



# Study Session 5: Options for implementation

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## Introduction

With area objectives and targets in place, this study session focuses on the options available for actions towards achieving those objectives. It outlines the implementation approaches that are most widely used in rural sanitation programmes and suggests how they can be applied, combined or adapted for the different types of rural context.

## Learning Outcomes for Study Session 5

After you have studied this session, you should be able to:

- 5.1** Describe a range of options for implementation of rural sanitation programmes.
- 5.2** Select approaches or combinations of approaches that are most appropriate for different rural contexts.

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## 5.1 Implementation approaches

Implementation strategies consist of sets of approaches or interventions that are appropriate for a specific context or can be adapted for that context. A number of different implementation approaches are used in rural sanitation programmes and they can be categorised in various ways. One way of grouping them is as:

- Community-based approaches
- Market-based approaches
- Technical support
- Financial support.

Each of these is briefly described in the following sub-sections. Note that they are not mutually exclusive and may be used in combinations. The UNC Review of Rural Sanitation Approaches (UNC, 2017) has been used as the basis for some of these descriptions and is a useful source of further information.

### 5.1.1 Community-based approaches

Community-based approaches are participatory processes that focus on **community-based behaviour change** (CBBC). They have the potential to improve rural sanitation with a combination of actions from increasing the construction of latrines to stopping the practice of open defecation.

### Community-led Total Sanitation

Community-led Total Sanitation (CLTS) recognises that individual behaviours affect the well-being of others in the community. It centres on a process that triggers collective change at community level using participatory methods to incite disgust at open defecation (Figure 5.1). Communities are expected to build sanitation facilities on their own using locally available materials in order to be declared as open defecation free (ODF).



**Figure 5.1** CLTS mapping and triggering meeting in Nepal.

## Participatory Hygiene and Sanitation Transformation

Participatory Hygiene and Sanitation Transformation (PHAST) is a 'decision-support tool' to promote good hygiene behaviours, sanitation improvements and community management of water and sanitation services. It empowers community members (participants) by engaging them in an appraisal of their own community that includes analysis of existing health problems, mapping of water and sanitation, and identifying good and bad hygiene behaviours, followed by constructing facilities, promoting behaviour change, monitoring, and participatory evaluation.

## Community Health Clubs

Community Health Clubs (CHCs) are community organisations formed to promote family health and sanitation through weekly meetings on different health and hygiene topics. These meetings are run by trained facilitators from the community or by trained government health extension workers. Peer pressure or social pressure and competition are used to convince participating households to build latrines and improve their hygiene behaviours.



## 5.1.2 Market-based approaches

Market-based approaches depend on generation of demand for sanitation and focus on strengthening of supply chains for sanitation goods and services (Figure 5.2). Practitioners are guided by the business principles of maximising profit and market efficiency. Individuals are positioned as customers rather than users. Target areas are generally wide to ensure market mechanisms can function efficiently; typically, this means that a district-wide target area is preferred, but success is measured by the number of households (customers) purchasing and using latrines.

These approaches are known by several names including Sanitation as a Business (SAAB) (typically referring to micro-enterprises) and Sanitation Marketing (SanMark) which brings wider social and commercial marketing strategies to sanitation.



**Figure 5.2** Concrete latrine rings and slabs, ready for sale.

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## Low-cost marketing

Market-based approaches rely on 'customers' being able to afford to buy the sanitation products and services available. In remote areas with fragmented and under-developed sanitation markets, these approaches may still be viable but need to be adapted for marketing of low-cost and portable products rather than expensive and hard-to-transport alternatives.

### 5.1.3 Technical support

This means provision of free technical support services that are not dependent on the involvement of sanitation markets; it is therefore also known as 'non-market technical support'. Having said that, technical support may be combined with market-based and also with community-based approaches. The services could include information on, and support for, local technical solutions for rural sanitation improvement, for example to overcome problems caused by difficult soil conditions as shown in Figure 5.3. Technical support is used to upgrade and improve sanitation and hygiene facilities in communities that lack good connections to sanitation markets, or where substantial segments of the population are unable or unwilling to invest in sanitation products or services from the market.



