>▪ Introduction of fines to promote use of sanitation facilities</li> </ul>   |
| Governance                     | <ul style="list-style-type: none"> <li>▪ Strategic planning to anticipate sanitation needs</li> <li>▪ Development and enforcement of regulations around the development, use and maintenance of public and shared facilities</li> <li>▪ Develop management models for public facilities</li> <li>▪ Develop strategies for supervision of public facilities to ensure they are safe for all to use and to reduce vandalism and destruction of facilities</li> <li>▪ Introduce tariffs to support the upkeep and maintenance of facilities</li> </ul> |

## Group 5: Flooding

Communities that live in flood zones face specific sanitation challenges. These challenges may vary in different contexts; it is important to conduct some search to understand the needs of the target area and also the type of flooding they face. Strategies should be developed to help communities manage their sanitation needs before, during and after flooding, including access to clean drinking water. Potable water sources are frequently contaminated during flooding. Once the flood recedes, communities need to think about how to repair their toilets. There are opportunities to link with disaster committees and to think about the range of challenges in a broader context. The outputs from Group 5’s discussions are presented in Table 14, below.

Table 13: Considerations to for sanitation facilities and practices for people living in flood zones. Presented at the SNV Learning Event, Ghana, August 2019.

| SSH4A Component | Group 5 outputs  |
|-----------------|--|
| Demand creation | <ul style="list-style-type: none"> <li>▪ Develop appropriate tools and guidelines for demand creation</li> <li>▪ Modify CLTS strategies to fit rural growth centres and flood areas</li> <li>▪ Capacity building of stakeholders to enforce existing guidelines and regulations</li> </ul> |



| SSH4A Component                | Group 5 outputs  |
|--------------------------------|--|
|                                | <ul style="list-style-type: none"> <li>Develop technologies for flood resistant structures</li> <li>Link with disaster response and related instructions</li> </ul>  |
| Supply chain                   | <ul style="list-style-type: none"> <li>Engage sanitation suppliers to address the design and production of suitable latrine components and technologies, e.g. floating mobile toilets and water filters</li> <li>Develop FSM providers</li> </ul>  |
| Behaviour change communication | <ul style="list-style-type: none"> <li>Develop guidelines for FSM in flood times; e.g. empty toilets before the flood season starts</li> <li>Develop communication materials around hygiene awareness</li> <li>Monitoring and evaluation: keep communication up during floods to prevent outbreaks (e.g. make sure food is stored safely, check the quality of cooking water)</li> </ul>                     |
| Governance                     | <ul style="list-style-type: none"> <li>Establish flood response system</li> <li>Create leadership to oversee flood response</li> <li>Establish by-laws to guide construction of latrines</li> <li>Develop and implement monitoring and evaluation systems</li> <li>Set up a sanitation committee</li> <li>Develop RGC sanitation plan, including consideration of poor and vulnerable populations</li> </ul> |

## Block 5: Closing activities

### World Café session

Based on the previous days' discussions, each Country Team was asked to prepare a brief on priority issues in their country. One or two people from each Country Team were then asked to remain as the country "client" while the remaining participants formed a pool of "consultants". The consultants were organised into mixed-country groups and were then instructed to visit some other country clients to provide advice on the issues identified in the brief. Due to time constraints, each consulting group visited three countries only. Some country clients presented the same issues to each of the visiting consulting groups, while others developed a different set of questions for each. These questions were intended to help each country identify some take home messages and tools to put into their "shopping bag" (below).

### Country Shopping bag

An important objective of the learning event is for participants to take home a "shopping bag" full of new or different ideas and learning to influence practice in their own countries. Documenting what participants placed in their shopping bags holds them accountable for the knowledge and learning they pledge to take back. It also allows SNV leaders a reference from which they may monitor progress over the upcoming months.

