Sanitation for all: A comparative study of approaches to leaving no one behind across five countries

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SNV

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1. Introduction

It is increasingly recognised that a nuanced approach is needed to leave no one behind in the efforts to realise the Human Rights to Water and Sanitation and meet the Sustainable Development Goals (SDGs). As part of this, it is timely to reflect on, and further develop, approaches tailored to support potentially disadvantaged and vulnerable groups to access sanitation. This is essential to achieve both social justice and health outcomes related to sanitation, with recent research showing that health benefits in communities accelerate for all members as higher proportions of the community gain sanitation access (Cronin et al., 2017).

Successfully delivering sanitation to all and leaving no one behind means that everyone, including vulnerable groups, should gain access to suitable sanitation facilities that are acceptable, used and sustained over time. Additionally, mechanisms to increase sanitation access in one area must not inadvertently hinder progress in other areas. They must avoid creating perverse incentives that undermine WASH governance systems or inhibit the development of WASH markets. Finally, the cost of any support mechanisms should not be prohibitive to scaling.

As we pursue these goals, the focus of sector discussion has moved beyond a polarised subsidy or non-subsidy debate towards broader consideration of how to reach potentially disadvantaged and vulnerable individuals and groups in smarter and more sustainable ways. This is prompting us to reflect on the range of possible strategies – including actions by government, private sector and communities – and their timing.

This report reflects on SNV's experience striving to reach all through the Sustainable Sanitation and Hygiene for All (SSH4A) programme in rural areas across five of the 15 countries in which SSH4A is being implemented: Bhutan, Nepal, Cambodia, Zambia and Tanzania. Based on a review of programme documentation, a regional learning event and online D-group discussion, interviews with programme staff and insights from disaggregated monitoring data, we investigated the breadth of SNV approaches to understand potential disadvantage as well as strategies used to ensure inclusive uptake and use of sanitation services.

In this report, the phrase "potentially disadvantaged" is used to refer to individuals and groups who may be discriminated against, experience inequalities or inequities, marginalised, vulnerable or stigmatised. Individuals and groups may be disadvantaged on the basis of their economic situation, gender, race, ethnicity, religion, caste, age, language or health, among other reasons. Using the phrase "potentially disadvantaged" aligns with terminology of "disadvantaged individuals and groups" recommended in the Human Rights to Water and Sanitation Handbook (de Albuquerque 2014) with the addition of the word "potentially" (as suggested by House et al. 2017) to indicate that not all individuals and groups who may be likely to experience disadvantage actually do.

SNV has also used the phrase 'the last mile' to question the rate of progress for different groups, the assumptions about which groups and prompt discussion about strategies for achieving inclusive, area-wide sanitation. Programme monitoring has shown that particular demographic groups – including households with low socio-economic status, single female headed households and people with disabilities– are less likely than others to have access to safe sanitation (Garn et al. 2017). As such, the 'last mile' is often, though not always, correlated with vulnerability and disadvantage. The 'last mile' has been a helpful conceptualisation for programme staff and partners, triggering lively discussions about how programme activities

should be prioritised and ways to move beyond a 'last mile' inevitability for vulnerable groups towards one that seeks to integrate their particular needs and priorities from the outset. As such, the phrase 'last mile' is also used in this report when discussing country programme activities.

By sharing experiences and insights from SNV's programmes to date, this report aims to contribute to both partner and sector discussions about effective support strategies for achieving inclusive rural sanitation. We set the scene with an overview of literature on identifying potentially disadvantaged groups, the range of support mechanisms and emerging evidence about what works. We then describe contextual differences across the five case study countries before discussing SNV approaches to identifying and reaching potentially disadvantaged groups in each. Finally, we share SSH4A achievements and continuing challengings and consider SNV approaches with reference to the latest sector thinking on reaching all to prompt reflection and inform future programmeming.

2. Approach

This study involved a desk-top analysis of the activities and experiences of SNV programmes across five countries spanning South Asia (Nepal and Bhutan), South-east Asia (Cambodia) and Africa (Zambia and Tanzania). Data sources included:

- *Literature review*: A rapid scan of literature on mechanisms to ensure inclusive sanitation was undertaken. This review spanned both financial support mechanisms and broader 'software' approaches. The focus was on approaches taken, rather than outcomes achieved, because evidence on effectiveness and outcomes has not been widely reported. Literature was suggested by key informants and sourced from Google Scholar. Finding from the literature review informed the development of questions to interviewees.

- *Interviews with SNV staff in each country*: A first round of interviews was undertaken to gain understanding of the different country contexts and specific approaches to implementing SSH4A programmes. A second round of interviews further explored approaches taken towards inclusive sanitation and clarified questions arising from a review of programme documentation. In total, 15 interviews were undertaken.

- *Review of country programme documents*: Each country programme shared documents related to their programme activities, including formative research reports, focused studies and relevant related policy documentation.

- *Learning activities*: The study drew on D-group e-discussions focused on 'reaching the last mile' and incorporated reflections from a Learning Event held in Lampung, Indonesia in May 2017.

- *Quantitative evaluation data*: Findings from an evaluation undertaken by Emory University were included where relevant. The evaluation collated data from programme activities across four of the five case study countries (excluding Cambodia) at three stages of programme implementation (baseline and two mid-term reviews). An overview of findings from this study is available at http://bit.ly/Garn_et_al_WASHFutures.

The SSH4A programme has a common framework and guidelines to structure implementation and performance monitoring with approaches tailored to different countries and contexts. As such, this research synthesises inputs from the five countries in order to reflect on and learn from the diversity of approaches, taking the different nature and duration of country programmes and sector progress and contexts into account.

3. Support for equity and inclusion: Literature review

Progressive realization of sanitation and hygiene as basic human rights requires effective mechanisms to support equity and inclusion. Different approaches have been tried globally over past decades. These have included the provision of subsidies for sanitation hardware, and financing other aspects of sanitation promotion such as demand creation and sanitation marketing. Attempts to subsidise the provision of sanitation hardware to poor households often failed in affecting sanitation behavior change and hence were cost ineffective (Robinson 2012; Robinson and Gnilo 2016a). With the spread of Community-Led Total Sanitation (CLTS) and sanitation marketing, through which improvements in sanitation behaviour in communities were achieved without financial subsidies, 'no subsidy' approaches became increasingly popular (Robinson and Gnilo 2016a). However, these did not necessarily lead to equitable outcomes. Even though ODF status was verified, often some vulnerable households were found to not have or use toilets, due to a lack of attention to the specific needs of these groups and/or ineffective ODF verification processes (Tyndale-Biscoe et al., 2013; Robinson, 2015; Robinson and Gnilo 2016a).

Sector debates have moved from polarized views about subsidy and no-subsidy centered approaches, to more pluralistic approaches that combine both and integrate sector learnings from their implemention (Willetts and Powell 2016). Broader approaches aim to influence the market to make sanitation more affordable, while also creating demand for the affordable sanitation service. Willetts and Powell (2016) describe these combined approaches as the "middle path to sanitation financing", also referred to by others as "smart financing" (Gnilo and Robinson 2016a), where demand creation and market-based approaches are carefully balanced with targeted mechanisms to support disadvantaged and vulnerable groups.

More recently, literature is taking a broader view of what 'support' for reaching potentially disadvantaged groups entails, encompassing both financial mechanisms as well as other forms of assistance such as labour or material contributions (Myers et al. 2017; House et al. 2017). Additionally, there is more recognition in recent literature of the role sanitation programmes might play in *influencing* the social and cultural dynamics of marginalization (Myers et al. 2017; House et al. 2017; ISF-UTS 2016), for example working through behavioural and social change initiatives towards stronger inclusion and communal recognition of the particular needs of potentially disadvantaged groups.

This section provides an overview of literature on mechanisms for financing and providing other forms of support to ensure sanitation programmes reach potentially disadvantaged groups, including ways of identifying relevant individuals and groups, the range of potential support mechanisms and emerging evidence about what works.

3.1. Understanding 'Who'

The first critical step in designing initiatives to reach those that may be vulnerable or disadvantaged is to determine, for a given context, who those individuals or groups might be. Literature points to common dimensions of potential disadvantage that can assist identification and related approaches for targeting support. For example House et al. (2017), drawing on the work of Chambers (1983, cited in House et al. 2017), summarise attributes that may lead to an individual or group experiencing disadvantage as including:

1. Poverty and lack of physical or economic related assets
2. Physical or mental health related challenges

3. Limited social capital and challenges from beliefs, practices, skills, knowledge and attributes
4. Geographical challenges and vulnerabilities to risk
5. Marginalisation, discrimination and powerlessness

Some individuals and groups may experience discrimination or disadvantage for more than one reason, so identifying the ways in which multiple potential dimensions of disadvantage intersect is critical.

Further, House et al. offer a means of classifying groups to determine the level of support (if any) that might be needed. The first group may have attributes that could result in disadvantage, but are able to construct, access and maintain a sanitation facility themselves. The second group cannot construct, access and maintain a facility by themselves but have either family support or are able to pay for external assistance. The third group are those who are not able to construct and maintain a facility and who also do not have family support or finances to pay for external help. House et al. (2017) suggest that using this kind of systematic categorisation can help with prioritising assistance, facilitating clearer articulation of those who are actually experiencing disadvantage from the wider pool of those with the potential to be disadvantaged.

Approaches to identifying individuals and groups with potential disadvantage within a particular context include conducting formative research and facilitating community-based processes. Data sources to inform research can include government statistics, Demographic and Health Survey (DHS) datasets or independent assessment of households (ISF-UTS 2016). Community-based options include a participatory self-assessment, case by case assessment of applicants for support or partnering with local organisations with particular relevant knowledge such as women's groups and Disabled Peoples Organisations (DPOs) (ISF-UTS 2016). There are advantages and disadvantages to each of these options (described in detail in ISF-UTS 2016) with some (e.g. use of statistics) offering simplicity but limited in their scope to only particular dimensions of disadvantage and others (e.g. community participatory processes) offering transparency but resource-intensive, potentially controversial and difficult to scale. As noted by Myers et al. (2017), taking a community-led participatory approach to identifying disadvantaged groups at scale would require coordination by local government actors who may not have the resources or skills to support these kinds of processes.

The phased approach to rural sanitation, as described by Robinson and Gnilo (2016b), offers another way of identifying individuals and groups that are potentially disadvantaged. The approach aims to encourage progressive development of collective sanitation outcomes over time, with communities moving from ODF to broader environmental sanitation. A first phase of demand creation is implemented with no particular support offered. This is followed by a second stage where households without the means to construct more durable and attractive toilets than what may be possible using only their own labour and materials are provided carefully targeted assistance. As such, households requiring assistance will be those without higher quality facilities in place after stage one. According to Robinson and Gnilo (2016b), this approach increases the likelihood that the entire community will upgrade to better quality and more user-friendly sanitation facilities. However there are issues with the phased approach, for example the need for repeated efforts through upgrading processes can be time- and resource-intensive (Robinson and Gnilo 2016b). Further, there are potential missed opportunities to more fully incorporate the needs and aspirations of potentially disadvantaged groups from the outset of a programme if the development of support strategies are delayed.

Literature (e.g. Oti et al 2012; Tremolet et al 2010) more directly focused on financial or other hardware subsidies as one form of support offers guidance on how to identify who needs support, (i.e. the targeting of subsidies) including:

- Geographic/Zonal targeting – based on the characteristics of the area where the household lives (e.g. identifying areas where all households are considered to be poor).
- Means-tested targeting – based on household characteristics defined by particular economic or other criteria.
- Self-selection – where the project offers a service level that would only appeal to poor customers.

This literature also identifies challenges with targeting subsidies, in particular making errors of exclusion or errors of inclusion. As described by Foster 2000, errors of exclusion occur when households of the target group fail to meet the eligibility criteria and do not receive the subsidy, while errors of inclusion occur when households outside the target group are able to comply with the eligibility criteria and thus receive the subsidy. A subsidy scheme with a high exclusion error fails on its own terms, whereas a high error of inclusion reduces the efficiency of the subsidy and inflates the cost of the subsidy to taxpayers (Foster 2000). Ensuring accuracy of reaching a target group is challenging and requires an administrative system for screening of potential candidates, which can be costly (Foster 2000; Evans et al 2009). Thus trade-offs between cost, inclusion and accuracy are often required.

Across the literature on identying those in need of support, three consistent messages emerge. First, it is important to question assumptions about who needs support to both ensure no one is missed (for example if they are not characterised by typical attributes of disadvantage) and aid with priorisation of support strategies. Second, there are trade-offs in different approaches between simplity, transparency and comprehensiveness. Finally, identification should never be a one-off process but should be revisited and given ongoing attention as a programme progresses.

3.2. The range of potential support mechanisms

Support can include both financial or 'hardware' mechanisms and 'software' approaches, which facilitate inclusion without direct financial support or incentives. It can be provided by family networks, the wider community, government (at different levels), the private sector, civil society organisations or other development agencies.

3.2.1. Source of support

A clear way of categorising sources of support is offered by Myers et al (2017), who classify the range of support mechanisms (associated with CLTS programmes) as either arising from within a community, or provided by external actors. While the boundaries between internal and external support are not always neat, this categorisation is suggested to aid prioritisation, as focusing first on the range of potential community pathways to support inclusive sanitation is seen as "least likely to disrupt and undermine community processes…the targeting is more likely to be accurate, and the level of support is more likely to be appropriate" (Myers et al. 2017).

Focusing first on internal community support, including in-kind options, also highlights the role of development agencies as facilitators rather than providers of inclusive sanitation. As part of this, there is opportunity both in and through sanitation programmes to play a role influencing social dynamics around potential disadvantage towards greater acknowledgement of the particular preferences and needs of vulnerable groups (e.g. Ahmed et al. 2011; Carrard et al. 2013).

3.2.2. Types of support mechanisms

Literature has often categorised support mechanisms as either 'software' or 'hardware' approaches. Software approaches encompass the many and varied ways in which development actors facilitate inclusion, for example:

- o Developing local leadership and mobilizing collective action
- o Undertaking tailored social mobilisation, behaviour change communication (BCC) and demand creation
- o Promoting affordable and socially inclusive toilet options
- o Working with local representative groups such as Disabled People's Organisations (DPOs)
- o Working with government agencies (at various levels) and other sector organisations to institutionalise an inclusive approach

There are many descriptions and discussions of these approaches across sanitation and broader WASH literature. For example the Inclusive WASH Initiative (www.inclusivewash.org.au) compiled case studies across dimensions of gender, disability, HIV/AIDS and poverty. However, literature on software approaches is not systematized, lacks a clear typology and structure and typically presents case studies rather than outlining concrete strategies available.