**Figure 5.3** Innovative non-cement designs for pit latrines in difficult contexts caused by soil conditions. Developed by teams of community members in a participatory design process organised by UNICEF Malawi.

**(a) Corbelled bricks to create and support durable flooring for latrines in clay soils where wooden flooring was likely to rot due to water intrusion or be eaten by termites.**

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**Figure 5.3** Innovative non-cement designs for pit latrines in difficult contexts caused by soil conditions. Developed by teams of community members in a participatory design process organised by UNICEF Malawi.

**(b) Trapezium-shaped bricks to create circular pit linings in sandy soil where traditional linings were prone to collapse.**

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### 5.1.4 Financial support

Sanitation finance involves subsidies, loans or donations of one form or another. Financial support is frequently appropriate and necessary for people on low incomes and other disadvantaged households and communities. For example, several national governments provide targeted hardware subsidies (direct cash transfers or subsidised material) to ultra-poor segments of rural communities to enable construction of facilities. These subsidies are often provided as part of larger programmes and may be implemented alongside behaviour change approaches (UNC, 2017).

Scepticism over the long-term effectiveness of subsidies remains high due to problems in the past with interventions that were costly, unsustainable and inequitable (in that the subsidies often went to non-poor households). More recent evidence suggests that targeted subsidies can be effective in increasing latrine adoption rates and in the provision of more equitable access to sanitation.

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## 5.2 Matching approaches to the context

Using the typology discussed in Study Session 4, you can classify the context of your programme areas as rural remote, rural on-road or rural mixed (or difficult), each of which has different implications. Based on these implications, Table 5.1 proposes implementation strategies for each of the three main context types. No two contexts are identical in all respects, so the suggested approaches should be seen as a starting point, with additional approaches substituted or developed as necessary.

**Table 5.1** Suggested implementation approaches in different rural contexts

		Context		
Approach		Rural remote	Rural on-road	Rural mixed
Community-based	CLTS	yes	yes	
	PHAST, CHC and other CBBC	yes	yes	
	peri-urban CBBC			yes
Market-based	low cost marketing	yes		
	other market-based		yes	yes
Technical support		yes	yes	
Financial support	for disadvantaged groups	yes	yes	yes



	for shared sanitation			yes
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Rural remote communities are frequently quite small and have good social cohesion and sense of community. In these circumstances CLTS generally works well, although equity and sustainability remain key challenges. CLTS interventions require systematic approaches to identifying and supporting households and individuals who need assistance, including follow-up visits and monitoring of the level of service provided and the sustainability of behaviour change, particularly in disadvantaged, vulnerable and marginalised groups among whom sustained behaviour change can be harder to achieve.

It may be necessary to target activities that will strengthen positive social norms about toilet use. For example, you could:

- Identify key influencers and plan for their involvement in CLTS activities.
- Identify barriers to toilet use (taboos, beliefs, customs) and tools to address them.
- Encourage public declarations of support by key influencers.
- Encourage public household pledges to stop open defecation.
- Arrange community meetings and one-to-one visits to address resistant households or individuals.

Other community-based approaches may be preferred in areas where CLTS has not worked well or where these other approaches have previously been successful.

As well as low-cost and portable products, transport support could be considered, for example by using project vehicles to transport materials during routine project visits. This will lower market costs and therefore increase affordability in these remote rural communities.

Technical information and support can enable construction of more durable, hygienic and inclusive sanitation options that are appropriate for different users and can be built (or upgraded) using locally

available materials and community-based services. Wherever possible, information on sanitation options should be based on proven local solutions, with further adaptation and refinement encouraged through documentation, sharing and testing of best practices by communities and local stakeholders.

Few external support or finance options are likely to be viable to support disadvantaged groups in remote rural areas. More systematic promotion and monitoring of internal support mechanisms (within the community or from local government to the community) should be encouraged, including planning for long-term support such as when toilet pits fill, and when maintenance, repairs and replacement are necessary.

