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AREA-WIDE SANITATION

OVERVIEW AND EVIDENCE GAPS: BRIEFING NOTE

INTRODUCING AREA-WIDE SANITATION

The last few decades have witnessed substantial gains in access to sanitation, as nearly 2.4 billion people gained access to improved toilets and open defecation (OD) rates fell 12 percentage-points globally (from 21% to 9%) between 2000 and 2020 (World Bank 2022; UNICEF-WHO JMP 2019). Despite this progress, many countries are off track to meet their sustainable development goal (SDG) 6.2 targets. To reach these targets by 2030, a concerted effort is needed to broaden, combine, and strengthen existing approaches throughout the sector.

One possible response to this is area-wide sanitation (AWS), a systems-based, outcome-driven framework to achieve equitable, universal access and use of safely managed sanitation and hygiene in a given administrative area, such as a district. The focus of AWS is predominantly on rural administrative areas, characterized by both small towns and peri-urban communities with mixed rural and urban characteristics, rural on-road, and rural remote areas, as described in the 2019 Guidance on Programming for Rural Sanitation (WaterAid 2019). While recognizing that area-wide coverage targets may initially be set at achieving open defecation free (ODF) or universal basic sanitation, the end goal of AWS is achieving universal access to safely managed sanitation services (SMSS).

The hypothesized benefits of an area-wide framework include greater leadership by local governments, alignment of stakeholders and resources, prioritization of equity and inclusion, and improved sanitation outcomes for all. To better understand the challenges and opportunities to implementing AWS, the United States Agency for International Development (USAID) Water, Sanitation, and Hygiene Partnerships and Learning for Sustainability (WASHPaLS) #2 Activity undertook a Desk Review to collate the definitions and frameworks developed by implementing partners for AWS and examine how AWS programming has been implemented in practice. The aim was to arrive at a common definition of AWS, identify its core components, and develop a high-level theory of change (ToC) for how these components are structured.

At their core, area-wide programs are deliberately equitable and inclusive by seeking to ensure that everyone in an area can access and use sanitation and hygiene products and services at all times, rather than only a specific target population. This focus on universal and inclusive coverage goes beyond existing approaches and projectized practices (whether community-led total sanitation [CLTS], sanitation marketing, market-based sanitation [MBS], or others), which have often focused on selected population groups or specific geographies within a wider area or have been implemented in silos. AWS is a rights-based framework, which implies focusing on inclusive planning and empowerment of all people to claim their rights; implementing long-term systemic changes in attitudes, behavior, policies, and laws; shifting power dynamics; and lifting barriers to participation and inclusion (WaterAid 2018).

Under AWS, a variety of interventions, approaches, and stakeholders unite to support achieving the intended outcomes for the entire population within the designated area. In reviewing existing framework definitions for AWS, and taking account of sector learning on city-wide inclusive sanitation (ADB 2021), the review team identified four key principles that underpin AWS: operating at scale, aiming for universal inclusive coverage, prioritizing government leadership, and focusing on sustainability (Figure 1).

Scale

- Sanitation service provision is **coordinated and implemented at an administrative level** above individual communities or specific populations
- "Area" may include commune, district, municipality, county, province, etc.

Universal Coverage

- Intentionally **identify marginalized** or at-risk populations and **adapt interventions** to the needs of the most vulnerable
- Tailor and **combine sanitation interventions** to address **multi-dimensional deprivations**

Government Leadership

- Governments are the **"duty bearers"** for ensuring access to sanitation services
- **Local governments ensure capacity** to oversee coordination of stakeholders, design and implement interventions, and strengthen M&E systems

Sustainability

- Toilet use and safe management of feces are sustained through **a focus on durability,** service delivery, and systems strengthening
- Programming is aimed at achieving sustained access to safely managed sanitation services

Figure 1: Principles of AWS

PROPOSED THEORY OF CHANGE

In practice, limited documentation exists on implementation of AWS by development partners (DPs) or governments (see list of documents on page 5). This review identified 11 relevant examples, which were selected as case studies—that have been implemented at scale, incorporate integrated or tailored approaches/interventions, and to varying degrees address universal coverage, government leadership, and/or sustainability. While the limited available documentation prevented an in-depth review of their implementation and effectiveness, review of these examples helped identify the key principles and elements of AWS and informed construction of an AWS ToC.

At the core, AWS requires two sets of elements:

1. A range of **sanitation and hygiene interventions, products, and services** that are proven, available, adaptable to context and target populations, and can be combined to achieve the outcomes required in a given administrative area; and
2. An **enabling environment** consisting of a set of institutions, actors, systems, and processes, jointly referred to as **system building blocks** that can facilitate, support, and guide the implementation of the sanitation and hygiene interventions.