So called 'hardware' mechanisms span a variety of financial and in-kind subsidies. Various sources describe the range of options (for example see Evans et al 2009; Willetts 2013; Willetts and Powell 2016; Robinson and Gnilo 2016a), including:

- Direct subsidies
- Infrastructure subsidies
- Connection subsidies
- Operational subsidies
- Consumption subsidies
- Output based subsidies and rebates (also framed as rewards, includes conditional grants)
- Regulatory advantages
- Conditional cash transfers

Literature also describes subsidy approaches that aim to leverage other sources of finance, with the ultimate aim to move away from direct subsidies towards financing approaches that facilitate co-contributions based on an understanding of what households are willing and able to pay (Evans et al 2009). These kinds of mechanisms include:

- **Subsidised credit:** Where a CSO channels a subsidy through a financial institution using a revolving fund approach, which sees the fund offered to different community members, who then repay the loan on agreed terms (Willetts and Powell 2016).

- **Subsidies to small-scale operators to support them to offer flexible payments or payment by instalments to households:** This flexible financing mechanism, commonly used by CSOs and others, is either offered to all customers, or to targeted disadvantaged or low-income customers. However, for this to be effective, the latrine supplier must have sufficient cash flow, track payments using adequate accounting systems, as well as have access to customers and repayment recourse mechanisms, to ensure instalments are paid (Willetts and Powell 2016).

- **Cooperatives as a source of financing for enterprises:** Acting as a type of micro-finance institution, cooperatives in Indonesia have been assisting sanitation micro-enterprises, run by poor people, to establish or expand their business. As these micro-enterprises often face barriers to accessing loans through traditional banking systems, due to required collateral and bureaucracy, the cooperatives are able to provide these loans as they are legal entities (Willetts and Powell 2016).

- **Loans to households by multilateral financial institutions (MFIs):** There are examples of situations where an MFI offers a loan that is specifically designed for poor households and a CSO helps to design this product, rather than subsidizing it financially. In

one case in Cambodia, MFI loans decreased marketing and sales cost per latrine by 70%, as this increased the number of latrines sold per village and spread the fixed costs of transportation and marketing time across a larger number of sales, making MFI loans a cost-effective intervention (IDinsight 2013).

- **Different models of providing micro-credit**: Other examples in rural Cambodia of sanitation microfinance models include the WaterSHED and SanFin programmes. Each programme aims to closely integrate the financing mechanism within their existing sanitation marketing work and relies on a market-based approach. There is no specific targeting of poor households, but loans can be considered affordable for most households, except for the extremely poor. For those households unable to afford loan repayments, targeted hardware subsidies may need to be employed (EMC 2016).

- **Self-help or saving groups:**
    - The Self-Help Group method, often supported by development banks and non-profit microfinance institutions, encourages community members with comparable socioeconomic situations to save money in pooled accounts and provide loans to one another. Generally, social pressure leads to high loan repayment rates and opportunities for intra group learning and sharing of information regarding financial literacy, work opportunities and sanitation products and services are fostered (Kwolek 2012).
    - In Vietnam, a revolving fund mechanism was introduced and placed under the management of the Women's Union, a well organised and pervasive organisation throughout the country with micro-finance scheme experience. Within this model, community Savings and Credit groups were formed and seen as critical to ensuring loan repayments and financial contributions to the savings scheme. The Women's Union's played an important role in organising these groups and support structures, such as the Savings and Credit group leaders, provided monitoring and guidance support (Tremolet et al. 2010).

3.3. What works? Emerging evidence

A key question in considering what works is defining what success in 'reaching all' looks like. As described in the introduction, SNV views success as:

- Everyone, including potentially disadvantaged groups, has access to suitable sanitation facilities that are acceptable, used and sustained over time.
- Mechanisms to increase sanitation access in one area, or for one group, do not inadvertently hinder progress in other areas.
- Support mechanisms do not create perverse incentives for leaders or officials that may undermine governance systems.
- Support mechanisms do not create perverse incentives that inhibit development of WASH markets.
- The cost, capacity needs and complexity of any support mechanisms is not prohibitive to scaling, including by duty bearers.
- Aligns and / or add values to the existing support services and mechanisms.

Literature to date does not provide a comprehensive analysis of what works for achieveing all of these goals, but instead tends to focus on whether potentially disadvantaged groups have access to facilities, with some also considering impacts on the market.

As such, there is no clear consensus on which combinations and sequencing of various support mechanisms best lead to improved coverage and use, efficiently (Garn et al 2017). Further, the success of such combinations is likely to be very context and time dependent, with the 'when' and 'where' of different support mechanisms just as critical as the type of mechanism employed.

Nevertheless, some generic lessons on aspects of success have emerged that may be replicable in different settings. First, approaches that successfully reach disadvantaged and vulnerable

groups need to be designed with their needs and realities in mind. This includes involving them in all stages of the process (in line with the 'nothing about us without us' principle) and providing a choice of affordable and socially inclusive toilet options that are appropriate and desirable (Robinson and Gnilo 2016a). It also includes tailoring demand creation and demand-creation processes to their contexts. For example, if such processes require attendance at multiple demand-creation activities, they can marginalize vulnerable households who are time-poor and/or live in remote locations. These households may also be discouraged to participate in demand-creation activities if they are led by more prosperous or political community members (Robinson and Gnilo 2016a) or if discrimination exists.

Second, broadening our recognition of what 'support' might entail and prioritising facilitation of internal self-help activities is more likely to align with and strengthen community processes (Myers et al. 2017; House et al. 2017). This requires developing local leadership for improving sanitation and mobilizing community collective action. Success involves raising awareness of sanitation as a collective responsibility and building local government capacity to lead sanitation improvements through training, mentorship, and targeted technical support (Venkataramanan et al 2016). Further, it requires working out what would motivate these and other local actors to drive and mobilise collective action within communities, including non-financial incentives (e.g. solidary benefits, recognition, media coverage, banners, celebrations, training, exchange visits) and/or financial or material incentives (e.g. qualification for grants, projects, discounts, financial compensation or assistance for costs of triggering activities) (Robinson and Gnilo 2016a; Venkataramanan et al 2016).

Third, there is a place for well-designed and well-targeted subsidies to facilitate wider uptake of sanitation and ensure the inclusion of potentially disadvantaged groups. SNV piloted such an approach in the Banteay Meas district in Cambodia, where a pro-poor mechanism voucher, which targeted the poorest households, allowed for the construction or upgrading of a pour flush toilet. Only communes which had already achieved high ODF attainment were included and this approach contributed to increased sanitation coverage and ODF status for the whole district (Murta et al. 2016). However, a review found that while the subsidy offered an effective approach to fast track progress towards ODF at district scale, the mechanism was not likely to be nationally scalable at a reasonable cost without significant improvements in institutional and human resource capacity at local government level (Murta et al. 2016). Another recent example from a sanitation marketing programme in Cambodia found that offering subsidies to government-identified poor households through sanitation marketing was effective in increasing toilet sales and resulted in operational efficiencies, with lower per unit programme costs compared with an unsubsidized sanitation marketing approach (iDE 2017).

Fourth, research has found that cases where subsidies have resulted in higher access-to-investment ratios often involve a significant funded software component (Tremolet et al 2010). Based on this understanding, Oti et al (2012) propose a sanitation-financing pyramid (see Figure 1) aimed at providing programme funders with general guidance on how funding should be prioritised across financial and other components in sanitation programmes. According to this, funding for software components should form the foundation of sanitation programmes. A market to provide access to affordable options for sanitation should first be created, as once these options become available, households are likely to mobilise their own resources to purchase toilets. This will often target the 'low-hanging fruit', that is those that are willing and able to invest in the toilet options available (Robinson and Gnilo 2016a). Remaining funding should then be prioritised to provide assistance to households that are capable of contributing funds towards their own sanitation but require some financial assistance in the form of loans or credit schemes. Output based aid rewards in the form of cash transfers or grants to communities that declare open defecation free (ODF) status can also be used in this stage.

Finally, once these financing approaches have been exhausted, targeted hardware subsidies, used on a limited basis, can help support those unable to contribute funds to purchase a toilet. The application of this financing pyramid is context specific and dependent on the amount of resources available (Oti et al 2012).
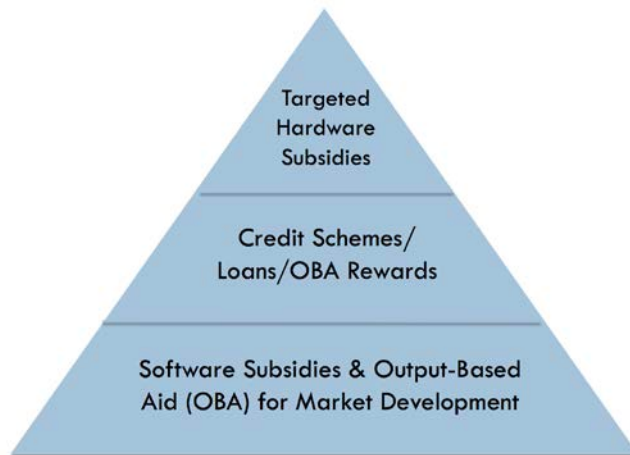

Figure 1: Sanitation financing pyramid (Oti et al., 2012)

This sanitation-financing pyramid aligns with the phased approach to rural sanitation development implemented by UNICEF in the Philippines (and described above, discussed in Robinson and Gnilo 2016b), which allows the use of different financing and incentive mechanisms within the same programme. In this approach, sanitation outcomes are staged, and at each stage implementers are encouraged to find the best way to achieve these within their local context using available resources and capacity. The first outcome is the achievement of ODF without the use of direct financial assistance and taken as evidence that community behaviour change and demand for sanitation have been created. After this achievement, targeted support may be provided to disadvantaged and vulnerable households that need assistance to build or upgrade sanitation facilities (Robinson and Gnilo 2016b). This may not be required however as well-designed early phases can lead to cross-subsidies within communities, where disadvantaged or vulnerable households are assisted to build their toilets, through the donation of materials or provision or labour by other households, or by the village government (Robinson and Gnilo 2016a). Designed, targeted, and monitored by the community, these 'internal subsidies' are low-cost and likely to be effective in changing sanitation behaviour (Robinson and Gnilo 2016 a).

In addition to emerging lessons about what works, literature also indicates a need to be cautious about particular approaches. With reference to financing approaches, there is a need for more evidence about if and how 'smart financing' approaches are working and at what scale, to understand whether this is a useful direction to be taking. There is limited evidence to date on what works in different contexts and at different scales. Ultimately, no mechanism is perfect, and there are trade-offs between tailored inclusion and scalability, and simplicity and complexity. Any approach must be carefully monitored to ensure clarity and transparency, and avoid perverse incentives and outcomes such as leakage to non-poor or vulnerable households, market distortion, and unfair competition between suppliers (Willetts and Powell 2016; Robinson and Gnilo 2016a; Evans et al 2009).

Achievement of ODF status can be a powerful incentive for communities to change their sanitation practices, however specific targeted strategies are needed to ensure the meaningful inclusion of vulnerable groups (Cavill et al. 2016). Care must also be taken to minimize conflicts of interests, where the same actors are involved in implementing demand creation interventions

and monitoring progress towards ODF (Venkataramanan 2012). There is also a risk that ODF related incentives lead to target-driven implementation and short-term gains, to the detriment of sustainability (Robinson and Gnilo 2016b, Regmi 2016, Wamera 2016). This risk can be mitigated by integrating ODF-related rewards into a broader phased approach to sanitation development, with the aim of encouraging communities to gradually move towards higher sanitation goals (Robinson and Gnilo 2016a).

Regulatory mechanisms such as sanctions for households who do not build a toilet carry similar risks. Although these may be useful in creating and reinforcing social norms, there is a risk that they further marginalise disadvantaged and vulnerable households who are genuinely not able to afford and/or build a toilet. Care must be taken to ensure these kinds of sanctions target the right people (Venkataramanan et al 2016).

3.4. Emerging Principles

Building from lessons learnt to date, the rural sanitation sector is evolving its approach to leaving no one beind, and key concepts are emerging to guide practice. Recent CLTS Knowledge Hub publications have identified principles for supporting the least able (Myers et al. 2017)[1] and ensuring the benefits of rural sanitation reach potentially disadvantaged individuals and groups (House et al. 2017).[2] These two sets of principles were developed with input from a range of sector actors and programmes, and draw on discussions from a workshop on supporting the poorest and most vulnerable (May 2017 in the Philippines), in which ISF-UTS and SNV participated.

From these 22 principles, we identify seven overarching themes to guide support strategies for rural sanitation. Table 1 summarises these principles and identified themes. We reflect on SSH4A activities with reference to these themes below in section 6.

Table 1 Emerging principles for reaching all in rural sanitation[3]

Emerging principles for supporting the least able throughout and beyond CLTS (abridged from Myers et al. 2017)	Principles to ensure people who may be disadvantaged benefit effectively from sanitation programmes and processes (abridged from House et al 2017)	Themes identified across principles
1. Ensure the least able are intentionally included in all stages of the process	1. Recognise difference within all communities and look for those who might be excluded from the programme 6. Consider how those who are potentially disadvantaged (including carers) can be involved and have their concerns listened to.	A. Include and engage potentially disadvantaged groups

[1] This Learning Brief is one of several outputs from an Asia-region workshop convened in the Philippines by the CLTS Knowledge Hub and UNICEF in May 2017

[2] This publication was developed from the learning and recommendations identified through the Equality and Non-Discrimination (EQND) Scoping and Diagnosis process of the Water Supply and Sanitation Collaborative Council's (WSSCC) Global Sanitation Fund (GSF)-supported programmes in 13 countries. It also reflects learning from the CLTS Knowledge Hub/UNICEF May 2017workshop.

[3] Numbering of principles refers to how they were presented in original context. The order here relates to groupings of principles into seven themes (A-G).