For most country teams, the shopping bag drew on information and ideas that had emerged throughout the workshop. For many, these ideas were distilled during the previous World Café session. The shopping bags for each country are presented below.

| Country | Shopping Bag Content  |
|---------|---|
| Bhutan  | <ul style="list-style-type: none"> <li>Review and update both rural and urban BCC strategies</li> <li>Develop FSM BCC materials</li> <li>Technology options for RGCs</li> </ul> |

| Country             | Shopping Bag Content   |
|---------------------|--|
|                     | <ul style="list-style-type: none"> <li>▪ Develop strategies for greater involvement of landowners</li> </ul>   |
| Bukina Faso & Benin | <ul style="list-style-type: none"> <li>▪ Employ sectional triggering</li> <li>▪ Develop RGC-wide sanitation strategies</li> <li>▪ Improve FSM management chain</li> <li>▪ Develop deeper understanding of the four components of SSH4A</li> <li>▪ Develop Post ODF strategies, recognising that post-ODF becomes easier if we think about it before starting ODF activities</li> </ul>   |
| Cambodia            | <ul style="list-style-type: none"> <li>▪ Develop technologies for “sanitation challenging environments” (SCEs), such as flood zones and areas with hard soils or rocky substrata</li> <li>▪ Develop FSM guidelines</li> <li>▪ Pay greater attention to inclusive WASH at all levels of the program</li> <li>▪ Use toilet lifespan calculations to help clients make informed choices</li> <li>▪ Adapt the learning event methodology for Cambodia-based learning events</li> </ul>   |
| Ethiopia            | <ul style="list-style-type: none"> <li>▪ Conduct a consumer preference and affordability study</li> <li>▪ Sales agents to lead sanitation marketing outreach</li> <li>▪ Focus on RGCs</li> <li>▪ Establish sustainable financing mechanisms</li> <li>▪ Promotion of biogas and other appropriate technologies</li> <li>▪ FSM: create shit-flow diagrams to inform management strategies</li> </ul>   |
| Ghana               | <ul style="list-style-type: none"> <li>▪ Sanitation marketing</li> <li>▪ Private sector participation and investment</li> <li>▪ Develop strategies for FSM in rural and RGC areas</li> <li>▪ Develop appropriate strategies or approaches for sanitation in RGCs</li> </ul>  |
| Kenya               | <ul style="list-style-type: none"> <li>▪ Developing a reward and recognition system towards ODF</li> <li>▪ Introduction of a Sanitation League Table</li> <li>▪ Use of targeted media messaging</li> <li>▪ Segmenting RGCs based on common characteristics</li> <li>▪ Support the establishment and strengthening of RGC sanitation policies and guidelines</li> </ul>   |
| Laos                | <ul style="list-style-type: none"> <li>▪ Ideas for how to achieve ODF by triggering, motivation, BCC, and sanitation supply chain strengthening</li> <li>▪ Develop inclusive BCC for a diverse populations through understanding social norms and mobilizing leaders</li> <li>▪ Strategies to sustain ODF through FSM and engaging the private sector</li> <li>▪ Sanitation financing by partners through micro finance institutions and how to facilitate households to access the loans</li> <li>▪ Developing pro-poor support strategies</li> <li>▪ How to motivate the Women’s Union and community leaders to participate in promoting sanitation</li> </ul> |