## Activity 5.1 Rural on-road communities

Based on what you have read so far (and perhaps your own experience), what would be appropriate options for implementation in rural on-road communities, and why?

**You can copy and paste your answer onto your Learner Journal before you click on Reveal.**

Type your answer here and then click Reveal

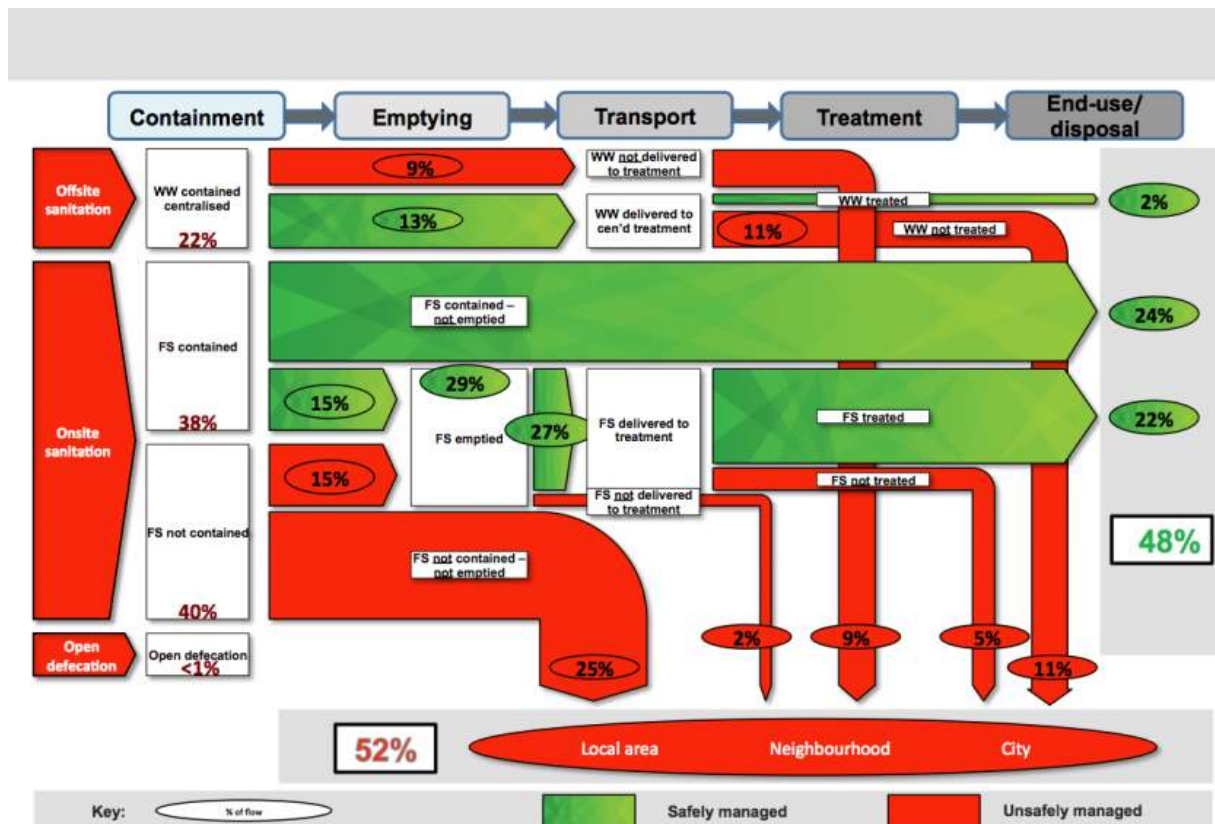
Reveal

Rural on-road communities may have more social heterogeneity and less social cohesion than rural remote communities but CLTS and other community-based approaches could still work well. Similar methods to those employed in rural remote contexts for identifying, supporting and monitoring households in greatest need of assistance would be needed.