	9. When identifying who might need to be supported, village government leadership and Natural Leaders should have a key role, ideally with, or checked by, another community representative body such as a women's group or a citizen's forum. 11. Collaborate with local organisations representing those who are disadvantaged	
	2. Do no harm 4. Respect all members of the community and ensure their dignity, even if you don't agree with a person's lifestyle 5. Use respectful language 8. Be conscious about the power dynamics between community members and aware that some groups are deliberately excluded and marginalised by communities	**B. Respect all and reflect on power dynamics**
10. Include other criteria in ODF monitoring and verification processes	12. Continue to learn and build on your experience as to how to best include and benefit from the skills and knowledge of people who may be disadvantaged and sharing this knowledge with others	**C. Monitor and learn**
7. Local support to the least able wherever possible	7. Encourage people to undertake tasks themselves wherever possible to contribute to empowerment and building self-confidence; but also recognise where external support is required, whether from the community or external to the community, ensuring that people who are disadvantaged are not put under unnecessary levels of stress and pressure.	**D. Subsidiarity of support**
2. Strengthen equity and inclusion in the sector enabling environment 3. Recognise that the government is the primary duty bearer 4. Aim for scale – and carefully assess trade-off 8. Promote area-wide outcomes that safeguard universal reach		**E. Strengthen the enabling environment and carefully consider scaling**

5. Recognise that there is no "one-size-fits-all" solution 6. Celebrate ODF and recognise it is not the end of the process	3. Consider the identification of disadvantage as a process rather than a one-off activity – be aware that sometimes personal biases can lead to inclusions / exclusions – use every contact with the community to consider if some people might be excluded, in what way and what can be done about it	⟹	**F. Inclusion as an adaptive and context specific process**
9. Provide simple technical guidance to ensure sanitation for all	10. Support that comes from outside of the community should be provided transparently and should involve community members in decision making on how it should be used / who should be supported. Proactive steps should be made to engage people who may be considered disadvantaged in decision-making over resource allocation	⟹	**G. Simplicity and transparency of support mechanisms**

4. Understanding the contextual differences

In this section we explore the contextual differences across the case study countries and describe how SSH4A programme activities are being implemented.

4.1. Country contexts

Progress made in improving access to sanitation varies across the five case study countries, and somewhat reflects the priority sanitation has received by governments in each country. For example Nepal, which has seen strong government leadership and commitment for sanitation, stands out as the country with greatest levels of progress in improving access to sanitation. In Tanzania, although clear sanitation and hygiene policies exist, the effectiveness of these policies and programmes in achieving the desired sanitation outcomes has been limited with sanitation overshadowed in policy frameworks that combined both water and sanitation. Table 2 summarises the sanitation situation aross case study countries.

Table 2: Sanitation context across countries[4]

		Bhutan	Nepal	Cambodia	Zambia	Tanzania
Total rural population		483,799 ppl	23,624,810 ppl	12,615,435 ppl	9,565,080 ppl	38,384,531 ppl
National rural sanitation goal		100% **improved** sanitation by 2023	100% **improved** sanitation by 2018	100% access to **basic** sanitation by 2025	100% access to **basic** sanitation by 2030	100% to **basic** sanitation by 2030
Access to sanitation in rural areas (2015)	**OD**	0%	35%	51%	25%	16%
	At least basic	57%	45%	39%	19%	17%
	Safely managed	No data	No data	No data	No data	No data
Trends 2000 - 2015	**OD**	14% reduction	36% reduction	41% reduction	11% reduction	4% increase
	Basic sanitation	11% increase	29% increase	35% increase	6% increase	12% increase

Across the countries, there is not much evidence to suggest that efforts to support sanitation services have been specifically designed to meet the needs of the most disadvantaged and vulnerable members of communities. However, recent policy frameworks (including those in development) have gradually included such considerations, reflecting increased global priorty on leaving no one behind as well as the influence of SSH4A's district wide approach. The three longest running programmes in Bhutan, Nepal and Cambodia stand out as the countries where there was greater evidence of this (described below).

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[4] Population, access and progress data from WHO/UNICEF Joint Monitoring Program Progress on Drinking Water, Sanitation and Hygiene 2017. National targets provided by SNV programme staff.

In the following sections we describe the sanitation policy context of each country in greater detail, with a focus on considerations on the needs of the disadvantaged and most vulnerable.

4.1.1. Bhutan

Sanitation is a priority within the Royal Government of Bhutan's (RGoB) current Five Year Plan. Further, the Constitution enshrines the right to a safe and healthy environment, as noted in the 2017 National Sanitation and Hygiene Policy. In recent years, the government's emphasis has been on increasing access to improved sanitation from 61% (National Nutritional Survey 2015), with a commitment to achieve universal coverage of improved sanitation by 2023 (RSAHP Strategy, MoH 2015).

Sanitation subsides were phased out in the early 90s after a change in policy set by the Royal Decree of 1992. The Royal Decree reflected upon the failure of the use of subsidies to promote sanitation and instead emphasised ideas of self-reliance, sustainability and affordability as desirable for the sanitation sector (Halcrow et al 2014). Under the Royal Decree, all households were required to build their own toilet. Nevertheless, hardware subsidies are commonly used in other sectors, particularly the agriculture sector, and leaders at sub-national levels continue to lobby for subsidies to be reintroduced into the RSAHP and the National Sanitation and Hygiene Policy currently being developed (Halcrow et al 2014).

In 2000, it was recognised that high coverage was not resulting in use and the anticipated heath outcomes had not been realised. The need to pay attention to the needs of the poorer, vulnerable, and economically disadvantaged sections of the population is recognised in the Rural Water Supply and Sanitation (RWSS) Sector Policy, developed in 2001. Further, the Rural Sanitation and Hygiene Strategy (2015-2023), which currently stands as the main policy document guiding the sector, includes strategic objectives to implement appropriate mechanisms to support the poorest *"rural women and men to achieve universal access to improved sanitation"* and "ensure the *"meaningful participation of women, girls, nuns and persons living with disabilities (including the elderly and sick) in WASH"* and that their *"sanitation and hygiene needs are met."* (RSAHP strategy MoH 2015)

4.1.2. Nepal

Over the past decade, Nepal has made significant progress in increasing national sanitation coverage. This has been the result of strong national leadership and commitment from government, which has set a goal of reaching universal sanitation coverage by 2017 (SNV 2015b).

In 2011, the government launched the National Sanitation and Hygiene Master Plan (NSHMP), which set clear guidelines for sanitation promotion based on no-subsidy principles while encouraging locally managed financial support mechanisms as incentives/rewards and supporting "poor, disadvantaged and marginalised communities" to have access. The Master Plan also sets clear criteria for an improved latrine following the JMP definition and stressing construction of "any one of the locally appropriate improved toilet options with permanent structures at least up to the plinth/ floor level for durability and sustainability of the structure" and established multi-sectoral coordination committees at the national, regional, district and VDC or municipal levels to lead the a sanitation movement in the country.

Large disparities in improvements in access to sanitation have existed between geographic zones with the Terai belt, which is the most industrialized and most agriculturally productive region of Nepal and hence relatively wealthier than other ecological zones, having the lowest rates of sanitation coverage in the country (SNV 2015b). This is in part driven by proximity to

India and the influence of subsidies across the border and in part because the efforts of the no-subsidy sanitation movement were first focused on the hill and mountain districts where, politically and socially, change was considered easier.

The NSHMP further recognises that the ultra-poor as well as *"disabled people, female headed households, and other needy marginalized people"* that may be identified in consultation with local communities, "*need special consideration for their access to hygiene and sanitation promotion."* It also establishes that financial support mechanisms are crucial to ensure socially disadvantaged communities access sanitation, and sets as a principle, that such financial support mechanisms should be locally managed (SCNSA 2010).

More recently, in 2013, in recognition of the need to mainstream Gender Equality and Social Inclusion (GESI) considerations in the WASH and the housing urban development sector, the Ministry of Urban Development, issued the GESI Operational Guidelines. These guidelines aim for the mainstreaming and institutionalizing GESI considerations in the preparation and implementation of WASH projects. However, awareness of these guidelines at district and villages levels of government remains low (SNV 2012; SNV 2017). The mainstreaming of GESI is increasingly evident in numerous policy documents and frameworks[5].

4.1.3. Cambodia

Cambodia has seen important improvements in sanitation coverage, however it remains one of countries with the lowest rates of sanitation coverage in the South East Asian region. Significant progress has been made in the sector's governance framework through policies, strategies and plans. In 2014, the government approved the National Strategic Plan (NSP) for Rural Water Supply, Sanitation and Hygiene 2011-2025 (MRD 2011), with a target of universal access to sanitation in rural areas by 2025 (World Bank 2015). Achieving this target will require a significant increase in uptake amongst the poor. In rural Cambodia, where over 79% of the population live, around 50% are still practicing open defecation (WHO/UNICEF 2017). Further, in the bottom wealth quintile of the rural population, sanitation coverage is 19% compared to the national average of 50% (WHO/UNICEF 2017).

The recently endorsed National Action Plan (NAP), aims to operationalise the NSP's vision, and recognizes that "*the rural poor should gain access to rural water and sanitation and hygiene services in equal proportion to those who are better-off*" and that in many cases this will "*require changes as to how the poor are targeted*" (p7).

In Cambodia, to date there has not been a coordinated and consistent nation-wide approach to ensure increased uptake of building and using latrines amongst the poor (EMC 2016). In recognition of problems caused by poorly designed hardware subsidies nationally and internationally, the National Strategy for Rural Water Supply, Sanitation and Hygiene 2011 - 2025, which preceded the NAP, states that subsidization of sanitation should focus on software costs,[6] with possible but limited and cautious use of hardware subsidies targeted at the poorest

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[5] The following policy documents also relate to GESI: right of access to clean drinking water and sanitation for all— *Constitution Part 3, Article 35(4);* Achieving total sanitation for all by 2030 – *Directives for the Total Sanitation 2073;* Attain access to improved sanitation at all households by 2017– *Sanitation and Hygiene Masterplan 2011;* Provide safe, accessible and adequate water supply with sanitation facility for all - *Rural Water Supply and Sanitation National Policy 2004;* progressive realization of human rights of all citizens for WASH services - *National Water Sanitation and Hygiene Sector Development Plan (draft);* Adopt equity and inclusion as core principles to realise sector vision where everyone, anywhere has access to safe water and sanitation services - *National Water Sanitation and Hygiene Sector Development Plan (draft);* People living with a disability have right to participate in formulating policy - *Disabled Rights Act 2074;* public places and the toilets inside them must be made accessible to PLD– *Directives for the Accessible Physical Infrastructure and communication for people with disabilities 2069*

[6] Costs involved in supporting the development of an enabling environment, hygiene behavior change activities, and sanitation marketing costs (MRD 2011).

families only as a last option. Nevertheless, several developing agencies have continued to use sanitation hardware subsidies in an inconsistent manner (EMC 2016).

To promote a coordinated and consistent approach, 'National Guiding Principles on Hardware Subsidies for Rural Household Sanitation' were recently drafted (developed with the sector). These principles guide how sanitation hardware subsidies should be implemented in Cambodia and are part of set of national guidance documents to accompany the NAP. Key principles include that subsidies are only introduced to communes with a minimum of 60% improved latrine coverage, targeted at ID-Poor 1 and ID-Poor 2 households without an improved latrine, and applied to cover the costs of a latrine sub-structure only (MRD 2016). These guiding principles will be assessed and amended based on the various sector development agencies' experiences of implementing them. Such assessment will be part the annual review of the NAP implementation by the MRD (Ibid).

In 2016, the MRD also released the 'National Guidelines on WASH for Persons with Disabilities and Older People'. The 2013 Census of Cambodia found 2.1% of the population had a disability, with the incidence of disability being higher in rural compared to urban areas. These Guidelines establish a vision for all stakeholders involved in rural WASH programmes to take an inclusive approach in order to realise commitments made in the National Strategic Plan for Rural Water Supply, Sanitation and Hygiene (RWSSH) 2014-2025 to prioritize WASH service development for the "poorest and most underserved people". The Guidelines were developed by the Rural Sanitation and Hygiene working group led by MRD and members of the broader technical working groups. They identify three priority actions towards inclusive rural water supply and sanitation: adopting a principle of participation; identifying persons with disabilities and older people at the outset of the WASH programme cycle; and understanding the four main types of barriers to participation and key steps to overcome them. Since then, a few development organisations have been demonstrating increasing awareness of the need for inclusive WASH and have been striving to mainstream disability in their programmes.

4.1.4. Zambia

Despite being considered a middle-income country, sanitation and hygiene remain somewhat marginalised in the allocation of government resources and in public debate. Two thirds of the country's population live in rural areas, which are characterized by low population density. Further, considerable differences in poverty are seen in the urban rural divide. 41% of Zambia's population is classified as "extremely poor", including 61% of people living in rural areas (Government of Zambia, 2015). The National Rural Water Supply and Sanitation Programme (NRWSSP), launched in 2007 was developed to overcome this disparity and achieve Zambia's Vision 2030 of universal access to sanitation by 2030 (NRWSSP II 2017).

More recently, at the 2014 High Level Meeting of Sanitation and Water for All, the Zambian government made a commitment to achieve nationwide open defecation-free (ODF) status by 2020. This has since been revised to ODF by 2030. A new ODF strategy is currently in development and aims to sets out the approach by which this commitment will be delivered. The ODF Strategy suggests a Phased Approach in line with SDG targets taking into account the relevant social geographic situation allowing for unimproved latrines as an entry point for fixed point defecation

Although some progress has been made, access to improved sanitation in rural areas has increased only marginally (7% from 1990 to 2015), with only 19% of the rural population having access to basic sanitation services, highlighting the need for a clear rural sanitation policy (JMP etc; ISF-UTS 2011; NWASCO 2018). This slow progress is also a reflection of the lower priority given to sanitation compared to water in the NRWSSP initially. Further, the

NRWSSP introduced a new decentralized approach for delivery of water and sanitation services that focused on building the capacity of local authorities to deliver these services. However, human resource and funding constraints have slowed the pace of decentralisation, preventing Districts from taking on their responsibilities.

In the April 2018 draft of the National Water Supply and Sanitation Council's (NWASCO) "Rural Water Supply and Sanitation: Framework for Provision and Regulation in Zambia", a new service provision and licensing arrangement has been proposed by NWASCO which would see sanitation services for rural growth centres fall under the responsibility of commercial utilities (CU). Currently, there are no regulations to enforce standards in rural water supply and sanitation and this new service model is being proposed to improve this situation. However, rural settlements (sparsely populated) would continue to be serviced by the local authorities, with NWASCO taking responsible for the licensing arrangements for services provision (NWASCO 2018).

Through the Ministry of Chiefs and Traditional Affairs (MOCTA), traditional leaders have been playing a key role in championing the ODF movement in Zambia. As part of their Chiefdom-level Total Sanitation Plans, they compete for ODF status, and have proven to be critical in taking the necessary actions to achieve ODF in their communities (Osbert et al. 2015).

In 2011, the Sanitation and Hygiene Component of the NRWSSP was further developed, emphasising greater attention to sanitation by the government, which was lagging behind water supply (NRWSSP –Sanitation and Hygiene Component). Amongst other aspects, this component came to address a lack of policy guidance related to use of hardware sanitation subsidies, with an *overall principle that "rural households finance their own toilets",* although indirect subsidies can be *"provided through training of local latrine builders and community members in construction of low-cost latrines."*

The NRWSSP has a systematic approach for identifying the geographical areas with the greatest needs for improvement to sanitation services. It includes a general principle of appealing to support structures in local communities to assist vulnerable groups in the construction of toilets, and promotion of informed technology choice, including "*options suitable for disabled persons*".