These elements can be further broken down into component parts. The review team explored how these individual components interrelate to deliver AWS successfully and sustainably, and **compiled the principles, components, and outcomes into a draft ToC for AWS (Figure 2)**. This draft ToC is intended as a reference for further dialogue and research into AWS implementation, to be updated as and when more learning and evidence become available. To this end, the review identified key assumptions and priority areas for future research that can further inform detail on the interaction, causal links, and change pathways between the different component parts of the ToC, and the identified actors and their key roles herein.

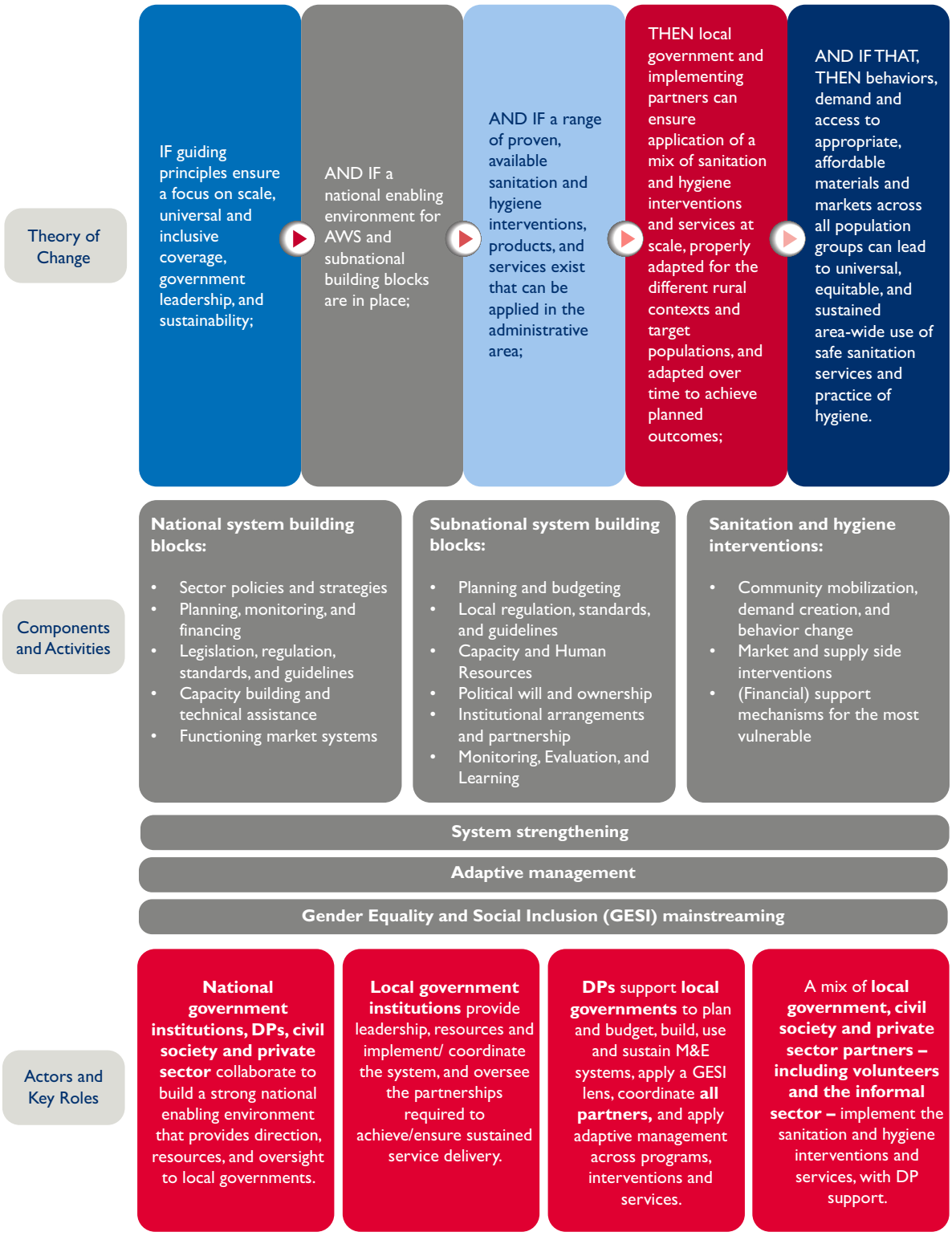

Figure 2: Draft Theory of Change for AWS

KEY ASSUMPTIONS AND AREAS FOR FURTHER RESEARCH

Several important assumptions are made which will require additional research. These are summarized below and discussed in more detail in the full AWS Desk Review Report.