| Country    | Shopping Bag Content  |
|------------|---|
| Mozambique | <ul style="list-style-type: none"> <li>▪ Experience of district ODF in Ghana</li> <li>▪ Advocacy to influence the government to include sanitation at the top of their agenda</li> <li>▪ The importance of engaging local leaders as sanitation ambassadors</li> <li>▪ Re-verification and certification of ODF communities at a Latrine Day celebration</li> <li>▪ Strategy to introduce sectional triggering</li> <li>▪ Reflection on approaches to address sanitation challenges in RGC, including FSM and post-ODF</li> </ul> |
| Nepal      | <ul style="list-style-type: none"> <li>▪ Introduction of the 1:5 concept: one household to coordinate five households towards total sanitation</li> <li>▪ Specific section for RGC and urban centres in District sanitation strategies</li> <li>▪ Sharing the concept of floating toilets in flood-affected areas</li> </ul>  |
| Rwanda     | <ul style="list-style-type: none"> <li>▪ Work to achieve ODF districts towards area-wide sanitation</li> <li>▪ Consider RGC's specific characteristics when developing sanitation solutions</li> <li>▪ Role of sanitation ambassadors in ODF process</li> <li>▪ Consider the role of financial institutions in supporting sanitation solutions</li> </ul>   |
| Tanzania   | <ul style="list-style-type: none"> <li>▪ Promote upgrading of existing single pit Safi latrine to twin pit as part of FSM solutions</li> <li>▪ Triggering of landlords in RGCs to upgrade their tenant's sanitation facilities</li> </ul>   |
| Uganda     | <ul style="list-style-type: none"> <li>▪ Need to have conversations on sanitation at national, regional and district levels for RGC</li> <li>▪ Roll out discussion of FSM to rural areas as well as urban areas</li> <li>▪ Sharing of messages from SSH4A learning events to other sanitation projects</li> <li>▪ Introduction of sanitation league table</li> <li>▪ Involvement of local leaders and multi-stakeholder engagement</li> <li>▪ Development of by-laws, with strong enforcement</li> </ul>                          |
| Zambia     | <ul style="list-style-type: none"> <li>▪ Clarity on RGC – an emerging theme in Zambia</li> <li>▪ Sanitation League Table to promote area-wide sanitation</li> <li>▪ Greater clarity on FSM strategies</li> <li>▪ Pit latrine calculation to help clients make an informed choice</li> <li>▪ BCC pictorial messaging</li> <li>▪ Customise demand creation strategies to fit the specific context</li> <li>▪ Sanitation guards for public facilities</li> </ul>   |

# Annex 1: List of Participants



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# Annex 2: EGroup Discussion summaries

## Summary EGroup Discussion 1: What does an area-wide sanitation approach mean in different contexts?

### 1. What is your country's outreach strategy in achieving area-wide sanitation, and how strong is this?

Outreach strategies vary across countries, depending on the way the government is organised and the level of decentralisation. It also depends on whether there is a network that connects households to villages to higher government levels, how strong that network is and whether it can be mobilised for sanitation.

Generally, health ministries have a stronger in-house system for reaching households all the way from top to bottom, e.g. through female health volunteers. This is an advantage compared to a ministry of works, which does not have that same structure all the way to the lowest level. However, not always a ministry of health is able to mobilise communities for sanitation through their structure, either due to a lower internal priority or in some cases they do not have the convening power.

As mentioned, an outreach strategy is about how to reach people all the way from national level to households. Or, in the context of a district, from district to the households. The strength of an outreach strategy depends on the number of people to be reached by the lowest level and the intensity of contact.

For some countries, the lowest level of reach is the sub-district level, which may have between 3000-20,000 people. For most countries, the lowest level is the village or community, which could be between 100- 1000 people. In Ethiopia, Rwanda and Tanzania there is a structure below that. For example, [Anduaem Anteneh](#) from [Ethiopia](#) shared that the system of having a leader for each five households (1-in-5 leader) and then a leader for six of these (1-in-30 leader), helped to reach all. In [Rwanda](#), [Getachew Belaineh](#) writes there are Community health clubs (CHCs) consisting of up to 100 households. If a village has more than 100 households, there are two CHCs. The CHC have an intensive programme of 20 sessions before they can "graduate". Currently there is a review to reduce the maximum number of households in a CHC to 30-45 households. In [Tanzania](#), [Jackson Wandera](#) shares that his programme introduced neighbourhood sanitation groups (called Jirani Sanitation Groups or JSG) at sub-village level. Each JSG has 10 households.

The above examples are all mutual support groups. There are also groups that are created to facilitate promotion. For example, [Dennis Okello from Uganda](#) writes about the Village Health Teams (VHTs) which are assigned groups of 25-30 households to support and monitor. In [Bhutan](#), [Rinchen Wangdi](#) wrote that clusters of households are formed at village level. These are not only used to organise sanitation promotion, but also to identify households that need special support such as household with people with disability. In [Laos](#), [Sengdao Sydalay](#) writes, the government has established plans and the MoH of health aims to work with external agencies to increase district outreach.