The programme also takes into consideration gender equality aspects by calling for the "*active involvement of women and men in decision-making at community level and in schools*", and that "*various decision-making bodies and committees are gender-balanced and that training opportunities are offered to both women and men*".

In 2016, the Government of the Republic of Zambia shifted water supply and sanitation from being a unit in the Ministry of Local Government to a newly created 'delivering as one' Ministry of Water Development, Sanitation and Environmental Protection (MWDSEP). To further raise the profile of sanitation, the Ministry of Water Development, Sanitation and Environmental Protection intends to hold a Sanitation Summit *in the fourth quarter of 2018.* The Sanitation Summit will 'bring together key players in the sector to strategies on key measures to achieve the aspirations of the 7NDP, the Vision 2030 and the Sustainable Development Goals' (MWDSEP Concept Note, 2018).

4.1.5. Tanzania
As a legacy of the public health campaign in the 1970s, open defecation in rural Tanzania is relatively low compared to rural Sub-Sharan Africa, with an 84% ODF rate in rural areas. Access to basic sanitation in rural areas is also relatively low however (17%), reflecting the limited attention it has received from government, and 63% of the rural population still use unimproved

sanitation facilities (WHO/UNICEF 2017). Historically, sanitation has tended to be overshadowed in policy frameworks that combined both water and sanitation.

More recently, a new regulatory framework has been introduced, which recognises sanitation and hygiene as separate from water, as well as a shift of responsibility for service delivery to lower administrative levels (SEI 2016).

In 2011, as part of efforts to achieve the MDG target of 70% improved sanitation coverage by 2015, the Government of Tanzania (GoT) launched the four-year National Sanitation Campaign (NSC), which has been predominantly supported by donor agencies. The NSC was launched as part of the Water Sector Development Programme (WSDP) and had the objective of stimulating demand for, and improve the supply of, sanitation nationally. The intial phase (2011-2015) prioritised the improvement of sanitation and hygiene conditions in households and schools in rural Tanzania. The second phase (2016-2020) focusses on improving sanitation and hygiene conditions in urban areas, public spaces including hospitals and health care facilities, as well as the continued support of rural and school WASH improvements (Chitty et al. 2016).
In Tanzania, the government approach is to encourage households to invest in their own sanitation facilities. The GoT policy does not support sanitation hardware subsidies, thus alternative ways of persuading and enabling households to invest in improved latrines become particularly critical.

The development of the Sanitation and Hygiene Policy, which started in 2010, is still ongoing. The draft version of this policy proposes that *"programmes supporting sanitation infrastructure and hygiene provision should consider the knowledge, beliefs, practices and needs of people of differing backgrounds, ages, cultures and ethnic groups"*. Further, it emphasizes that *"gender issues and the rights and concerns of women as well as the disabled should be integrated into all levels of implementation and decision making on sanitation and hygiene services"* (SEI 2016).

4.2. SNV's SSH4A programme

The SSH4A programme has a common framework and guidelines for implementation and performance monitoring with approaches then tailored to the different countries and contexts. Developed since 2009 in Asia, the SSH4A approach is now working towards sustainable sanitation services in 135 districts across 15 countries in Asia and Africa. It has so far benefited an estimated 10 million people and provided new sanitation access to an additional four million rural women, men, boys and girls. As illustrated in Figure 2, the programme comprises four complementary components supported by knowledge and learning (SNV 2014), and uses a rights based approach that focuses on the development of capacities and approaches that can be scalable through a government-led district-wide approach to sanitation. It seeks to integrate best practices in sanitation demand creation, strengthening of sanitation markets, hygiene behavioural change communication (BCC), governance, and gender and social inclusion (GESI).

Figure 2: SSH4A programme components (source: SNV 2018)

SSH4A aims to mainstream GESI within programme activities as well as to stimulate partners and agencies to do the same. A gender and social inclusion guideline has supported teams to achieve this aim since 2012 (SNV 2012). The guideline provides practical tips and entry points for advisors to address GESI within each of the four SSH4A programme components. By mainstreaming GESI in SSH4A activities, the aim is to ensure both the practical needs and strategic interests of vulnerable individuals and groups are met.

The scale, phasing and duration of the programme vary across countries however. Nepal is the country where the programme is currently the largest, with a target to provide 850,000 people with access to improved sanitation in 17 districts across different administrative and ecological regions. This geographic diversity is reflected into the diversity of contexts the programme and its approaches have to cater for. The Nepal programme has evolved over time, with the current SSH4A commencing in 2008 but building on an established presence and experience.

In Bhutan, SSH4A is deeply embedded within the national WASH sector, being developed as the national sanitation programme through collaboration between RGoB and SNV. SNV Bhutan is providing financial and technical support to 4 districts and is the government's main partner for sanitation and hygiene, playing a technical support role to the government in the scaling up of its sanitation programme which has now reached 10 of the 20 districts in the country. Thus it has been in a particularly strategic position to inform and influence national sanitation policies. Its impact extends to supporting the national rural sanitation goal of reaching 100% improved sanitation by 2023. As in Nepal, the Bhutan SSH4A programme commenced in 2008 in its current form, but builds on established partnerships and experiences from a longer presence.

SNV activities in Cambodia commenced in 2009, with SSH4A in its current form being implemented since 2010. The SSH4A integrated sanitation programmeming approach, supported by a targetted pro-poor support mechanism and the comprehensive integration of the different sanitation components of the programme, demonstrated its value by contributing to the first, and only so far, ODF district in Cambodia in 2016. This achievement has led to the government of Cambodia applying the lessons learnt as part of its decentralization pilot of sanitation services to the sub-national level.

In Zambia the SSH4A Programme is anchored on the Government of the Republic of Zambia's National Rural Water Supply and Sanitation Programme. The programme started in four districts of northern province in 2014. The baseline survey undertaken in 2014 established that sanitation coverage stood at 35%. The SSH4A programme has since made significant progress as the endline survey undertaken in 2017 established that sanitation coverage had risen to 89.25% with 370,565 additional people having gained access to sanitation. Other gains in performance related indicators include councils leading implementation of district wide sanitation and hygiene interventions, increased participation and influence of potentially disadvantaged groups such as women, people with disabilities and the poor, inclusion of the more affordable and durable "Safi" latrine, buy-in and support from key stakeholders such as Chiefs and counsillors, better functioning DWASHE platform and introduction of the self financing mechanism which places responsibility on the community to generate resources for accessing top end sanitation and hygiene options.

In Tanzania the government is implementing the NSC with the target of achieving 100% coverage of at least basic sanitation by 2030, of which 13% will qualify for safely managed sanitation services, and basic hygiene practiced by 75% of the population. Since April 2014, SNV in partnership with UKAID and GoT have been implementing the SSH4A programme to complement the NSC interventions. The programme is implemented in five districts and implemention of the programme activities is embedded within the government structures where the government staff at the district, Ward and village implement the activities. SNV supports the districts to scale up provison of services by facilitating process, provision of advice and financial resources.

Table 3 summarises the characteristics of the SSH4A programme across the five case study countries. Figure 3 shows outcomes of the programme in terms of improvements in rates of access to sanitation, based on monitoring data from Emory University's analysis of programme indicators. For Nepal, programme areas are shown separately according to region and funder.

Table 3: Characteristics of the SSH4A programme in each country as at Dec., 2017

|	Bhutan	Nepal	Cambodia	Zambia	Tanzania
SS4HA commenced	2010	2010	2010	2014	2014
SS4HA source of funding	Mixed source: DFAT, DGIS	Mixed source: DFAT, DFID, DGIS	Mixed source, DFAT, DGIS, Stone Family Foundation	DFID WRP	DFID WRP
SSH4A programme scale	National (technical support to national programme) and district wide	District wide linked to national	District wide linked to national	District level	District level
SSH4A programme districts	10 districts	17 districts	3 districts	4 districts	5 districts
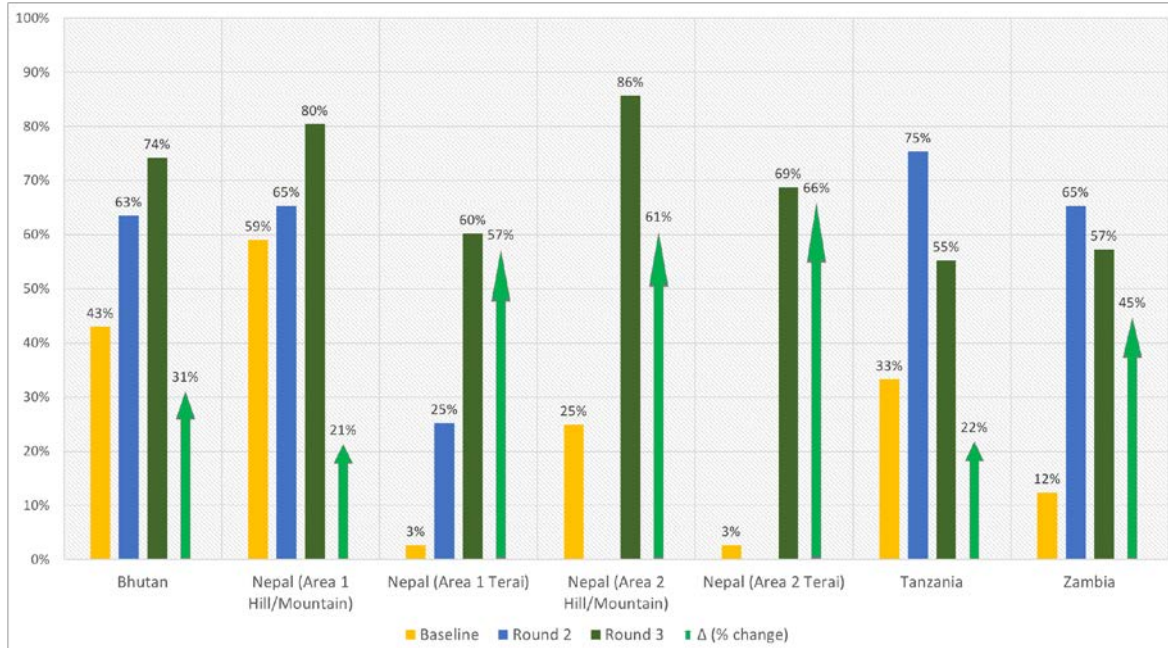
Figure 3: Increase in access to sanitation in SSH4A programme areas across the five case study countries

5. SSH4A: Leaving no one behind

This section describes how SSH4A teams determined which individuals and groups needed particular focus within their programme, and details the range of strategies adopted to strive for universal, inclusive sanitation.

5.1. Approaches to understand the "last mile"

In SNV's experience, it is important to start from a clear understanding in a particular context of *who* potentially disadvantaged groups might be, the specific barriers they face, and the capacity of the market and local government to respond at scale taking into account affordability as well as other barriers. Tailoring support mechanisms that take into consideration these realities is likely to prove more sustainable and effective.

It is also important to note that those in the "last mile" are often, but not always, from vulnerable or disadvantaged groups. There are many reasons for delayed uptake of sanitation, and it should not be assumed that all relate to social disadvantage. In Nepal, for example, some of the late adopters were from wealthier households (as discussed further below). SNV's framing of reaching all as "last mile" aknowledges this, and in doing so differs from other inclusion approaches centred on equality and non-discrimination. The SNV approach is to identify strategies that target the specific groups at risk of being left behind, whether or not those groups could be considered disadvantaged.

Approaches used by SNV teams across case study countries to identify potential "last mile" groups comprised both programme initiation and planning activities as well as ongoing analysis. Initial activities involved working with local partners to: (i) develop an understanding of the context and sector dynamics, (ii) identify and assess available data and resources; and (iii) prioritise regions/districts for programme implementation based on agreed criteria (eg poverty, access, few existing implementing partners).
Ongoing activities included:

- Taking a phased, responsive approach to programme implementation with explicit review and adaptation processes built into programme design.
- Related to this approach, reviewing disaggregated monitoring data and information from household door-to-door follow-ups and progress with government partners and key stakeholders during programme roll-out and adapting activities in response.
- Undertaking both formative research and focused studies in response to identified needs and considering potentially disadvantaged groups within supply chain studies.

These strategies were often used in combination, reflecting the particular needs and realities of different country and programme contexts.

The SSH4A overall approach is adaptive, prioritising collective mobilisation and fostering local leadership while also responding to local conditions. In line with this, within a country programme, once a proportion of the community has been triggered a follow-up process is typically undertaken where local leaders are encouraged to identify who are the households facing genuine difficulties in building a toilet, and their specific challenges. In Bhutan, for example, SNV teams work with local leaders during Geog (block level) meetings to understand issues faced by those experiencing difficulties building a toilet and raise the importance of a transparent identification process. At the same time, local leaders and health assistants are encouraged to mobilise community support. In Nepal, the approach was to employ mass demand creation, through house to house visits, to ensure all households capable of building a toilet did so. This process then allowed for identification, with the Village WASH Coordination

Committee (VWASHCC), of those households still needing to build a toilet and why. Interestingly, it was found that wealthier households who were resistant to building a toilet and poor households were being left behind. To address this situation, social coercion was used to convince wealthier households to build a toilet and local financial support mechanisms were used to support poorer households. In Zambia, SNV works with traditional leaders to provide support to people who have challenges in building latrines such as the elderly and disabled. Communities are mobilised to support the relevant persons. Similarly, in Tanzania, SNV works with local village heads to identify disadvantaged groups and facilitate enforcement of village rules on sanitation use.

The adaptive approach is supported by analysis of the programme's monitoring data, which is disaggregated by wealth quintiles, gender, age and disability (Figure 4) Country teams used this data along with ongoing door-to-door household data to reflect on the effectiveness of their programmes. For example, in Cambodia this type of analysis showed that "without targeted interventions the benefits of the programme were not optimally reaching the poorest and socially excluded groups" (Halcrow et al 2014, p. 6) and was used to inform subsequent formative research and a pilot pro-poor support mechanism.
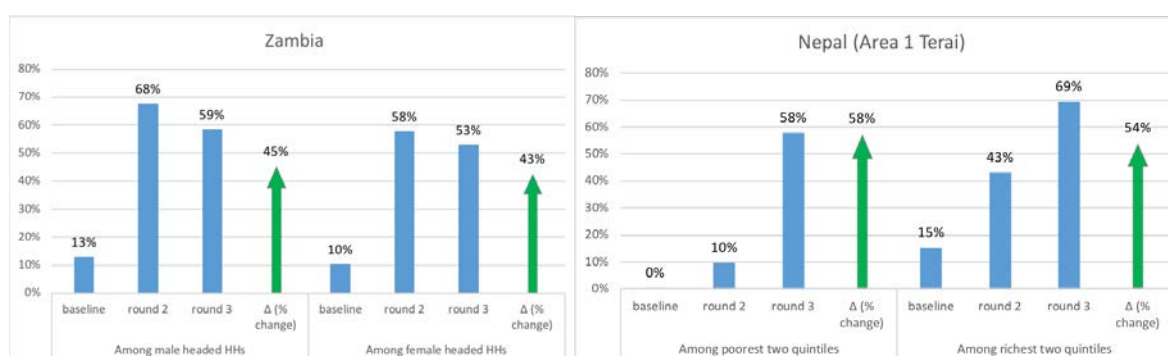
Figure 4: Examples of monitoring data showing access to improved sanitation facilities disaggregated for female-headed households (Zambia) and wealth quintiles (Nepal, Terai region)

In four of the five case study countries an understanding of potentially disadvantaged groups and their needs was further sought through a range of focused studies. These included qualitative research such as in-depth interviews and focus group discussions (FGDs) with target groups as well as other stakeholders. Table 4 shows the studies conducted across different countries and groups of people these were focused on.