Rural on-road communities may be willing to invest in market sanitation products and services but some households may be unwilling or unable to do so in which case they should be provided with information and technical support on locally-available sanitation options.

Among sanitation finance approaches, use of toilet subsidy mechanisms with clear and simple choices can assist disadvantaged households. However, the most vulnerable households may need additional support and time to access and use targeted sanitation finance. In addition, toilet subsidies may only provide a short-term benefit so more institutional approaches may be required to ensure that longer-term support is available. For example, local government plans and budgets could allocate finance and capacity specifically to inclusion, or there could be a requirement in programme plans to monitor sanitation and hygiene outcomes among disadvantaged and vulnerable groups.

Rural mixed communities have characteristics of both rural and urban settings. In these peri-urban situations, adapted options for behaviour change can be deployed such as urban CLTS, institutional triggering and advocacy (including involvement of landlords, local authorities, and local leaders). Shit flow diagrams (Figure 5.4) can be useful tools for communications and understanding what happens to human waste in these situations.



**Figure 5.4** A shit flow diagram can assist in understanding and communication about the ‘flow’ of human excreta through an urban or peri-urban area. In this example, 48% of faecal sludge is safely managed (green) and 52% is not (red).

A wide range of marketing interventions may be possible in contexts where markets reach most areas, products are considered generally affordable, and viable transport options exist.

More finance providers and options are likely to be available in rural mixed settings. However, some disadvantaged and vulnerable groups will not qualify for financial support, or may be excluded from or reluctant to join financial support processes. Consequently, other forms of external support should also be considered including more institutional longer-term support mechanisms.

Shared sanitation may be an appropriate option in some peri-urban areas. If households are unable to construct private sanitation facilities, a communal facility may be the most hygienic solution (Figure 5.5). It may be necessary to support construction and to facilitate agreements with landowners and local

authorities. Sustainable management and use of communal toilets is a significant challenge, so careful monitoring is imperative.



**Figure 5.5** Community toilet block with handwashing facilities.

*Difficult contexts* present additional challenges. Several implementation approaches could be applicable but may need to be specifically tailored to the individual circumstances of these contexts. For example, sanitation finance can be used to target people who face difficult geological, geographic or climatic conditions, which may require more specialised and resilient technologies. **Participatory design** activities with women, men and children from these communities can also be used to identify traditional and often hidden knowledge and skills that communities facing these challenges have developed for other purposes but may not have been applied to sanitation. Willingness and capacity to test, learn from and adapt approaches is particularly important in these contexts and should be planned for accordingly in budgets and workplans.

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## 5.3 Combining and phasing implementation approaches

Most contexts will require a combination of the approaches described. However, there is no single way to combine implementation approaches that works well in all contexts. Every context will require a unique blend with the timing and priority of individual approaches depending on the specific situation in the area and on past history. The relative weight and phasing of approaches can be adapted and improved as lessons are learned about what works (and what does not), and on the populations and places that are not reached.

Some contexts will benefit from early development or strengthening of sanitation supply chains, for example, where demand for market products and services is likely to grow rapidly, or where high access to unimproved sanitation already exists. Others will benefit from early introduction of community-based behaviour change, for example, to demonstrate that ODF status is both beneficial and possible, and convince other stakeholders to invest and engage with rural sanitation and hygiene development. Case Study 5.1 gives an example of a programme that combined implementation approaches.

### Case Study 5.1 Using blended approaches in Ghana

In 2017, a detailed review of sanitation approaches by UNICEF Ghana formed part of an operation research project designed over two years. The review started with a thorough literature review and informant interviews with key sector actors. There was also secondary analysis of programme monitoring data in areas where UNICEF supported the Government of Ghana. A second stage of the study included a district-level assessment of the enabling environment factors that supported or hindered rural sanitation implementation. Community level implementation was also assessed through qualitative research which included focus group discussions with the community and interviews with natural leaders and latrine artisans.

The recommendations from the study were to:

1

Continue to support the ODF Ghana campaign.