[Krishna GC from Nepal](#) writes that before the Federalisation in the country, the lowest outreach level in Nepal was the sub-district (VDC). However, the outreach was strengthened through the engagement of multiple civil networks active at the local level, such as youth clubs, female health volunteers, schools, forestry associations etc. [Vinod Sharma, also from Nepal](#), points out that an important part of effective outreach is also the consensus among all stakeholders so that messages and approaches are the same. He shares that before the National Sanitation Master Plan, people would implement very different approaches in the same area (in particular with regards to financial support to households), there were overlaps and there was no coordination. With the Sanitation Master Plan the agreement was a no-subsidy approach (though mutual solidarity at the local level was encouraged), and all messages were aligned.

### 2. How does your country generate political drive for sanitation at different levels?

As can be seen from the different contributions, national policies and frameworks are considered very important to drive sanitation. Once this is in place, the next step is to make sure that this is taken up as a priority at the different government levels, both by the politicians as well as by the government employees. For this, you provided examples of formal instruments, such as a roadmap or key performance indicators, as well as informal instruments such as pledges, competitions, engagement of traditional leadership. [Anduaem](#) called this multi-level advocacy.

Both in [Cambodia](#) as explained by [Sophorn Ngy](#) and in [Burkina](#), explained by [Aminata Bara](#), the key instrument is the national roadmap. However, Sophorn shares that there is still more work to be done to ensure full implementation and sufficient capacity for implementation. In Bhutan, [Rinchen](#) explains that Sanitation and hygiene is a national key results area, with a key performance indicators (KPI's) that are included in the local government plans. In Rwanda, [Getachew](#) explains, there is a separate sanitation policy since 2016

In [Tanzania](#), [Selemani Abdi Yondu](#) writes, there is a National Sanitation Campaign (NSC) implemented throughout the country. There is a coordinator the NSC in every local government and there are multiple guidelines. Jackson further adds that in the NSC, political and administrative leadership has been mobilized to publicly pledge their support to sanitation ("Niko Tayari" = I am ready to support sanitation). Competitions and awards are provided to the best performing local governments. In Ethiopia, there are committees for WASH at all government levels, making a distinction between the WASH steering committee represented by heads of administration and the WASH technical team, made up of technical staff.

[Kumbulani Ndlovu](#) writes that a sanitation summit raised the importance of the issues in [Zambia](#). Furthermore, the political drive for sanitation in Zambia was very much strengthened by the engagement of traditional leaders. ODF declarations are done in chiefdoms, which may include several wards and numerous villages.

In Nepal, at the beginning of the sanitation campaign, the strategy was to engage all political parties across the spectrum and motivate them to commit to sanitation. Thereby it could not become a politicised agenda of one government or another.

### 3 and 4. Does this [contribute](#) to area-wide sanitation? And is there [scope and possibilities](#) for improvements?

The overall reflection was that the current situation does contribute to area wide sanitation, but also that there is scope for improvement. One of the main barriers mentioned by all was the planning and availability of budget to roll out the interventions as intended in the policies and guidelines. This is not only about the amount of money, but also about realistic planning, timely disbursements and good local coordination. Further comments were made about the need to maintain the quality of local leadership. This has to be a continuous effort otherwise it slips away. Sengdao mentions the need for strong committees at each level and strong coordination mechanisms.

In the case of Nepal, the challenge is that now there are new local bodies (after the Federalisation process) and that this requires a lot of capacity development because few have experience with sanitation. Capacity development is also mentioned in the other contributions.



## E-Group Discussion 2: Opportunities and barriers for sanitation in rural growth centres

In the second topic, we asked you to reflect on the [characteristics](#) of these rural growth centres, their [sanitation situation, needs](#) and in which ways this is the [same or different](#) from smaller villages and more dispersed rural areas.

What are the general characteristics of rural growth centres (RGC's) in your country?

The term "Rural Growth Centres" is not a formal classification of settlements in most countries, except Tanzania and Uganda, and perhaps less common in sanitation. It is a terminology used more in relation to economic development, urbanisation and roads. The underlying idea is that development will spread more evenly if there is opportunity in larger rural centres ("rural growth centres"), and that this will slow down the movement of people to cities.