Table 4: Focused studies to understand the needs of the disadvantaged and most vulnerable conducted by the case study countries

Groups	Bhutan	Nepal	Cambodia	Zambia	Tanzania
Potentially disadvantaged and vulnerable groups in general	Choden and Levaque (2011) – 'Qualitative research on pro-poor support mechanisms for sanitation and hygiene	SNV (2016) - Gender Equality and Social Inclusion (GESI) Study (internal study)	SNV (2013) - Study on Pro-Poor Support Mechanisms for Improving Access to SSH4A in Banteay Meas District	SNV (2014) – Zambia Country Baseline Report: Sustainable Sanitation & Hygiene for All Results Programme	SNV (2014) – Sanitation baseline results for Karatu, Babati, Geita, Kwimba and Chato districts in Tanzania

	improvement in the PHED RSAHP area of Lhuentse'	SNV (2017)- "Realising sanitation access and usage at anytime, for everyone, and everywhere" Consumer Preference and Supply Chain Analysis for Sanitation (2015). Barriers and Facilitators to Hygienic Use and Maintenance of Latrines and Handwashing with Soap in Sarlahi, Mahottari, Siraha and Saptari Districts of the Terai, Nepal (2015)	Murta et al (2016) - Review of SNV's Pro-Poor Support Mechanism in Banteay Meas, Cambodia	SNV (2015) – Formative Research on Handwashing with Soap/Ash in Kasama, Luwingu, Mporokoso and Mungwi Districts of Northern Province Zambia	SNV (2017) – Sanitation baseline results for Maswa, Misungwi, Itilima, Msalala/Kahama, Shinyanga, Arush Rural, Monduli and Hanang districts in Tanzania
Woman	Choden, Kilsby and Cheizom [2015] - 'Role of rural women in sanitation and hygiene - A Gender Study from Bhutan'	SNV (2016) - Gender Equality and Social Inclusion (GESI) Study (internal study) Consumer Preference and Supply Chain Analysis for Sanitation (2015). Barriers and Facilitators to Hygienic Use and Maintenance of			

		Latrines and Handwashing with Soap in Sarlahi, Mahottari, Siraha and Saptari Districts of the Terai, Nepal (2015)			
People with disabilities	Coe et al (2016) – 'Understanding the impacts of disability on access and use of sanitation and hygiene services in rural Bhutan'	Disability audit to assess the physical barriers for access to toilets by People with disabilities (internal study)	Accessible WASH in Cambodia (WaterAid; 2014)	SNV (2014) - Informed choice materials incorporating the disabled and elderly	
Older people		Barriers and Facilitators to Hygienic Use and Maintenance of Latrines and Handwashing with Soap in Sarlahi, Mahottari, Siraha and Saptari Districts of the Terai, Nepal (2015)	Accessible WASH in Cambodia (WaterAid; 2014)	SNV (2014) - Informed choice materials incorporating the disabled and elderly	

Overall these studies, as well as follow-up processes mentioned above, have shown that the "last mile" is context specific and composed of a mixed group of people that can include both poor and wealthier households, and that affordability should not be assumed as the main barrier for access to sanitation.

In Bhutan and Cambodia, studies (Choden and Levaque 2011; SNV 2013) were conducted to better understand what poverty meant in the context of access to sanitation and analyse the barriers to access for the poor and socially excluded groups. The starting point for these studies was different across countries. The Cambodian government, through the IDPoor Programme (in operation since 2006), has a clear process for identifying poor households. In contrast, there is no official classification process in Bhutan, and questions around categorising households as 'poor' can be sensitive. As such, research questions guiding the Bhutan study (Box 1) aimed to gain baseline information about how poverty is experienced and defined. The study found that labour was a major barrier rather than financial issues alone which was useful at that point of time when the government was considering re-introducing hardware subsidies. In contrast, the

study in Cambodia identified affordability as the main barrier and led to the piloting of a hardware subsidy for poor households. However, a review of this pro-poor support mechanism (Murta et al 2016) found that although it was effective in urging households to buy a toilet it was not necessarily critical to financially enable them to do it, raising questions around affordability as the only barrier to access to sanitation.

Box 1: Questions guiding the study of pro-poor support mechanisms in Bhutan

- How are 'poverty' and 'extreme poverty' defined in Bhutan? What types of criteria are being used (e.g. landlessness, absence of access to basic services, income, absence of support from relatives, availability of labour, food security, etc.)?
- What is the difference between the people living in poverty (PLIP) and the people living in extreme poverty?
- What is the poverty situation in the programme area? Any gender differences in poverty status? Who are considered to live in poverty in the programme area (based on which criteria) and where are they?
- What are the priorities of the PLIP? Is sanitation and hygiene one of their priorities? Any gender or age differences? What are their demands and aspirations in terms of sanitation and hygiene? Any gender or age differences?
- Are there any traditional mutual support systems in the community? Any traditional systems that exist specifically to support the households living in poverty? If yes, what are they? And how do they function? In what ways is support being provided (e.g. labour, food, money, loan, etc.)? In which cases (e.g. death, sickness, etc.)? To whom and by who support is being provided?
- What are the financial support mechanisms that are currently available? Formal and informal mechanisms? Formal credit: what are the conditions; for what purposes; can it be availed for household sanitation improvement purposes; minimum amount, interest rate; etc. Can the PLIP access formal credit? What about informal credit? Do the PLIP have access to informal credit? Informal credit: conditions; interest rate; etc. What about the use of formal and informal credit by the PLIP? Number of loans? Pay-back record? Defaulters? Individual and/or group savings linked to credit systems? Revolving loan schemes?
- Are there any past experiences (e.g. with another programme that does not provide subsidies for meeting basic needs and services) from which we can learn in terms of pro-poor support mechanisms? Any suggestions from the local authorities on pro-poor support mechanisms for sanitation and hygiene? Any possibilities of support provided by the local authorities (Dzongkhag and Gewoglevel)?

Similarly in Nepal, in the Terai areas, through follow-up processes as part of the phased approach, local leaders found that lack of access to land, in addition to affordability issues, was a major barrier to accessing sanitation. In order to address these issues, initiatives were developed through the VWASHCC, a body responsible for undertaking discussions with political parties, community people, district line agencies and development partners as needed. Through these discussions, and by ensuring prior discussion with community people and political parties to mitigate possible conflict, support mechanisms to resolve the land-and-money challenges were identified.

In Tanzania, ascertaining the reasons why some households do not build a latrine can be a challenging obstacle to overcome. For example, households often state they simply cannot afford them or village leaders claim non-compliant households are just uncooperative. Oftentimes, the reasons for not building a latrine are much more nuanced and can be drawn out in detail during follow-up processes after sanitation interventions. However, households in rural Tanzania are sometime reluctant to attend follow-up processes for fear of being fined for not having toilet. This fear stems from by-laws and enforcement mechanisms implemented as part

of the public health compaign in the 1970s. Exploring the deeper reasons why households do not construct latrines requires thoughtful strategies to overcome these obstacles.

Some country programmes also conducted studies focused on the barriers faced by specific groups such as people with disabilities and women. There were differences on the breadth of themes and types of barriers explored in each of the studies. The study conducted in Zambia (SNV 2014) focused on physical or sanitation technology related barriers to people with disabilities, whereas the studies conducted in Bhutan (Coe et al 2016) and Nepal (SNV 2016) also explored attitudinal, socio-cultural and institutional barriers. The study in Bhutan (Coe et al 2016) included people with disabilities as part of the study team, which strengthened the process and its impact, including mobilising greater participation of people living with disabilities as described in Box 2.

Box 2: Excerpt from SNV research report Understanding the impacts of disability on access and use of sanitation and hygiene services in rural Bhutan by Sue Coe, Pema Cheizom and Tshering Choden (2016)

"The participation of two members of Disabled People's Organisations (DPOs) in Bhutan were proactively sought for participation in the field study teams…Their selection, involvement and engagement strengthened the research team's ability to understand the needs of people with disabilities in the localities visited, and helped support the mobilization of people with disabilities to participate in the research. Their involvement was important to the research study in demonstrating that PWDs should not be only subjects of research but should also be actively involved in defining, leading and researching issues directly affecting their lives. The views of the DPOs that PHED/SNV partnered with also helped inform the research findings."

5.2. Approaches to reach the "last mile"

Country programmes used different and often combined approaches to reach potentially disadvantaged groups. Review of country documents and interviews with team identified 11 support strategies in use across the five case study countries, as summarised in Table 5 and elaborated below. It is important to note that the scale and focus of the different strategies varies considerably, with some quite specific to a particular aspect of programming, and others cross-cutting and broader in reach. Similarly, some of the approaches were targeted at reaching specific vulnerable groups such as people with disabilities or women, however most were designed to reach potential "last mile" groups in general.

Table 5: Approaches used to reach potentially disadvantaged individuals and groups

	Approaches	Bhutan	Nepal	Cambodia	Zambia	Tanzania
1	Targeting of districts, selecting programme locations in more challenging or higher needs areas	Remotenes; poverty levels; access barriers	Remotenes; poverty levels; access barriers	Poverty levels; access barriers	Remotenes; poverty levels; access barriers	Remotenes; poverty levels; access barriers
2	Local leadership development for collective action mobilisation	Vulnerable groups in general	Vulnerable groups in general	Vulnerable groups in general	Vulnerable groups in general	Vulnerable groups in general

3	Tailored social mobilisation, BCC and demand creation and follow up		Vulnerable groups in general, women	Ethnic minorities; People with disabilities; female-headed HHs	ID Poor HHs	Women; children; the elderly	Vulnerable groups in general
4	Inclusive and pro-poor sanitation business models		Women	Women	Vulnerable groups in general	Vulnerable groups in general	Poverty levels; elderly; People with disabilities
5	Inclusive technology	Informed choice with inclusive designs	People with disabilities; elderly	People with disabilities		People with disabilities	Elderly
		Training of masons in inclusive designs	Women	Women; People with disabilities		People with disabilities	Elderly
6	Integration in local government planning and budgeting		Vulnerable groups in general; women; People with disabilities	Vulnerable groups in general; women; People with disabilities	Vulnerable groups in general	People with disabilities	Vulnerable groups in general
7	Working with rights holders groups		People with disabilities; Women	Women; People with disabilities	Women; People with disabilities		Women; People with disabilities
8	Latrine discounts/subsidies				Vulnerable groups in general		
9	Self-financing mechanism					Vulnerable groups in general	Vulmerable groups in general
10	Evidence based advocacy		Initially vulnerable groups in general, then (informed by research) focused on female-headed hhlds and People with disabilities	Vulnerable groups in general	ID Poor HHs	Vulnerable groups in general	Vulnerable groups in general

11	Advocating for appropriate use of sanctions		Vulnerable groups in general		Vulnerable groups in general	Vulnerable groups in general

5.2.1. Targeting of districts

Bhutan: PHED and SNV Bhutan developed 15 criteria for selecting programme districts including remoteness, poverty rates, open defecation rates, access to improved sanitation, stunting rates, diarrhoeal incidence rate, access to piped drinking water supply and population, local leadership, amongst others. These criteria are being used by PHED in selecting priority districts for rural sanitation and hygiene programme funding.

Nepal: After decades of engagement in the hill and mountain districts of the Mid-Western Development Region, a decision was made to move into the Terai eco-zone due to lower levels of access to sanitation following a history of political marginalisation and lagging service delivery. In 2017, SNV Nepal included Bara and Dhanusha districts in the SSH4A programme, with the two other key members of the Terai task force, UN-Habitat and UNICEF, taking responsibilty for other districts.

Cambodia: Since SSH4A began in Cambodia in 2010. The programme was expanded district-wide to Banteay Meas in January 2012. At that time, Banteay Meas had one of the lowest sanitation coverage rates in the country (16%).

Zambia: The Government of Zambia in partnership with UNICEF has been implementing the DFID funded Zambia Sanitation and Hygiene Programme (ZHSP) as from 2011 in 67 out of 105 districts, with UNICEF operating in the remaining 38 districts. SNV selection of target districts for the SSH4A was in consultation with the Ministry of Local Government then responsible for water supply and sanitation. The districts prioritised for selection where those not receiving any support from any partner. These were found to be in the remote parts of northern province and had low sanitation coverage estimated then to be below 29%.

Tanzania: In the initial phases of the GoT's National Sanitation Campaign (NSC), districts which were relatively easy to access, better off in terms of resources and could show results quickly were selected. In consulation with SNV, lessons learnt from these pilot districts were considered and it was agreed that those villages which were relatively remote, poor and difficult to show results would be included in SNV's target areas as part of the next phase of implementation.

5.2.2. Local leadership development and collective action mobilisation

Development of local leadership for collective action, and local multi-stakeholder alignment mobilisation was the most common approach used across the different countries. However, the mechanisms and incentives used to motivate this leadership and/or collective action differed. In Bhutan the programme tapped into already existent traditional, compulsory pro-poor support mechanisms. In other countries community solidary benefits were explored, however others incentives were also used. In Nepal, for example, the programme tapped into status motivations through an approach of "naming and praising" of supporters and in Cambodia they recognised sanitation champions (and Bhutan also). In Zambia, financial and material incentives to social mobilisers were used. In the following paragraphs we explain how local leadership development for collective action mobilization was undertaken in each country.