2

Develop financing approaches with clear criteria for selection that were clearly communicated and publicised.

3

Get regional recognition of district achievement.

4

Provide capacity to support local entrepreneurs and artisans.

5

Consider targeted subsidies.

Since then, UNICEF Ghana has continued to support CLTS, conducted a mass media social norms campaign to End Open Defecation in Ghana, tested several latrine options in the market with local entrepreneurs and artisans, and is currently conducting experimental research using a targeted subsidy scheme provided after ODF achievement to see its effects on continued latrine use. These interventions are currently on going with several local and international partners.

## Activity 5.2 Combining approaches

Watch this video (10 minutes) from WaterAid Nigeria and identify how they have combined implementation approaches in their rural sanitation programme.

## **Video 5.1 Sustainable Total Sanitation in Nigeria (10 minutes).**

### **Video 5.1 transcript: Sustainable Total Sanitation in Nigeria**

[Music Playing]

NARRATOR: Sustainable total sanitation (STS) is a purely software component of WASH - water, sanitation and hygiene practices. It just sensitises people to transform them to change their behaviour from being bad practice related to WASH and rewrite practices.

[Music Playing]

CHIZOBA OPARA: The project started in 2012, working in three states Jigawa, Ekiti and Enugu.

EMMANUEL IORKUMBUR: The objectives of the project basically are hinged on four key sub-themes about improving communities progress towards sustainable total sanitation.

NNEKA AKWUNWA: And another objective is to extract learning from this implementation to inform our improvement in our delivery, and the third objective is also to have a kind of learning research, what their needs are, who we should be talking to, what kind of toilet, what is a good latrine.

EMMANUEL IORKUMBUR: Then lastly the results we have received you know from all the learnings and the research recommendations, how are we able to use that to influence and also advocate for policy change.

SAHEED MUSTAFA: The SDS Advisory Committee is one of the innovations from the programme. We thought that, since this is a learning programme there is a need for us to have a group of technical people who are knowledgeable in the sector, that can serve as what we refer to as the critical friends of the programme.

CHIZOBA OPARA: Some of the learnings from there we talked about continuous follow-up and monitoring to actually achieve the first goal which is open defecation free and of course the next one is total sanitation.

ABDULLAHI IBRAHIM: The first time we sent a letter to the local government and show them our criteria that we want, the local government sent a form to the communities, the communities filled, those who are interested, they filled that form and sent it back to the LGA.

ATTAH BENSON: The ability of the project to cover a wide range of local communities particularly those communities that are hard to reach.

ABUBAKAR DALHATU: By the coming of the WaterAid we start working where we are going community by community, where we are mobilising the community members to have a latrine and use it. If their community is having low sanitation facilities we are choosing them and leaving those who have the high.

EMMANUEL IORKUMBUR: The entry point to be [?] led to the sanitation approach.

NNEKA AKWUNWA: You have to help them through a process whereby they actually come up with a decision, they find the flaws in what they've been doing and then they want to move off from the situation like when we say 'eating their shit' then to stop 'eating their shit' and have a kind of a sustainable, hygienic way of defecating.

ABDULLAHI IBRAHIM: We trigger people through CLTS and then WaterAid supported Jigawa state to do that.

KABIRU SHAIBU: We called our community members together then we started with what we call open defecation area mapping. So during this mapping, they realised that they 'eat their shit'. We trigger the communities, form WASHCOM (Water, Sanitation and Hygiene Committees), we train the WASHCOM on how to organise their meetings. We even engaged Bulamas in our activities.

SAHEED MUSTAFA: The project was designed in a way to ensure service delivery but we seek to find ways to improve access to sanitation in Nigeria by introducing innovative approaches.

NNEKA AKWUNWA: The CLTS itself is more of community driven action which is focusing on maybe some kind of basic toilet or sanitation facilities.

ABUBAKAR DALHATU: The community members come up with the innovation of using the clay pot latrine, because it can take a long time before it collapses.

