

# KfW Water Symposium 2009

## Financing Sanitation

### Session 1

Financing Change in Personal Hygiene Behaviour and  
Demand Creation for Sanitation

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## Overview

- Ø Hygiene & sanitation behaviors of interest
- Ø Behavior change background
- Ø Historical approaches – Europe and USA
- Ø Current approaches – Developing Countries
- Ø Examples of successful large scale projects
- Ø Costs, impacts and reaching the poorest
- Ø Challenges and scale-up
- Ø Financing recommendations

## ***Personal hygiene & sanitation behaviors of interest***

Why invest in behavior change?

- realize health and associated economic impacts from improved watsan infrastructure
- sustained improvements

Which water & sanitation behaviors to target?

1. Lack of expressed demand for sanitation
  - Ø Increase household investment in improved sanitation
2. Open defecation
  - Ø Stop open defecation; improved sanitation facilities used by all
3. Poor hygiene practices in the home
  - Ø Wash hands with soap at key times
  - Ø Dispose of infant feces safely
  - Ø Storing and using drinking water safely

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## ***Sanitation demand & hygiene behavior change – some background***

The MOA framework

**M**otivation, **O**pportunity and **A**bility required for individual to voluntarily change behavior

Common ingredients of behavior change approaches

- Ø Raise awareness, change attitudes, transmit knowledge & skills
  - communications campaigns, participatory learning, social (mass, community) mobilization, consumer education, health education
- Ø Link or provide access to products and services if needed for the target behavior, via coordinated supply-side strategies
- Ø Use of incentives and sometimes sanctions

Non-health private benefits of improved hygiene & sanitation

Cultural adaptation and gender analysis

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## ***Historical experiences in Europe and the USA***

- Sanitary Revolution: 1850 to 1900
  - Major investments in urban public infrastructure (sewers), and creation of municipal sanitary services to collect, clean fecal, liquid, & solid wastes
  - Centrally led by government, funded by public taxes
  - Creation and use of new public health regulation & enforcement powers
- Hygiene Revolution: 1800 to 1950
  - Gradual, evolutionary, decentralized process led by many social and secular groups, many agendas
  - As much about changing cultural, social and moral norms as disease
  - Soap not promoted initially, remained relative luxury due to cost
  - Creation of public baths and public laundry facilities beginning 1850
  - Greatly facilitated by in-home piped water distribution expansion after 1890s
- Soap Revolution: 1890s onward
  - Cheap soap production reduced soap prices
  - Soap taxes removed
  - Commercial soap marketing to change personal hygiene behavior
  - Facilitated by rising incomes, indoor bathrooms and in-home piped water <sup>5</sup>

## ***Successful san & hyg behavior change approaches - Developing Countries***

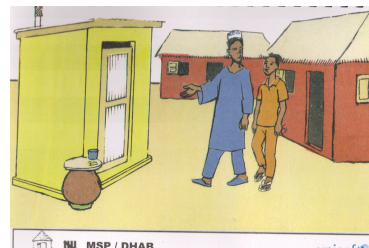
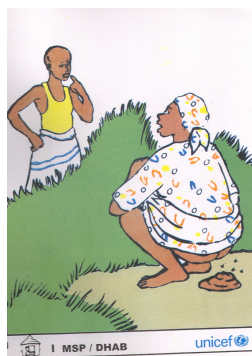
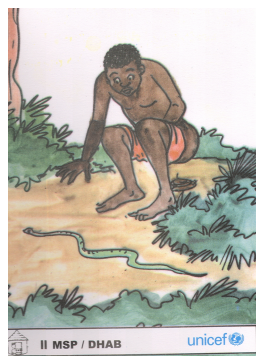
Approach	Which key behaviors?	How many behaviors?	Minimum scale	Methods	Origins & Examples
PHAST	all	many	Village	participatory, community-based	1990s Africa many
Community Health Clubs	any	many	Village	participatory, health educ., community-based	2000s Zimbabwe
Community-led Total Sanitation (CLTS)	stop open defecation; sanit. demand	two	Village	participatory, community-based, competitions	2000s Bangladesh India
Mass Social Mobilization	any	one	Regional to National	multi-channel, multi-method individual-, institutional- & community-based	1990s Bangladesh Ethiopia
Social Marketing	any	one	Regional	multi-channel, multi-partner, marketing, individual-based	1990s Benin Burkina Faso
PPHWS	hand washing w/ soap	one	National	multi-channel, multi-partner social & soap marketing, individual-based	2000s Ghana
Sanitation Marketing	sanitation demand	one	Districts, City	multi-channel, marketing, supply-side, individ'l-based	2000s Benin Vietnam
Microfinance partnering	sanitation demand	one	Districts, City	sanitation marketing + credit, individual-based	2000s many

## ***'PHA' National Rural Hyg. & Sanitation Promotion Program, Gov. of Benin***

- **4 target behaviors**
  - sanitation demand, latrine use and cleaning, hand washing, safe drinking water
- **Mixed methods**
  - Sanitation Marketing, selective PHAST, individual-based, zero hardware subsidy
  - Gov't extension agents + NGO contractors + trained community volunteers
  - Door-to-door visits
  - Low-cost technologies, facilitated choice, tech advice
  - Trained & certified local private sector supply
- **Achievements**
  - National scale, highly structured, effective materials, good monitoring, strong supervision
  - Initial +10% increase improved latrine coverage
  - Unmeasured positive multiplier & on-going uptake
- **Challenges**
  - Relatively slow (18 mo cycle, village-by-village)
  - Potentially costly?
  - Too many behaviors together?
  - Largely single channel, with weak follow-up
  - Cement supply-chain constraints