Bhutan: The RSAHP programme, reflecting the political context, instilled a strong community support system from the start. This involved awareness raising of sanitation as a collective

responsibility targeting local government officials, local leaders, health workers and suppliers. It also emphasised the need to find local financial solutions and mobilise community action to support households facing genuine difficulties in building a toilet. A phased approach was adopted such that about one year after demand creation activities had been conducted and coverage had reached at least 95%, a process of carefully identifying who these households are and their specific challenges was undertaken. Depending on the situation, different types of support mechanisms were arranged. The community itself made a final decision on whether a certain household deserved support, either in the form of materials or labour and mason services. If a household had relatives living outside their villages that might be able to help, these people were contacted for support. In other cases, support for purchasing materials or labour was sourced on a voluntary basis from community members, local leaders, monastic bodies, suppliers of materials and other influential people. In some cases community volunteers and students from local schools offered to provide labour for households in need. There were also cases where the local administration and/or local leaders who owned pick-up trucks provided transportation of materials for bulk purchases. Additionally, some suppliers took the initiative to offer materials for free or at a discounted rate. Some also offered flexible credit payment. This was often the case where bulk purchases were made and the village heads provided assurance to the suppliers by taking the responsibility of collecting payments from their community members.

Nepal: Normally once a village reaches 80-85% sanitation coverage, local government leaders and WASH committees are engaged in discussions to mobilise local support for households who are unable to build a toilet, often due to affordability issues and/or lack of access to land. Once the issue is raised at village WASH committee meetings, the forum itself takes initiative to find support mechanisms through dialogue with people within communities, who may be in a position to help by offering land or donating money, including community people, and representatives of religious institutions, political parties, district line agencies and development partners. Public acknowledgment of supporters through for example, a "certificate of contribution", and appraisal at community/ceremony events (e.g. ODF ceremony), is an important part of this process. For example, in one district, after a lengthy discussion process, two landlords allowed landless households to build toilets on their land. Further, it was agreed that the village development committees would provide the hardware and that the landless households would contribute with labour. In another case, with consent from community people and political parties, permission was given to access land associated to a temple by its management committee for toilet construction. In another district, community members donated financial support for four households who could not afford to buy a toilet, whereas in other situations, financial support was sourced from a portion of the profit of the VDC's cooperatives. In this case, it was the agricultural cooperative which donated money from grain sold to support the construction of toilets.

In the specific case of Banke district, where there is a large Muslim population, very little traction was achieved through similar approaches implemented in other districts. A different tailored mobilization strategy was thus used to generate collective action amongst both the Muslim community and the Madesh ethnic minority. This included engaging toilet owners in persuading non-toilet owners, who were living in the same area, to build a toilet through dialogue on the importance of a toilet, getting a commitment on when non-toilet owners would complete the different steps of building and monitoring progress; employing a Muslim female social mobiliser who was able to visit the women of the Muslim community; and hiring a highly motivated senior Muslim social mobiliser who was effective in motivating both the Muslim and Madhesh communities in investing in a toilet. These strategies highlight the importance of identifying effective champions who can engage in collective action mobilisation.

Cambodia: In Banteay Meas district, where a financial mechanism targeting poor households was used, there was also leadership commitment to support poor households as part of ODF efforts before the financial mechanism was introduced. Murta et al (2016) reports cases of poor households who had been supported by their commune councils with labour and/or money to build their toilets. This was a result of SSH4A's efforts to create local leadership commitment for sanitation with an emphasis on participatory learning and reflection processes. Through district and commune level meetings held regularly throughout the project, local leaders were invited to reflect on successes and failures. In this process local leaders had to report on progress against plans, and cases where progress was slow was revealed. This seemed to be effective in creating peer-pressure amongst local leaders and further encouraging leadership and commitment from them. Further, it provided an opportunity for leaders of communes lagging behind in progress to learn from more successful ones (Murta et al 2016).

Zambia: Through the MOCTA, local leaders have been playing a key role in championing the ODF movement in Zambia. Through SSH4A activities, local leaders compete for ODF status as part of their Chiefdom-level Total Sanitation Plans. Chiefdoms that declare ODF receive a certificate and a banner, which displays their ODF status publicly. With the assistance of village leaders, village level Sanitation Action Groups (SAGs), who report directly to their traditional leaders on progress towards ODF, mobilise households in their villages to build latrines. The ODF competition drives traditional leaders to ensure local resources are mobilized to support households who are not able to build a toilet. To fast-track progress towards ODF status, the SSH4A programme in Zambia has been using a system of material and financial incentives. This includes providing the traditional leaders with bicycles for their assistants who inspect and monitor village progress towards ODF. The programme also provides a bicycle and a phone to the leader of the SAG (the sanitation champion) to support reporting activities, and USD10 per 10 villages that reached ODF. There have been challenges with this approach as it has set an expectation from other members of the SAG for a reward for their roles, which were intended to be voluntary. However, the approach has been effective at strengthening monitoring systems.

Tanzania: Similar to the case of Cambodia described above, in Tanzania, SSH4A's efforts to create local leadership commitment for sanitation has included meetings to reflect on the progress of the SSH4A programme with local government. At these sessions, local leaders present and share the toilets status in their villages. Leaders where the latrine construction and use is very poor often leave with a commitment to mobilize and motivate their people to construct and use latrines. Further, the participation of district leaders in some of these meetings makes sub-district local leaders realize the importance being accorded to sanitation issues and it helps increase commitment amongst them to deliver results. This commitment has translated into local leaders mobilizing their communities to help households who require labour assistance to build toilets. Further, in some communities where a proportion of the community has participated in demand creation, leaders have also been encouraged to undertake follow-up dialogue meetings with households who have not yet built a toilet to understand their challenges. A small proportion of households (less than 5% of those invited) resisted invitations to attend these meetings. These households were often made up of migrational workers residing in temporary housing, who did not wish to invest in building a toilet. In a few cases, resistance remained due to disagreement on the need for building a toilet, indicating a need for alternative approaches to demand creation.

5.2.3. Tailored social mobilisation, BCC and demand creation and follow up processes

In **Nepal's** Banke district, as noted above, very little traction was achieved through similar social mobilization efforts implemented in other districts. To address this, SSH4A employed, for a period of 8-9 months, a senior social mobiliser who was Muslim and well versed on the dynamics of the local communities, to oversee and facilitate community mobilization activities.

A female Muslim social mobiliser was also employed to support this work and conduct house-to-house visits to facilitate engagement with women in household contexts.

SSH4A Nepal has also developed demand creation tools suitable for people with disabilities. These tools are part of sanitation demand creation methodologies in which facilitators are sensitised on the physical barriers faced by people with disabilities in accessing and using a toilet. This includes a role play exercise whereby people are made to feel different types of disabilities (e.g. by blindfolding, tying up a leg, etc, and then asked to access and use a toilet). The facilitators use this exercise in house to house visits with family members of people with disabilities and in mass gatherings. These demand creation tools were adopted by eight Water Supply and Sanitation Divisional Office's (WSSDOs) and 131 facilitors from five districts, including 41 females, have been trained.

In **Cambodia**, a latrine susbsidy mechanism was implemented to support communes with high levels of ODF attainement to obtain adequate sanitation facilities. When the SSH4A programme commenced, over 90% of ID Poor households in Banteay Meas practiced open defecation and in several communes none of the poor households had access to sanitation. A study commissioned by SNV concluded that in Banteay Meas, affordability was the main constraint for poor households to access sanitation, and recommended the use of a voucher based latrine subsidy mechanism targeted only for the poorest on a pre-condition of communes with high ODF attainment. Before initiating the mechanism in each commune, SNV conducted an orientation meeting with the various stakeholders mentioned above, which included training on the implementation of the mechanism, roles and responsibilities, and use of monitoring and verification tools prepared by SNV. After the orientation meeting, the VFPs conducted dissemination of the discounted latrine opportunity in their villages. The mechanism was implemented in close cooperation between the sanitation suppliers in the target areas. Upon paying for the discounted latrine, households were required to sign an informal agreement with the VC committing to build the toilet, including a proper superstructure and within an agreed timeframe. Confirmation of toilet construction in turn, which was required for the suppliers to be able to claim the reimbursement of the discount cost, was done through a monitoring and verification process that involved the VFPs/VCs, the CFPs/CCs, and project allocated teams from the DORD, and the PDRD.

In **Bhutan**, in order to reach potentially disadvantaged individuals and groups, SNV Bhutan's staff which include a Community Mobilisation Advisor, BCC Advisor and a GESI Manager with good experience in community mobilisation adapted the Community Development for Health (CDH) tool and used either the FOAM or SaniFOAM frameworks to inform the BCC design within the SSH4A programme.

The CDH, a participatory tool already in use in the water sector, was customised to address the sanitation and hygiene requirements through incorporation of relevant components from CLTS and PHAST. Inclusion and participation (with particular emphasis on the participation of women and the least vocal) are stressed during the CDH processes in terms of timing, venue selection and facilitation and in selection of natural leaders. Qualitative and participatory research tools such as Focus Group Discussion Guides (separate for females and males), key informant interview guides, in-depth interview guides, accessibility and safety audits, and transect walks were used to gather gender and inclusion data to inform and influence programmeming. Strategic partnerships have also been formed with local CSOs working on women and people with disabilities to ensure that the rights, needs and concerns of women and people with disabilities are incorporated throughout the programme implementation and review processes.

In terms of BCC, the studies on handwashing and sanitation behaviours in rural communities used either the FOAM or SaniFOAM frameworks to inform the SSH4A designs and guide the researchers. These frameworks provided a means of organizing and analysing the behavioural determinants of hand washing or sanitation in terms of Opportunity, Ability and Motivations for a specified target group and behaviour. The innovative approach gives a clear process of how research findings are used and translated into implementable activities which best suits the context in Bhutan.

In **Zambia and Tanzania,** SNV undertook handwashing and sanitation behaviour studies to inform the SSH4A BCC intervention programming. Both countries utilised the FOAM and SaniFOAM frameworks to inform the SSH4A BCC studies and design. In Zambia the study was undertaken in four rural districts and looked to establish the key behavioural motivators to be enhanced in relation to the practices of hand washing, open defecation, use of latrines and their maintenance. The subsequent BCC strategy that was developed was segmented into different target population groups (children, elderly, women and men). In Tanzania, the BCC study investigated current handwashing and sanitation behaviour that was occurring in their target districts, the key determinants influencing this behaviour and what specific behaviour needed to be changed. The included analysis of the situation specific to potentially vulnerable groups, including people with disabilities, the elderly and women.

5.2.4. Inclusive sanitation business models

In **Nepal**, the programme trained female entrepreneurs on sanitation entrepreneurship and business development. A key outcome of this approach is that female entrepreneurs were more likely to be motivated to develop and offer more inclusive sanitation products for women and women feel more comfortable purchasing sanitation products from female entrepreneurs. Furthermore, during the training on sanitation business, the focus had been on orienting the women on sanitation and hygiene and the potential for selling toilet cleaning products and menstrual pads. However, in follow up training on business development, it was found that the women enterpreneurs themselves had identified other hygiene materials that women were also demanding and then had started selling those items, such as nail cutters, combs, shampoo and other products. The following training outcomes were realised: 86 members from different types of women's groups were oriented on sanitation entrepreneurship, of these 86 women, a total of 21 women started sanitation business by starting mobile shops or adding hygiene products to their grocery shops and of those women, 13 women were further capacitated on business development.

In **Bhutan**, the supply chain development component of the integrated model has been developed since 2010 through a process of evidence based learning. A district and National Sanitation supply chain study was conducted to understand consumer needs and preferences, as well as the market supply. Building on the evidence, some of the inclusive sanitation business activities adopted include: identifying existing and potential entrepreneurs with a focus on female participation; linking existing and potential businesses to rural consumers; raising consumer awareness of product and service options (toilet options meeting the needs of elderly and people with disabilities); and strengthening private sector capacity to simplify supply of desirable and affordable sanitation products and services through product bundling, bulk purchases and pro-poor support mechanisms.

Bhutan has also developed and implemented a gender strategy with particular emphasis on increasing the number of female masons operating in the country. As of 2017, a total of 58 female masons had been trained giving these women additional skills in a traditionally male dominated area. Furthermore, improved access to technical advice and associated services by

all to build high quality toilet facilities where facilitated through homeowners who choose the "Do It Yourself" (DIY) approach.

In **Tanzania**, SNV worked with Local Business Entrepreneurs (LBEs) to train them in demand creation and construction of the "Safi" latrine, a more affordable and durable latrine, to assist the poor in accessing a toilet. However, the SNV team found that these latrines did not quite meet the needs of the poorest as, although lower in cost to previous models, they were still unaffordable. Instead of promoting the "Safi" latrine to the poorest, SNV therefore worked with LBEs on making affordable improvements to the basic latrine. Changes included improving the walls and the floors to make sure these latrines met basic quality standards.

In **Zambia**, the SNV team worked with Sanitation Marketing Groups (SMGs) at the district, ward and village level to support potentially vulnerable groups in accessing a toilet. The SMGs mobilised funds for the construction of latrines through the pooling of financial resources within each village. The SMGs would then purchase materials for the construction of latrines in bulk for a community, allowing for savings to be made. From these savings, vulnerable groups such as the poorest in the community, were supported to contruct a latrine. SNV provided training in the form of basic bookkeeping, monitoring, evaluation and reporting to the SMGs, as well as accountability training as instances of corruption within the SMGs were reported.

5.2.5. Inclusive technology

Informed choice and training of masons on inclusive designs

In **Nepal, Bhutan, Tanzania** and **Zambia,** country programmes developed booklets to help households make informed choices about different toilet technologies and/or solutions, including inclusive designs for people with disabilities, households living in challenging environments and options for different affordability levels. These were developed based on for example disability audits and/or consultations with people with disabilities to assess their physical barriers for access to toilets.

In **Zambia**, masons were also trained in the construction of inclusive designs. Demonstration of these designs was done through building example toilets at clinics, schools and homes of people with disabilities. However, these were located at district centres and were therefore less effective at reaching households in more remote areas who may not visit district centres often. Further, the study conducted (SNV 2014; see Table 4) to inform the design of the informed toilet choices for people with disabilities found that some of the inclusive technology solutions available in the market assumed the use of wheelchairs and were not suitable for most people with disabilities in rural communities who did not have access to wheelchairs, often due to affordability issues.

The **Cambodia** programme was able to make use of a pre-existing informed choice manual developed by SNV and DFAT (then AusAID) in collaboration with government partners during a previous phase of work.

In **Tanzania**, portable wooden stools designed as pedestals for the elderly and also people with disabilities to sit on while defecating were introduced in the project districts. The stools are being sold as part of the improved toilets package.

5.2.6. Integration in local government planning and budgeting

An approach employed across all of the SSH4A countries was to work towards institutionalisation and mainstreaming of inclusive sanitation towards effective integration of support strategies within local government planning and budgeting processes. Specific activities undertaken by SNV teams included:

- Research to support dialogue with national stakeholders and inform and influence policy formulation (Bhutan, Cambodia);
- Advocacy and technical support to local government agencies to prioritise sanitation in their planning and budgeting processes, including considerations for the needs of disadvantaged and vulnerable groups (Nepal, Bhutan and Cambodia);
- Participatory workshops with government agencies and organisations representing vulnerable groups to raise awareness of the specific needs of these groups and identify potential solutions (Nepal, Zambia);
- Training of local government agencies on demand creation approaches that are inclusive of vulnerable groups (Nepal, Bhutan).
- In the CLTS approach the government mobilize the communities to support the poor, the elderly and people with disabilities to construct and use latrines. The government staff monitor this aspect (Tanzania).