[Chemisto Ali](#) from Uganda shared that there are 500 peri-urban communities classified as RGC's, and they have the following characteristics:

- Medium-sized populations -range from 3,000 to 5,000 people.
- Highly transient population
- The age range of the dwellers of RGCs tends to be in their 20s and 30s.
- Majorly habited by tenants
- Clustered housing – almost similar to slums
- Poor infrastructure especially roads
- Visibly poor hygiene and sanitation
- Absence of solid wastage management

In Tanzania, [Catherine Maganga](#) shares, there are two types of RGCs. The RGCs that have been formally established by the Local Government Authority and those that have mushroomed up in response to economic activity. The formal ones tend to be better planned, but both typically have small shops, some services and an average population of 35-2000 people, which on market days can increase to 5000 people.

In Niger, [Yacouba Chaibou](#) says, the 213 rural municipalities are all considered rural growth centres. Hence these can be small, but the total population might be comparable to that of urban population.

In most other countries, rural growth centres emerge spontaneously. Their growth is triggered by economic opportunities such as market centres, the construction of a new road or new institutions (a college, health service etc.). Though with small variations, this process is explained by [Fanuel Nyaboro](#) from Kenya, [Mahteme Tora](#) from Ethiopia, [Ugyen Rinzin](#) from Bhutan, [Krishna GC](#) from Nepal and [Chainga Zulu](#) from Zambia.

While population size can vary greatly, you mentioned many of the same characteristics for RGC's. Therefore I have summarised these into the table below per country.

|  | ET | UG | BH | TZ | MZ | NP | HO | BU |
|--|----|----|----|----|----|----|----|----|
| Population:  |    |    |    |    |    |    |    |    |
| • Heterogeneous, ethnically and socially more diverse than dispersed rural areas | ■  |    |    |    | ■  | ■  |    |    |
| • More individualistic, less social cohesion                                     | ■  | ■  |    |    | ■  |    |    | ■  |
| • Aspiring a "modern" lifestyle  |    | ■  |    |    |    |    |    | ■  |
| • Young population compared to dispersed rural areas                             |    | ■  |    |    |    |    |    |    |
| • Less landownership, more tenants   |    | ■  | ■  |    |    | ■  |    | ■  |
| • Significant floating or transient population                                   |    | ■  |    | ■  |    | ■  |    |    |
| Infrastructure and services:   |    |    |    |    |    |    |    |    |
| • Unplanned, weak infrastructure   | ■  | ■  | ■  | ■  |    | ■  |    | ■  |
| • More likely to have water and/or electricity, but with cuts                    |    |    |    | ■  |    |    |    | ■  |
| • More likely to have institutions, schools, health facilities, offices          |    |    |    |    |    |    |    |    |

|  |   |   |   |  |  |   |   |   |
|--|---|---|---|--|--|---|---|---|
| • Lack of space, crammed housing, informal sometimes                         | ■ | ■ | ■ |  |  | ■ |   | ■ |
| • No solid waste management, dirty   |   | ■ |   |  |  |   |   | ■ |
| Administration and budget:   |   |   |   |  |  |   |   |   |
| • Weak administrative structures (not set up for the size of the settlement) | ■ |   |   |  |  |   | ■ |   |
| • No additional budget as compared to dispersed rural areas                  |   |   | ■ |  |  |   |   |   |

In addition to the above, I'm also including the case of the rural growth centre in Senga Hills district in Zambia described by [Justin Chongo](#) as an illustration.

Senga Hill is a fairly new district in Zambia that was established in 2016 with a total population of 85,000 people spread across different villages. The growth centre in Senga Hill lies along one of the major roads that links Zambia to Tanzania and the Democratic Republic of Congo. Hence the growth centre is a stopover for people in transit. The major economic activity in the district is farming (beans) and people from surrounding villages come to the growth centre for trade as well as to access healthcare and education. The growth centre has reliable electricity supply as it is connected to the national grid. Over 90% of the land in Senga Hill is customary and belongs to the traditional leadership who issue out plots for development. All of the structures that have been developed around the growth centre are unplanned. Hence all the houses, institutions or commercial buildings are on onsite sanitation with the bulk of these being unimproved pit latrines. Not many properties have septic tanks. Furthermore, the centre has no piped/treated water supply. People are dependent on ground water to meet their water needs. Hence there is a high risk of the ground water resource being contaminated from onsite sanitation practices.