### ***PHA BENIN - Use of non-health social marketing messages on inconveniences of open defecation & advantages of a latrine***



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## Total Sanitation Campaign – Rural India

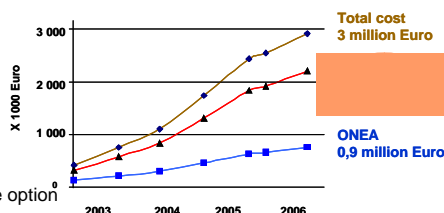
- **Target behaviors**
  - install latrines, sanitation demand, stop open defecation, 'sanitize' village
- **Mixed methods**
  - IEC, CLTS, targeted hhold hardware subsidies
  - Awareness raising, community mobilization
  - Financial incentives, competition & prestigious awards added in 2004
  - NGO or private sector supply
- **Achievements**
  - National-scale policy & funding, local implementation
  - Incentive program highly effective in mobilizing community, local govt leadership
  - Dramatic increases in latrine uptake & 'Open Defecation Free & Sanitized' status after 2004
- **Challenges**
  - Sustaining ODF sanitized status
  - Distortions of financial incentives
  - Independent verification and on-going monitoring
  - Lack of attention to hand washing

Indian States	2001 Rural Households	Rural Coverage	
		2001	2008
Bihar	12.7 M	13.8%	22.5%
Chhattisgarh	3.4 M	6%	32.9%
Haryana	2.6 M	28.5%	85%
Karnataka	6.7 M	18 %	42.1%
Tripura	0.5 M	77.9%	91.1%
Maharashtra	<to fill>		
Rural India Overall	<to fill>	21.9%	55.7%

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## Strategic Sanitation Program, Ouagadougou, Burkina Faso

- **Target behavior**
  - Sanitation demand for improved household facilities
- **Method**
  - Social marketing, limited infrastructure subsidy (30% of solution costs), individual approach
  - Wide range of technology choice, price, standardized items
  - Trained NGO contractors –social intermediation & promotion
  - Trained certified private sector providers of goods & services
- **Achievements**
  - Highly sustainable since 1992, despite subsidy
  - Dedicated water services cross-subsidy funding
  - Structured market for on-site sanitation goods and services
  - Improved latrine coverage from 5% to 55%
- **Challenges**
  - Preference for lowest cost (low service level) latrine option may limit health impacts
  - Lack of attention to hand washing



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## ***Costs, Impacts, Reaching Poorest***

- Systematic approach for comparative cost evaluation lacking
- Limited indicative data:
  - Ø Hygiene promotion: EUR 1.27 to 7 per individual beneficiary (4 larger projects)
  - Ø Sanitation demand creation: USD 6 to 144 per household beneficiary (6 larger projects)
- Impacts vary widely – increases of 10 to 50+ percentage points, caveats
- Lack of systematic disaggregated analysis on poorest
  - Ø Reaching poorest and vulnerable groups has been difficult
  - Ø Different informational, behavioral and risk orientation of such groups may require separate specifically targeted and adapted programs
- How to effectively target infrastructure subsidies to reach poorest for household sanitation (Topic 2)

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## ***Challenges, Questions and Scale-up***

1. Targeting single vs. multiple behaviors simultaneously?
2. Implementing “at scale” vs. scaling up “village-based” approaches
3. Importance of face-to-face and multiple over single channels of communication
4. Value of broad-based social & political mass mobilization, regardless of selected behavior change method
5. Power of non-health messages about private benefits to motivate change
6. Integration with school sanitation and hygiene programs

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## ***Challenges, Questions and Scale-up***

7. Critical ingredients:
  - Formative research & pilot testing of communications materials, channels, cultural and gender aspects
  - Highly trained & dedicated extension workers (gov't &/or NGO) and community volunteers for face-to-face, individual household & community interaction
  - Regular on-going monitoring and supervision, accountability
  - Access to attractive, affordable range of products and services for sanitation demand creation
8. Better monitoring & evaluation of communications effectiveness, disaggregated impacts, systematic costing information
9. Long, gradual process => programmatic commitment of resources to renew, update campaigns
10. Importance of government champions in scale-up

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## ***A Few Summary Points***

- Ø Proven successful approaches and large scale examples exist
- Ø Adapt and combine elements of different approaches to match local context, antecedent conditions, needs
- Ø Value of partnering with private sector (soap companies, sanitation goods & services, microfinance services)
- Ø Opportunities & challenges of financial incentives and sanctions
- Ø Sanitation demand creation requires active linkages with access to improved choice of products and services

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## ***Proposed Recommendations***

1. Fund large-scale national social marketing / social mobilization campaigns to change open defecation norms
2. Fund microfinance partnering and demand creation programs for household sanitation
3. Fund financial incentives and awards for local government and communities, in sanitation and hygiene programs
4. Fund expansion & renewal of PPPHW campaigns; explore investment in complementary development & marketing of household hand washing devices
5. Include sufficient attention to and funding for:
  - Independently managed complementary behavior change software programs in WatSan infrastructure investment projects
  - School WatSan facility improvements and behavior change programs in school construction investment projects
  - M&E and costing data collection & analyses at project inception to improve effectiveness of behavior change investments

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