In **Bhutan,** SNV Bhutan is the key partner of the Government of Bhutan in implementing its national sanitation programme. At the national level, the SNV team partners with the Public Health and Engineering Division (PHED) within the Ministry of Health, working directly alongside government counterparts towards effective and inclusive programming. SNV Bhutan supported both the Ministry of Health (for rural sanitation) and Ministry of Works & Human Settlement (for urban sanitation) in reviewing and developing inclusive National Sanitation and Hygiene policy.

At the local level, SNV, in partnership with PHED, facilitated inception workshops and review meetings that influenced Sanitation and Hygiene as an agenda point in the local government assembly (DT and GT) meetings. Increased capacity of local officials, through the SNV partnership, led to a positive influence in prioritising, planning and budgeting for sanitation and hygiene activities within the local goverment. For example, in Bumthang, Chukha and Wangduephodrang districts, health officials transferred to these districts from the SSH4A programme districts were able to influence their local governments in allocating funds for sanitation and hygiene.

In **Nepal**, in 2008, SNV started to work with the regional monitoring and supervision office (RMSO) of the Mid-Western Region to bring together the district line agencies and district public administration around sanitation. Aligning along one single approach, and engaging the entities at different levels was the basis. After the success in the Mid-West and the transfer of the RMSO head to the national level, SNV supported the national sanitation and hygiene plan, based on the same principles. Access for all was one of the principles, as was the engagement of everybody.

Later on the programme continued to make efforts to support the prioritisation of sanitation in local government planning processes, the inclusion of pro-poor support considerations and stronger links between key government agencies. This has been done in numerous ways, including SNV supporting development, or updating, of District Sanitation Strategies to guide districts on achieving sanitation access for each household, achieving ODF and integrating a pro-poor protocol. Establishing a link between the Ward Citizen Forums, which are key parties in these planning processes, and WASH committees at the village level has helped to raise awareness and address sanitation barriers for vulnerable groups, as well as ensure that the needs of the most vulnerable are addressed in the VDCs. For example in the Terai region, landless households were granted access to temple or landholder property in order to build a toilet. SNV also facilitated a tripartite collaboration agreement signed between the District Women and Child Office (WCO), Water Supply and Sanitation Divisional Office (WSSDO) and SNV in 2016 to strengthen the engagement of WCO in sanitation and hygiene, so as to enhance the role of WCO in relation to gender issues and supporting people with disabilities.

The Nepalese programme has also undertaken sensitisation of district level government stakeholders on the sanitation needs of people with disabilities. This has included supporting one-day district-level multi-stakeholder workshops, which explored possible technological options for these groups as well as ways of integrating their needs in demand creation processes. The workshop involved active engagement of local agencies representing the rights of people with disabilities and women. Further, as mentioned earlier, training on demand creation and BCC provided to local government workers is based on demand creation tools suitable for people with disabilities.

In **Cambodia**, as part of post-ODF efforts, the programme has been working with the local government to ensure establishment of a district level sanitation committee and the institution of commune level post-ODF regulations and plans. As part of this, SNV has been advocating for the allocation of budget for sanitation including particular support for poor households who cannot afford a toilet. In the target districts this is now budgeted for as part of the Commune Investment Plans.

In **Zambia**,as part of the goal of raising awareness on the sanitation needs of people with disabilities as well as assessing ways to make the programme inclusive, SNV facilitated a participatory workshop with district officials on the challenges faced by disabled people and potential solutions. Solutions discussed at this session were integrated in an informed choice booklet. SNV Zambia also ensured that all SSH4A activities were aligned with and embedded into, the district level sanitation plans.

In **Tanzania**, SNV ensured that SSH4A support strategies were effectively integrated within local government planning and budgeting processes. In providing a facilitation and expert advisor role, SNV has been able to support the LGA to implement its district sanitation agenda. The LGA, with SNV support, ensured that principles of leaving no one behind were adhered to in the SSH4A districts. This involved targeting potentially disadvantaged groups such as people with disabilities, the elderly, women and the poor and ensuring their needs were being taken into account in planning and budgeting processes.

5.2.7. Working with rights holders groups

SNV **Bhutan** developed a relationship with the Ability Bhutan Society in 2015, since which time they have collaborated on the development of the RSAHP strategy and on the disability study at district and community levels. SNV also facilitated the involvement of Ability Bhutan in the B-WASH Cluster – a national partnership with the vision for Bhutan to be a "nation with access to safe, sustainable and equitable WASH for all, always and everywhere" and six objectives including one focusing on "advocacy and sensitization of WASH issues with special focus on children, women, elderly, monks and nuns and people with disabilities at all levels" (B-WASH Cluster Governing Document, 2016). SNV also collaborated with the Bhutanese Association of Women Entrepreneurs (BAOWE), which resulted in greater participation of women (17 of 38 participants) at the second WASH cluster meeting in June 2017. Moving forward, the SSH4A Bhutan programme will strive to work with the National Commission for Women and Children (NCWC), which has the national mandate for ensuring the rights of Women and Children in Bhutan, as partners in the coming years.

In **Cambodia**,   SNV worked with DPOs engaging them in district level multi-stakeholder workshops. At the sub-district level SNV worked with the Commune Committee for Women and Children (CCWC) to generate demand for toilets amongst women.

In **Nepal**, SNV worked with organisations representing people with disabilities groups as described above, engaging them in district level multi-stakeholder processes. More specifically,

SNV was able to facilitate a process by which most district level WASHCCs endorsed Disabled People's Organisation (DPOs) as regular invited members and ensured that the handbook of toilet options for people with disabilities was tested by DPOs in several districts and by the National Federation of Disabled Nepal (NFDN). SNV Nepal also facilitated two national events to advocate for WASH for people with disabilities with NFDN.

In **Tanzania**, attempts were made by SNV to involve women's groups and associations of people with disabilities in order to better articulate the needs of women and people with disabilities. For example, women's groups, and female leaders were consulted in design of monitoring and evaluation processes. However, efforts to involve these and other groups were not succesfully integrated into the programme more widely due to a lack of formalised organisational structures to facilitate meaningful longer term engagement.

5.2.8. Latrine discount/subsidy

In **Cambodia**, the programme trialled a financial subsidy targeted for poor households in the district of Banteay Meas. The mechanism involved offering a time-bound discounted pour flush latrine to poor households in communes that had reached 80-100% sanitation coverage. The government's system of identification of poor households was used. Both ID poor 1 (very poor) and ID poor 2 (poor) in this system of identification were eligible. The discount was based on an agreed cost with selected sanitation suppliers of US$44 for a pour flush latrine, which included a three-ring pit, a slab and a toilet pan. The discounted toilet price offered to ID poor 1 households was US$12.50 and to ID poor 2 households was US$18.70. SNV reimbursed the suppliers for the cost of the discount after confirmation from the commune council that the household built the toilet (Murta el at 2016).

A review of this pro-poor support mechanism (Murta et al. 2016) found the mechanism to be effective in ensuring beneficiary households built a toilet and avoided leakage to non-targeted households. Local leadership was also fostered by involving provinicial, district and community level leaders as key implementers, providing them with technical and capacity building support and making leaders accountable for their responsibilities. The 80% sanitation coverage eligibility criteria was key to generate leadership motivation and commitment. A commitment for sanitation in the communities was also fostered, as well as long-term behaviour change outcomes due to a sense of ownership being instilled in households, as the significant monetary contribution required ensured that only households who genuinely wanted a toilet took up the subsidy. However, while the mechanism was found to be an effective way to fast-track progress towards ODF status in Banteay Meas district, it is not likely to be scalable nationally due to the costs associated until significant human resource capacity and instutional improvements within local government are made. Potential risks include market distoration amongst suppliers, the stifling of innovation and post-ODF considerations including how to support poor households to build and/or maintain their sanitation facilities.

5.2.9. Self-financing mechanism

In **Zambia**, to address the lack of financial institutions willing to provide loans for households to purchase toilets, SNV developed a community-based "self-financing mechanism". This consists of sanitation marketing committees at the district and ward levels. Members were nominated by local stakeholders based on their influence, status and capacity to provide effective representation of their particular sector (across masons, retailers or wholesalers of construction materials). A representative of the local traditional leadership was also included. Through a merry-go-round traditional savings method, the sanitation action groups mobilise resources from interested households. Once sufficient money is collected for at least 10 households, the action groups send it to the ward sanitation marketing committee to negotiate a purchase with the wholesaler. Discounts for bulk purchases can be negotiated in advance and the households

work out how the savings from the discount should be distributed between themselves. This mechanism is often used as a way to support poor households who cannot afford a toilet.

Being part of this committee is an incentive for both retailers and masons, as it provides them access to market and business opportunities. For the traditional leaders, the incentive to have a representative in this group links to their role in achieving ODF. This approach also helps to address the limited access to toilet materials in local markets for suppliers, as well as the fact that masons are generally technically highly skilled but lack marketing and business skills.

In **Tanzania**, SNV supported LBEs to set up self-financing mechanisms in the form of revolving funds to assist them in increasing their latrine production and income. LBEs were invited to set up an Association and bank account into which SNV made an initial financial contribution, as well as support the LBE Associations in formulating the conditions and guidelines for use of the funds. In supporting the LBEs in this way, SNV hoped that the increased LBE latrine production and income could lead to LBEs offering reduced rates for latrine contructions for the poorest, as their overall market share increased. However, after initial success with this approach, LBEs became fearful of taking out a loan from the revolving fund for fear of defaulting on the loan and the ramifications this would have on their business.

5.2.10. Evidence based advocacy

Bhutan: To inform and support nation-wide dialogue with government stakeholders to this effect, SNV Bhutan conducted research at different points in time (see Table 4, in section 5.1). Findings from this research were then used to support SNV's contributions within government consultation processes seeking policy advice from sector stakeholders.

In 2011, SNV Bhutan led research on appropriate sanitation pro-poor support mechanisms. The study was conducted in Lhuentse district where the RASHP, the national sanitation programme, was first piloted with the support of SNV. As mentioned in section 5.1, a key finding of the study was that a major limitation for poor households to access sanitation was not affordability but instead access to labour. This finding informed a policy re-articulation of how poverty was understood in the context of access to sanitation. Recommendations from the study were taken into account in communal level action plans by the district government as part of its strategy for behaviour change. The local plans particularly took into account the mobilising labour and advocacy-related recommendations and encouraged the traditional (compulsory) systems of community cross-subsidy in which community members contributed in-kind to households requiring support . Although a draft national Rural Sanitation and Hygiene Policy, which is being merged with the National Sanitation and Hygiene Policy, is still in development, the same approach has been used in the scaling up of the RSAHP to other districts. Targeted and localised pro-poor support have remained a priority in local administration action plans and are included as part of the regular monitoring of the RSAHP. Nevertheless, leaders at sub-national levels lobby for subsidies to be reintroduced into the RSAHP and the National Sanitation and Hygiene Policy, thus there is a need for SNV to keep re-emphasizing the findings from this study to ensure any discussion on potential subsidies is informed by this evidence.

Later in 2015, SNV conducted a study aimed at to making the RSAHP more gender sensitive and influencing the integration of gender-sensitive components in the RSAHP strategy. Recommendations from this study have been reflected in the Rural Sanitation and Hygiene Strategy (2015-2023). This includes, for example, a strategic objective to "ensure the sanitation and hygiene of women, girls, nuns, and persons living with disabilities (including the elderly and the sick) and their meaningful participation in WASH".

More recently, in 2015/16, SNV undertook collaborative formative research with the PHED to better understand the sanitation and hygiene situation of rural people with disabilities and inform the development of guidelines for addressing disparities in the RSAHP. Without disaggregated data little was known about the impact of disability on sanitation and hygiene in rural households, schools, monastic institutions and nunneries. This gap was highlighted in the consultation process for the national strategy for the sector in 2015 and prompted this research. By directly engaging with people with disabilities and Disabled People's Organisations during the research process, the study fulfilled its objectives of better understanding the sanitation and hygiene situation of rural people with disabilities and informing the development of guidelines for addressing disparities in the RSAHP. Findings and recommendations from the research were disseminated at national and district levels with various stakeholders at different WASH forums. SNV has been able to draw on this research to inform and influence the development of the National Sanitation and Hygiene Policy in 2017.

In **Cambodia**, SNV drew on formative research and programme data to advocate for the mobilisation of commune budgets and ensure the prioritisation of sanitation by leaders. They also ensured outcomes of their pro-poor support mechanism informed the development of government subsidy guidelines.

In **Nepal**, the SNV team has called on formative research and programme monitoring data to advocate for appropriate WASH services for people with disabilities at the national level. Key outcomes linked to this evidence based advocacy have been the participation of the Deputy Director General in an SNV Last Mile learning event in Indonesia in which the challenges faced by people with disabilities in accessing sanitation were a focus. As a result of this participation the Deputy Director General was convinced to include addressing sanitation for people with disabilities in the 2017 World Toilet Day event and SNV's contribution to the development of a policy paper in collaboration with the Ministry of Women and Children on disabilities and WASH.

Also in 2017, SNV Nepal conducted formative research in three districts on assessing the status and barriers in access to and decision-making for sanitation and handwashing with soap from the perspective of gender, socially excluded groups (ethnic minorities, castes, poor people etc) and people with disabilities. The outcomes of this research have included increased awareness of GESI and disability considerations by district and VDC stakeholders, revision of district sanitation strategies to reflect an improved focus on GESI and disabilities in two districts, increased commitment from D-WASH-CCs to invite representatives from disability networks, update of the national handbook on technological options for the terai and the development of a training package for masons to improve toilet construction, including options for adapting toilets to meet the needs of people with disabilities using local material (SNV, 2016- Nepal GESI Learning Brief).

In **Zambia**, SNV monitoring and evaluation data is made public and accessible to government and community stakeholders. Learning events are held with these stakeholders to share the results. In the most recent learning event in June 2018, SNV presented data which showed that potentially disadvantaged groups were being left out from gaining access to improved sanitation. SNV Zambia used the dissagregated impact indicators to inform this, and also conducted focus group discussions with women, people with disabilities, the elderly and the poor to understand the situation and challenges of these groups. During the learning event, SNV also invited a number of people with disabilities and elderly people to provide a live testimony for the stakeholders to inform them of the realities and challenges they face in accessing improved sanitation.