NNEKA AKWUNWA: Then the second approach we use is sanitation marketing, the combination of the social and the commercial marketing. You have to build something around the people themselves so this

toilet we developed is based on feedback from the community members, the household, the kind of toilet they want, how much they are willing to pay, the kind of facility they would like to have, and then we came up with a product which is called WET, Water Easy Toilet.

ODULUYI S. DARE: Sanitation marketing is to provide toilet options for households to ensure that [?] the people and it will be very cheap and easy to install and we keep pace with reality of the day.

ADEBAYO YEMISI: What I brought SanMark into this town, Fear God (sanitation company) came there to install the product.

PATRICK OGBU: Two years ago, some people came here and introduced themselves as WaterAid staff. They taught us all we needed to know about how to mould this toilet.

LEVI IDOKO: We now have a specific model of toilet to preach about.

ODULUYI S. DARE: Artisans were trained, businesses were trained, door-to-door were trained.

JANET NGENE: As door-to-door practitioners who will now come back and realise that if they're able to sell this product they will get something in return.

EMMANUEL IORKUMBUR: And also to build up entrepreneur skills of persons within the community to also see sanitation as a means of livelihood.

NNEKA AKWUNWA: We had to use block makers and then we got a SatoPan. With experience they said they don't use more than a litre or 1.5 litres of water to flush, so that actually responded to the lack of water situation which they have in the environment.

FABIAN EMEKA ODUGU: A little quantity of water is needed to flush after use. Also, the toilet helps keep away the odour and flies around it.

PATRICK OGBU: The truth is that this toilet is one of a kind. Everyone that buys it will always tell others about it, so that they can also buy it.

ADEBAYO YEMISI: Many people they want improved latrine but couldn't afford a WC, they just grab it.

JANET NGENE: The sanitation marketing has actually opened the eyes of many people and that's why sanitation is now booming in Enugu state.

NNEKA AKWUNWA: People who had basic dry pit latrine were able to convert their toilets to the WET model ensuring sustainability and the aspirational thing they're looking for.

ADEGOKE TAIWO: Now that [?], we are very okay with [?], it is very good. so if we want to defecate, we go there to defecate easily, not go back home or to contract any disease again.

ODULUYI S. DARE: Some of those that have used the toilet installed in the market have actually bought their own toilet and are using them.

LEVI IDOKO: We are able to record [?] open defecation free community.



CHIZOBA OPARA: In situations where culture used to be a barrier, situations where many people didn't see the need to use toilets, in the course of most of our monitoring activities you can see that many are actually happy. Before now they didn't even know there were diseases that were associated with open defecation. Some years back I think we used to say that sanitation is an orphan.

NNEKA AKWUNWA: We have water policy, we have that policy but there's nothing on sanitation so we need now to realise it as a really big task we have to do something about. The objective we had specifically to meet 601 communities. In fact a few months back we were already on like eight hundred and something so we have actually exceeded that target.

JANET NGENE: We went on advocacy visit to [?] Enugu state school management board, they agreed that we should intervene in [?] primary school and then the government has now promised that after this they are going to probably expand it into other schools.

ADEBAYO YEMISI: We went to [inaudible] we discussed with them and they showed interest that they really need this thing. And they [?] gave us the piece of land that we used to construct it.

NNEKA AKWUNWA: In Enugu state we have one particular business Kenechukwu [?] is its name, Kenechukwu block industry. Kenechukwu did not just create option but Kenechukwu, as far as today, has been able to buy a delivery truck from his proceeds from Water Easy Toilet. So everybody, and because of Kenechukwu more people want to join the trade now to start producing WET and selling.

FABIAN EMEKA ODUGU: I had an apprentice before but he finished learning and left. What I do now is to call some boys to work for me when I have a high demand for the WET and pay them at the end of the day.

EMMANUEL IORKUMBUR: This is a research project basically so at the end of the research we should scale up so all communities we now have a boom in terms of having these approaches.