It should be noted that in spite of similarities, rural growth centres in different countries can be very different. While in countries like Kenya and Uganda these are clearly areas moving towards becoming more urban, in [Alex Grumbley](#) and his team in Mozambique write that in Mozambique RGCs are still very rural in character.

Are the sanitation needs and solutions **different** in rural growth centres as compared to villages and more dispersed rural areas? If yes, what are those main differences?

In the table above a summary is given of characteristics of Rural Growth Centres (RGCs), showing that these are different from dispersed rural areas in many ways. Yet, they are treated the same in rural sanitation programming. As was written in the previous topic, in most countries the same interventions, approaches, budget allocation, technology advice and outreach is used for both RGCs and rural dispersed areas.

[Andualem Anteneh](#) from Ethiopia points out that there is always variation in context, between different districts, as well as among villages. Therefore one should always consider the local context first. [Chiranjibi Koirala](#) and [Vinod Sharma](#) from Nepal, emphasize the diversity among ecological zones in the country (rather than settlement types) and how this influences sanitation interventions, technologies and approaches.

[Dennis Okello](#) from Uganda shared that there is not specific sanitation intervention targeting RGCs in Uganda, in spite the differentiating characteristics, such as cultural diversity. Below a few highlighted differences and their implications for sanitation.

**Lack of space/ crammed housing increase disease risk and demanding higher quality sanitation**

Due to the population density, use of lacking sanitation structures and ground water for drinking, there is a much higher risk of pollution and disease write both [Yemane Gebree'gziabher](#) from Ethiopia and [Ugyen](#) from Bhutan. Moreover, several others add, due to the lack of space people cannot excavate latrines everywhere, replacing them when full. This means, explains [Aminata Bara](#) from Burkina, that better sanitation options are needed as well as sludge management solutions.

**Temporary and floating population, combined with tenants, requires different social mobilization strategies, not just CLTS**

[Alex](#) and his team explain that due to the lack of social cohesion, CLTS might be challenging. [Krishna](#), [Fanuel](#) and [Aminata](#) explain that the focus should be on landlords as these are the ones who should invest in sanitation. In addition to this, solutions should be found to avoid open

defecation by the large numbers of people visiting (transient or floating population). Catherine further adds that currently the landlords tend to provide shared latrines, which might need to be regulated.

#### **More need for attention to regulation and professional management of waste**

Krishna and Ugyen explain that in the rural context, most issues are handled directly by the household. In the case of Bhutan, with alternating twin pit latrines, management of faecal sludge can be done safely by the household. In many countries in Africa, pits are simply replaced. These options are not so easy in RGCs due to lack of space. Land tenure issues and lack of social cohesion further limit self-management of waste by households and incentivise free-riders' behaviour. Therefore RGCs need more attention to enforcement, regulation and a degree of organised (professional) management of waste, while in rural areas this might be addressed by behavioural change and awareness programmes.

#### **Better income and concentrated populations, potentially make sanitation supply chains easier**

Several people expect that the relatively higher income and more concentrated populations in rural growth centres, will make the introduction of different sanitation technologies easier. Also facilitated by the presence of private sector and masons, and the observation that populations in RGCs aspire to a modern lifestyle.

#### **High growth rates require better and longer-term planning**

Several of you explain that the unplanned nature of RGC is a problem, because it makes service improvements in future more difficult. Some expect that this would involve the installation of sewer networks, but Kumbulani Ndlovu from Zambia points out that the vast majority of urban and all peri-urban and rural populations will remain reliant on on-site sanitation. This also needs consideration in planning.

#### **What do you see as opportunities and/or barriers for the improvement of sanitation in rural growth centres?**

As for characteristics, you mentioned a lot of opportunities and barriers, some overlapping some different. I would like to highlight a few.