In **Tanzania**, SNV has embedded monitoring and reflection sessions into the SSH4A programme. These sessions share the programme results with all of the concerned stakeholders, from the village to the national level. In using the data and evidence collected from the programme, and dissagregating the data to understand the situation of various potentially disadvantaged groups (people with disabilities, women, the elderly, the poor), this has enabled SNV to more effectively advocate for the improved sanitation interests of potentially vulnerable groups.

5.2.11. Advocating for the appropriate, non-discriminatory use of sanctions

In **Tanzania,** by-laws exist whereby households who do not have a toilet are subject to fines. As a way of instigating community ownership of their own sanitation situation as a collective responsibility, the SSH4A has been advocating for these by-laws to be defined and enforced by communities themselves. This requires a participatory process through which communities decide on how offenders should be penalised and the value of the fine, what the money from the fine should be used for and what mechanisms should be used to encourage offenders to build a toilet. SNV has also introduced community forums in which households who have not built a latrine are invited to explain the reasons for this. If it is found that those households have genuine reasons and challenges in contructing a latrine (e.g. latrines that collapse due to sandy soil conditions, limited physical or financial resources to contruct a latrine) the community and SNV explore options to support those households. According to SNV, where enforcement of sanitation by-laws has been done in participatory manner compliance has been higher. However, concerns about the lack of transparency in how money from the fines was being used in some communities was reported and needs to be taken into consideration when applying this approach to achieving improved sanitation outcomes in rural settings.

In **Nepal** there are sanctions for open defecation such as fines or revoked right to public services (e.g. issuing of passports, birth certificates, pensions). These are often not strictly implemented, and are rather used as threats and/or in the form of delayed access to these services (SNV 2015a; SNV 2015b). However, although these may have led to faster uptake of latrines in some cases, they have had a negative impact on latrine usage and operation and placed undue pressure on vulnerable households. Many latrines built through this approach were observed to lack any superstructure that would provide sufficient privacy for consistent use (SNV 2015b). SNV have been working with government to address these challenges, moving away from sanctions shown to have detrimental outcomes towards more effective approaches.

In **Zambia**, sanctions are used across the country for households who have not contructed a latrine. It is the MOCTA that has been mandated to contribute to the attainment of ODF across the country and Chiefs have been instructed to achieve ODF in their chiefdoms. Considering this, Chiefs have the authority to apply various forms of sanctions to households who do not build a latrine, including households needing to pay a fine or contributing labour to build a latrine for a potentially disadvantaged housholds who are unable to build one themselves. Within this context, SNV advocates for the appropriate, non-discriminatory use of sanctions. SNV has conducted sensitisation training of Chiefs in their programme districts on sanctions needing to be a supportive instrument for BCC, rather than the primary tool to attain ODF. This is because the effectiveness of sanctions is not guaranteed in attaining ODF, with some households contructing low-quality latrines that do not actually function properly (i.e. depth of the pit is not sufficient).

6. Reflections on reaching all through SSH4A

Bringing together experiences from SSH4A activities across the five case study countries, available disaggregated monitoring data and insights from literature, this section:

(i)   Reflects on SNV's overall approach, summarising the breadth and diversity of support mechanisms comprising SNV's 'toolbox for reaching all';

(ii) Highlights achievements and continuing challenges; and

(iii) Situates SNV experiences with reference to the latest sector thinking on reaching all to prompt thought on directions for future work.

6.1. Reflecting on the SSH4A Approach across case study countries

SNV has a clear vision to reach all through SSH4A, and an organisational commitment to invest in, test and adapt a range of support strategies to reach the last mile. This provides a strong foundation for country teams to make inclusion a focus of their programme in a way that best suits their context. Reflecting this, across case study countries, programmes have capitalised on the diversity of support mechanisms available. As described in Section 5, support strategies used include selected financing mechanisms (subsidies, loans) as well as a toolbox of 'software' strategies with a particular emphasis on strong engagement with government.

To enable reflection on the breadth of SSH4A support strategies, Figure 5 maps strategies with reference to the scale(s) at which they typically focus across community, local and national levels.
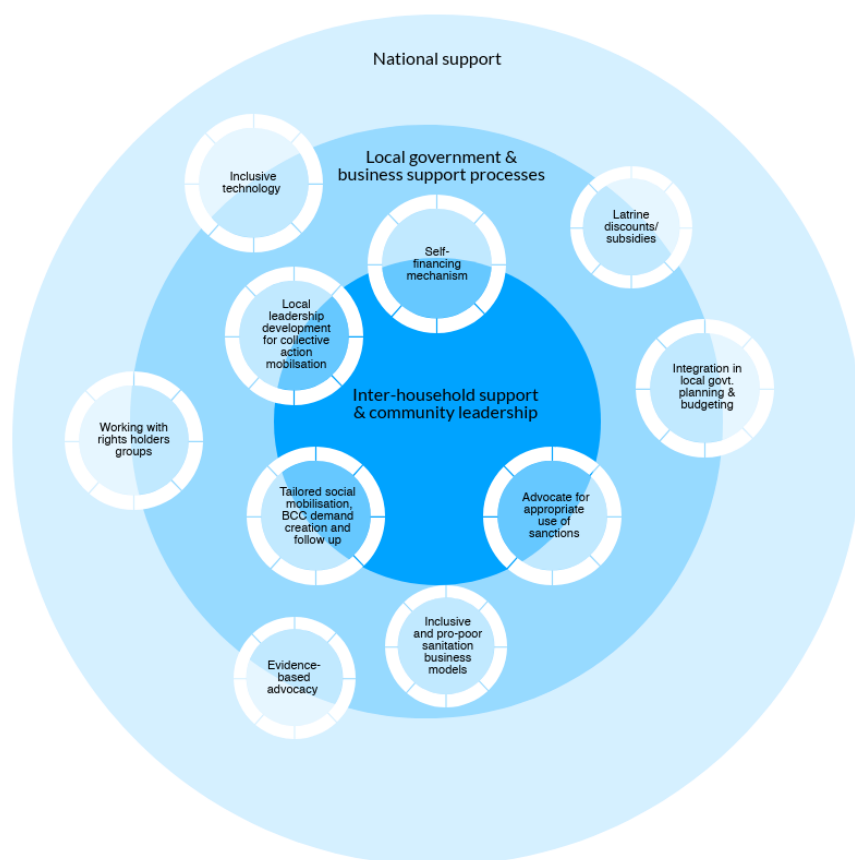

Figure 5: Locating SSH4A support strategies

According to recent literature and in line with the principle of subsidiarity, preferentially using the lowest appropriate level of support mechanisms is likely to be least disruptive to the social and economic dynamics of a community, facilitate accountability and strengthen sustainability. SSH4A strategies dominantly span the community and local governance levels, aligning with this approach and demonstrating SNV's focus on strengthening local governments and building capacity to take responsibility for reaching all in the communities they serve.

Ultimately, in designing an approach to reach all, the aim is to identify the strengths and limitations of support strategies at each of the three levels and seek to build on strengths and address constraints in the way a programme works across all. This also means acknowledging and seeking to balance trade-offs when required. The fact that SSH4A strategies cross all establishes a strong foundation for this approach.

6.2. Reflections and complexities

Disaggregated monitoring data points to success in reaching potentially disadvantaged groups including the poor, people with disabilities, female-headed households and older people. Most case study countries saw improvements over time for these groups across both access and use indicators, including a reduction in disparities between groups.

Undertaking focused studies in collaboration with local government and civil society partners is a valuable way to generate insights that are then used. Studies of this kind can assist with both identifying vulnerable groups and considering what kinds of support mechanisms might be needed. SNV's experience in this – including formative research and seven focused studies across four of the case study countries – has been instrumental in identifying vulnerable groups, considering what kinds of support mechanisms might be needed, and building inclusive approaches with government and civil society partners.

Consistent, long term engagement with governments at different levels provides a foundation for achieving systemic institutional change towards a greater emphasis on inclusion, as has been seen in Bhutan, Nepal and Cambodia. The impact of these efforts will continue beyond the life of SSH4A programmes.

It is important to be realistic. Working in a complex system, and addressing systemic issues of potential disadvantage through a single sector, inevitably places limitations on what is possible to achieve. Reflecting this, disaggregated monitoring data points to unequal progress and persistent gaps, for example slower progress in accessing improved sanitation for female-headed households in Bhutan and slower rates of progress for households with people with disabilities in Zambia in terms of the proportion of households in which everyone is able to conveniently and easily use the toilet. In Tanzania, slippage has been a challenge, with initial impressive rates of progress declining due to the basic nature of toilets that poor households built after demand creation and their inability to withstand multiple rainy seasons. This illustrates that efforts to promote rapid coverage can result in sustainability challenges, particularly for vulnerable groups.

It is important to recognise that reaching all is resource and effort intensive, and requires thought from the outset of a programme. This is essential to achieve area-wide sanitation and truly leave no one behind.

There is an inherent tension between the need for focused research and tailoring of programmes to the local context on one hand, and the imperative to aim for scale and efficiency on the other. Developing a generic successful approach is impossible. Context is critical in terms of both identifying potentially disadvantaged groups and designing strategies to

reach them. We can't make assumptions about who the potentially disadvantaged groups are and what they need in different communities.

Identifying potentially disadvantaged groups is challenging. Not all contexts have robust government identification systems to enable clear targeting of support (such as exists for poor households in Cambodia). And when formal identification systems are in place, such as for poor households, this can drive a narrow focus on those groups which risks overlooking other dimensions of potential disadvantage.

Ensuring the voices of potentially disadvantaged groups are heard is another challenge, requiring different strategies.Even when making particular efforts to determine which individuals and groups may be vulnerable in a particular context, unconscious bias may mean that certain groups are missed. Unconscious bias occurs because vulnerability and disadvantage are linked to systemic discriminatory behaviours and beliefs that permeate communities and societies. We need to be mindful of this and seek to question our assumptions at every stage of the process.

6.3. Contextualising SNV's work within the latest sector thinking

To situate experiences with reference to the latest sector thinking and inform future directions, SSH4A activities were considered with reference to the emerging sector principles and related themes described in section 3.

A. Include and engage potentially disadvantaged groups

Across case study countries, SNV teams have made efforts to include and engage potentially disadvantaged groups both in identification processes and during programme implementation. Particular strategies included: working with rights holders groups such as with Ability Bhutan, Commune Committees for Women and Children in Cambodia and making DPOs members of the district WASHCC in Nepal; undertaking tailored social mobilisation, such as employing female and Muslim mobilisers in Nepal; and promoting inclusive business models, for example training female sanitation entrepreneurs in Nepal.

B. Respect all and reflect on power dynamics

Reflections from team members during learning activities revealed the impact of power dynamics and challenges in ensuring disadvantaged groups are able to voice their needs and preferences. SSH4A teams identified quality facilitation and specifically designed participatory processed as crucial. Working closely with rights holders groups, local leaders and local government are key to addressing these issues. Ongoing monitoring and reflection is also critical to ensure 'do no harm' objectives are being realised and to adapt activities as required.

C. Monitor and learn

SNV systematically monitors the success of SSH4A activities in reaching programme communities including household level data on (i) access, (ii) use of toilets, (iii) ability to use toilets and (iv) toilet type (among many other indicators). Monitoring beyond access to include use of toilets is a critical part of understanding the ways in which potentially disadvantaged groups actually benefit (or not) from sanitation programmes.

Since 2014 this data has been disaggregated to focus on particular groups that may experience disadvantage including lower wealth quintiles, female-headed households, households with people with disabilities and households with older people.

SNV also has an established and widely respected learning programme involving programme staff and other sector professionals in D-Group discussions and face to face learning workshops. In 2017 a learning event specifically focused on 'reaching the last mile' was held in Lampung, Indonesia. In 2011, an event in Nepal focused on governance addressed gender and social inclusion (GESI), the outcomes of which were reflected in GESI guidelines.

Monitoring results, follow-up processes and learning outcomes inform adaptations of programme activities on an ongoing basis as part of SSH4A's responsive approach

D. Subsidiarity of support

This principle relate to the idea of subsidiarity, in which decisions and actions are taken at the lowest *appropriate* level. As such, the message is not about only relying on local support, but about identifying the strengths and limitations of support strategies at each level and seeking to build on strengths and address constraints in the way a programme works across all. This also means acknowledging and balancing trade-offs when required.

SNV's approach reflects this principle, with a particular focus on strategies that aim to facilitate local governments to fulfil their role as duty bearers in ensuring sanitation for all without discrimination.

E. Strengthen the enabling environment and carefully consider scaling

Working closely with local government partners is core to SNV's approach, and their commitment to reaching all has influenced the emphasis placed on equity and inclusion in a number of case study countries. In countries where SNV has established relationships with government, evidence based advocacy has also been an effective strategy for raising the profile of inclusion, for example working with the Government of Bhutan towards stronger disability-inclusive sanitation in the national programme, and with Government of Cambodia to strengthen pro-poor approaches.

F. Inclusion as an adaptive and context specific process

SNV's responsive approach to programme implementation reflects these principles. Use of monitoring data as well as learning and reflection processes have informed specific programme activities across SSH4A countries. The evolution of support strategies is particularly evident in countries where SNV has a longer history of engagement.

Investment in research including both formative research and targeted studies also facilitates context-specific identification of potentially disadvantages groups and appropriate support strategies.

G. Simplicity and transparency of support mechanisms

This principle is reflected in the ways SNV works with local government. For example in Cambodia the SSH4A team engaged with local government to develop guidelines for applying the sanitation subsidy to ensure appropriateness and transparency for all, and a pilot was undertaken to test and refine the communication strategy. The result was a clearly defined and transparent process with strong accountability mechanisms (Murta et al. 2017).

6.4. Future directions

Informed by the findings of this comparative study, SNV is focusing on four areas to further strengthen their approach to leaving no one behind:

1. **Strategic timing:** Timing is a critical consideration. What works at one stage of programming might not work at another. SNV is thinking through 'when' as well as 'what' for reaching all, and how best to ensure strategies for leaving no one behind are considered from the outset of a programme.

2. **Tapping existing social support:** SNV is looking at opportunities to learn from and tap into existing social support mechanisms that may be outside our sanitation sector focus. Working with rights holder's organisations and/or with government may provide insight into existing support mechanisms for potentially disadvantaged groups, including lessons learnt and opportunities to draw on these to advance sanitation.

3. **Institutionalising inclusion:** SNV is focusing on the institutionalisation of considerations for potentially disadvantaged groups, including close collaboration with local government and other partners towards this end.

4. **Connecting strategies to results:** Continuing to invest in and innovate monitoring approaches is of the highest priority. There is also opportunity for SNV to undertake more explicit review/thinking on strategies and emerging monitoring to really connect strategies to results and know if investments are leading to the desired results.

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