Assumptions

1. **Successful AWS requires a minimum set of national-level system building blocks.** Subnational building blocks and local governments are informed by and dependent on national policies, guidance, funding, and (market) systems to deliver area-wide sanitation and hygiene interventions and services successfully.
2. **All system building blocks are of equal importance to enable successful AWS.** This assumption requires further research, as certain building blocks may be prerequisites to making other building blocks, processes, and sanitation and hygiene program interventions happen, which will require sequencing of system strengthening interventions.
3. **Different implementing partners are willing to coordinate on the design and implementation of sanitation and hygiene interventions and service delivery activities.** While seemingly obvious, a common starting point and willingness to coordinate among the various partners and actors in a given area is a prerequisite to facilitate the required interactions to enable AWS, and further strengthen institutional arrangements and partnerships.
4. **AWS partners can adapt proven sanitation and hygiene approaches and interventions that exist for the majority of the population in an area to reach other, unserved, and/or hard-to-reach population groups.** This requires an adaptive management approach to actively verify if the interventions are reaching all those targeted, and continue to adapt approaches until they do.

Several areas of implementation research can further contribute to sector learning and understanding around AWS:

Implementing AWS components. The building blocks and specific sanitation and hygiene interventions required for AWS will vary by context as the policies, laws, institutions, stakeholders, and preexisting sanitation status also differ. As such, the "how" of designing and implementing AWS is an important outstanding question in operationalizing this framework, where more evidence is needed. This includes, for example, exploring effective context analysis and key parameters to inform AWS planning and implementation, effective integration or combination of sanitation interventions, and modalities to sustain service provision over time.

MEL and adaptive management. Implementing a multitude of interventions at scale, for different target populations, and with different implementing partners and agencies, requires a significant amount of data and human resource capacity and skills. Beyond monitoring, applying an adaptive way of working as described in assumption 4, implementing different interventions, and offering differentiated services across geographical areas—based on income levels, remoteness, prevailing social norms, or other socio-economic factors—can be highly complex. The challenge for local governments is twofold: (1) How can existing local government monitoring systems be strengthened to sustainably collect required data for AWS (and to use this information to further improve and adapt)? and (2) How can these practices and systems be set up within local governments and in resource-constrained, rural, and remote settings?

Planning for safe containment and management of waste. A key goal of AWS is to move households as quickly and sustainably as possible toward SMSS. This goes much beyond a focus on latrine construction. Solutions for improved containment, in-situ treatment, removal, transport,

treatment, and disposal/reuse of fecal sludge are needed that are accessible to different rural populations, and various service delivery models may need to be combined to ensure area-wide service coverage, including in institutions and public spaces. Further research also is needed to inform improved infant and young child feces management, and management of animal waste as an important source of fecal contamination of the rural household environment.

Ensuring gender equity and social inclusion (GESI) outcomes. As GESI-related barriers to sanitation are highly context dependent, so too are the approaches needed to address and remove them. Questions persist on when and how to include specific GESI considerations or elements in interventions or approaches under an AWS framework. Whether certain groups should be addressed first, how much attention should be given early on to "low hanging fruit" versus immediate prioritization of the most remote/marginalized, or how to weigh the prioritization of vulnerabilities across groups to best allocate programming resources requires further study. So too does the effective inclusion of marginalized groups in communal/area-wide decision making and the design and application of appropriate policies, strategies, and regulation that effectively stimulate GESI.

A key conclusion of the desk review is that documented cases of AWS in practice remain limited, and of those that are available, few align with or have implemented all principles, building blocks, or interventions that the desk review identified as core components of AWS. This is partly context specific as not all aspects are equally relevant in all contexts, but largely due to AWS complexity. This complexity and range presents challenges in analyzing implementation of specific case studies and drawing broader lessons across cases. As a result, there is not a well-documented body of evidence for AWS and many uncertainties exist on the effective implementation of AWS and hygiene. The areas for further research outlined above, combined with a concerted sector focus on systematic reflection and documentation, are a proposed response toward building the required evidence base to ensure successful achievement and sustainability of AWS outcomes going forward.

Programs assessed as part of this desk review:

- **Multi-country:** Sustainable Sanitation and Hygiene for All (SSH4A: 2008-2018) - SNV
- **Multi-country:** Total Sanitation and Sanitation Marketing (TSSM: 2007-2011) – World Bank Water and Sanitation Program (WSP)
- **India:** Swachh Bharat Mission Grameen (SBMG: 2014–2025)
- **Indonesia:** Sanitasi Total Berbasis Masyarakat (STBM: 2008–present)
- **Indonesia:** National Program for Community Water Supply and Sanitation Services (NPCWSSS: 2005-2012)
- **Kenya:** Rural Sanitation and Hygiene Protocol (2022–Present)
- **Malawi:** National Sanitation and Hygiene Strategy (2018–2024)
- **Nepal:** Sanitation and Hygiene Master Plan (2011–2015)
- **Philippines:** Philippines Approach to Sustainable Sanitation (PhATSS: 2019–present)
- **Uganda:** Second National Development Plan (NDP II: 2015–2020); Third National Development Plan (NDP III: 2020–2025)
- **Zambia:** National Rural Water Supply Sanitation Programme Phase 2 (NRWSSP II: 2019–2030)

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