In terms of opportunities, several people pointed to the emergence of new policies or strategies that include temporary settlements and/or rural growth centres. Other opportunities are the relatively higher standard of living, income, education, and the fact that there are some businesses investing in permanent housing. As development is incipient, there is still an opportunity to introduce better planning and with the decentralisation of budgets this could be taken up. Especially in countries with newly elected leaders there is an opportunity there. Furthermore, being a market centre is expected to make different sanitation options more affordable and accessible and would in some cases allow for coupling water supply to sanitation.

In terms of barriers, we need to distinguish between the things which are characteristics of RGCs and therefore a given, and things that can be influenced. It is a given that there is a heterogeneous population, more tenants and a lack of space. The fact that there are currently no approaches and technologies adapted to this specific situation, is perhaps a barrier that could be influenced. All guidelines and trainings are focussed on rural dispersed areas and small communities with homogenous populations. Another barrier that you mention are the challenges around planning capacity, competing development priorities and financing. Furthermore, many of you mention the need for regulation and (effective) enforcement of sanitation in rural growth centres, and the lack of capacity to do so. Patricia Solórzano from Honduras makes a strong case for political will for coordination and implementation of existing structures and regulations.

Last but not least, perhaps not a barrier but certainly a reality, Chainga shares that new rural growth centres keep coming up.

## Summary E-Group Discussion 3: What needs to be done to fit rural growth centers in an area-wide sanitation approach?

Most [current approaches have been developed for rural areas](#), and that most stakeholders have focussed their effort and skills on rural areas. Fitting rural growth centres in area-wide rural sanitation efforts will not happen automatically. We may need to adjust some part of our approaches, outreach strategies or other aspects to respond to the context and needs in rural growth centres, while others can remain the same. [Chemisto Satya Ali](#) from Uganda stated: "urbanisation in Uganda is real" but it will take time for them to become real urban areas. In the meantime, the sector only thinks in rural and urban and "fails to cater for the outliers".

The suggestion here is not to completely drop all approaches and insights from rural sanitation and start from zero. As [Gabrielle Halcrow](#) from Australia says, this is more about innovation within what we already know. [Chainga Ackim Zulu](#) from Zambia adds, this is not about using or not using CLTS, rather what needs to be adjusted. [Joseph Oluoch](#) from Kenya further reflects, that over time rural sanitation, in particular CLTS, has become heavy with protocols and guidelines, and this has led to hesitation to adopt, modify and innovate. [Gabrielle](#) suggests that more example and learning between rural and urban programming might help, as RGC need elements of both. This also depends on the country context. For example, [Richard Nyirishema](#) from Rwanda writes that in his country RGCs quickly grow into bigger, more urban areas, while others state that in their context this process can take a long time.

But what specifically is it, that would need to be innovated? You do not fully agree. We can distinguish some areas.

### Sanitation demand creation, approaches and messages

While [Chemisto](#) clearly says to move away from disgust, fear and shame in sanitation demand creation, and rather use pride, comfort and dignity as drivers for demand, [Joseph](#) feels that the same drivers (disgust etc.) will be effective. This is related to the characteristics of RGCs, which will not be the same in all countries. For example, [Chainga](#) shares that in fact, RGCs in Zambia are quite homogeneous. Overall it means that understanding the characteristics of RGCs in a particular area, and doing formative research around drivers, will be important before embarking on demand creation.

Aside from the messages, [Krishna GC](#) from Nepal, Joseph and [Aaron Ndaa](#) from Zimbabwe suggest that also the outreach model for sanitation demand creation (or broader) would need consideration. [Krishna](#) suggests that in RGCs, the practice of community meetings and triggering might not reach all and need to be coupled with other methods such as enforcement. [Joseph](#) suggests engaging not only community members, but also leaders of institutions in the area, while [Aaron](#) suggests a broad coalition for committees in order to have more chances of reaching all.

[Le Huong](#) from Lao PDR shares the challenge of social mobilisation approaches that rely on volunteers for the roll-out. When these volunteers are trained, they do not always remain in the area, hence the social capital is lost. This is a challenge in both dispersed rural areas as well as RGCs.