NNEKA AKWUNWA: So one big learning for us in this research is that we might actually save money in implementation, when we implement in a certain area knowing that our activities and all we are doing will slip into the next community.

EMMANUEL IORKUMBUR: People investing in sanitation business will now have a very good means of livelihood and then that, of course, will translate into economic improvement.

KABIRU SHAIBU: There are a lot of changes, communities have now stopped open defecation. Most of them, even when their latrines collapse, they have learnt to reconstruct another one to ensure that they stop open defecation.

PATRICK OGBU: I am one of the beneficiaries of this intervention and I thank WaterAid.

ILESANMI OLUWAFEMI: I appreciate WaterAid for choosing me to be among those in the block industry for the training.

[Music Playing]

WaterAid Nigeria implemented the Sustainable Total Sanitation (STS) project with support from the Bill & Melinda Gates Foundation.

How have WaterAid Nigeria combined implementation approaches in their rural sanitation programme?

**You can copy and paste your answer onto your Learner Journal before you click on Reveal.**

Type your answer here and then click Reveal

Reveal

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## 5.4 Strategic planning for community level variations

There are often wide variations from community to community in the proportions of households and individuals practising open defecation or using sanitation facilities. Different combinations of implementation approaches will be required in different communities depending on their sanitation status, as well as other factors.

If you can identify communities with similar sanitation status then strategic planning to optimise resource use is possible. By starting with a simple approach, this can be refined as the key factors that influence the effectiveness of the implementation approaches are better understood.

This strategic planning depends on availability of community-level sanitation data such as that described in Section 3.2. This may mean waiting until a baseline survey has been conducted or data has been collected in some other way. Once these data are available, you can group communities in different categories for each of the identified contexts using a simple matrix like the one shown in Table 5.2. The matrix assessment should help to identify the balance of implementation approaches required, and therefore the amount of capacity and support needed. It will also help to prioritise implementation at different points within the programme's timeframe.

**Table 5.2** Number of communities of different context types and with different sanitation status in an imaginary example programme

Sanitation status	Context type			
	Rural remote	Rural on-road	Rural mixed	Difficult contexts
High OD rates	25	5	-	3
High use of shared sanitation facilities	-	2	6	-
High use of unimproved sanitation facilities	5	10	7	4
High use of improved but not safely managed sanitation facilities	2	3	5	2
Low OD rates	4	2	3	4

For example, if you were developing implementation plans for the imaginary programme summarised in Table 5.2, you would need to plan for a significant amount of implementation in rural remote settings, particularly in those with high rates of open defecation. For these high OD communities, you will likely want to start activities (probably focussed on CBBC) early to maximise the time over which you can support them to improve their sanitation access. The low OD communities could then be targeted with community-based

behaviour change approaches for rapid progress towards achieving full ODF status. For the communities with high use of unimproved sanitation, the emphasis may be on upgrading facilities so implementation might include technical support, market-based sanitation (if sanitation markets function and reach communities) and sanitation finance (if affordability is a barrier).

In any situation, planning and decisions about implementation need to consider diversity within the community and prioritise inclusion of women and disadvantaged groups. Different approaches will be more (or less) relevant for different groups. Implementation teams should identify the priority groups for each approach to ensure that 'no one is left behind'. For instance, community-based approaches and technical guidance may be required for low income groups; sanitation finance and external support for disadvantaged and vulnerable groups; and community-based approaches, toilet loans and market-based sanitation for middle income groups. Targeted solutions and support may be provided by working with representative groups such as disabled people's organisations.

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## Summary of Study Session 5

In Study Session 5, you have learned that:

- 1 Implementation approaches can be categorised as community-based approaches, market-based approaches, technical support or financial support though these categories may overlap in practice.
- 2 Different approaches are recommended for the varying rural context types in response to the conditions and implications of these settings.
- 3 In most contexts, combining and blending approaches will be required.

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Using the typology of contexts coupled with data on sanitation status enables strategic planning of implementation and informs decisions on resource allocation.

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