### Technology choice, sanitation marketing, sludge management

The need for an understanding of the characteristics of RGCs in a particular area is also evident for other topics, such as technology choice. Several contributions emphasize the need to carefully consider technology options suitable for RGCs, and not automatically use the same informed choice manuals for technology choice. [Andualem Anteneh](#) from Ethiopia therefore suggests the demonstration of different sanitation products proto types suitable for the growth centres. [Krishna](#) says that technology choice in RGC's is not only about the family's preferences and needs but should also consider how the technology affects neighbours for example in smell, ground water contamination. Therefore, suitable technology options need to be carefully considered. Both Krishna and [Vinod Sharma](#) from Nepal suggest considering re-use and re-cycling options for RGCs, as well as the effects on drainage.

A particular issue related to the above is sludge management. In areas with less space for building new toilets, containments will need to be emptied. This means, first of all, construction of toilets that can be emptied safely (access ports, stability). Secondly, the question of safe emptying methods, and thirdly safe disposal methods. All these within the resource limitations of households (and other users) in RGCs. [Andualem](#) talks about the establishment of village level saving and loaning systems (VSL) for RGCs.

Furthermore, many people expect that sanitation marketing will be easier due to higher income levels and proximity of shops, masons and supplies. This sounds plausible, though nobody provided specific examples or data on this.

## Dealing with floating population, tenants and informal settlements

Due to its function as market and service centre, RGCs tend to have significant floating populations [Jackson Wandera](#) from Tanzania states. These may be people who visit for a day or even several days, but do not have a house. These people need to use the toilet as well. [Justin Chongo](#) from Zambia explains that traders could manage public toilets, in stead of local councils which is the case in cities. The role of local councils would then be more the oversight and monitoring of standards.

In the case of tenants, landlords are responsible for the construction of toilets, and these are unlikely to be reached by conventional sanitation promotion activities. Several contributions emphasize the need to introduce sanitation regulation and enforcement in RGCs (in parallel with sanitation promotion that is).

While informal settlements have been mentioned, no specific activities were suggested, though [Justin](#) did mention the need to better manage communal toilets and ringfence income for those.

### Post-ODF, governance and multi-stakeholder coordination.

The post-ODF support and structure, is of course relevant for both rural dispersed areas as well as rural growth centres, but some contributions suggest that it is particularly important in rural growth centres due to rapid change. Forward looking planning, considering ODF, but also housing and drainage is mentioned by [Richard](#) as well as by [Vinod](#) and [Dennis Okello](#) from Uganda. Gabrielle states that attention to governance remains central to reaching all, [Anduaalem](#) mentions coordination among different levels of government and [Joseph](#) emphasizes the importance of broader level coordination, making it a community issue not a health issue alone. [Joseph](#) also calls for post-ODF strategies.

## Learning topics

You mentioned a lot of learning topics, many of which are also included above. Below here a short, summarised list.

### Technical learning topics

- Safe disposal and/or treatment of sludge within the resource limitations of RGCs
- Possibilities and viability of small-scale recycling of waste
- How to deal with floating populations in RGCs
- How to best manage communal toilet blocks in RGCs

### Coordination, steering and planning

- Multi-stakeholder coordination and steering appropriate for RGCs
- Local WASH forums appropriate for RGCs
- Private sector engagement in RGCs
- Effective physical planning to align different services and integration of sanitation in town planning

### Enforcement, monitoring and regulation

- Appropriate legislation
- Definition of realistic and appropriate standards for RGCs
- Stable monitoring of standards
- Effective enforcement strategies for RGCs

## Annex 3: Learning Event Presentations

A copy of each of the presentations included in the Learning Event is available at:

[https://www.dropbox.com/sh/hvgs2wu2kct3htd/AAC\\_7DvflknZJ10DIFwTj5Mda?dl=0](https://www.dropbox.com/sh/hvgs2wu2kct3htd/AAC_7DvflknZJ10DIFwTj5Mda?dl=0)

## Annex 4: Field Work Deliverable

The field work deliverables for each of the three groups is available at:

[https://www.dropbox.com/sh/973zc7knckx1wvj/AAB4Zu1MFPdeD3bF\\_4MyPWFRa?dl=0](https://www.dropbox.com/sh/973zc7knckx1wvj/AAB4Zu1MFPdeD3bF_4MyPWFRa?dl=0)