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Sanitation Promotion

WSSCC Working Group on Promotion of Sanitation

Edited by
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Sanitation — interventions to reduce people's exposure to diseases by providing a clean environment in which to live; measures to break the cycle of disease. This usually includes disposing of or hygienic management of human and animal excreta, refuse, and wastewater, the control of disease vectors and the provision of washing facilities for personal and domestic hygiene. Sanitation involves both behaviours and facilities which work together to form a hygienic environment.

Promotion — to raise or advance a cause, raise the profile and status of the cause, further the growth and expansion of the cause and to further its popularity. In the public health sense of the word, it also involves providing the enabling mechanisms to others so that they may take up the cause armed with effective tools.

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Acronyms

AIDS	acquired immunity deficiency syndrome
AMREF	African Medical Research Foundation
ANADEGES	Autonomía, Descentralisimo y Gestión, AC
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CEDICAR	Centro de Investigación y Capacitación Rural, AC
CMS	community mobilization and sanitation
DANIDA	Danish International Development Agency
EPI	Expanded Programme on Immunization
ESA	External Support Agency
ESAC	Espacio de Salud
FUNHABIT	Fundación Ecuatoriana del Hábitat
IDWSSD	International Drinking Water Supply and Sanitation Decade (1981–1990)
IEC	information, education and communication
IHMP	Institute of Health Management (India)
IRC	International Water and Sanitation Centre
IWSD	Institute of Water and Sanitation Development (Zimbabwe)
KABP	knowledge, attitudes, beliefs and practices
KWAHO	Kenya Water and Health Organization
LOF	liquid organic fertilizer
MIS	management information system
NETWAS	Network for Water and Sanitation
NGO	nongovernmental organization
PHAST	Participatory Hygiene and Sanitation Transformation
PRA	participatory rural appraisal
PROWWESS	Promotion of the Role of Women in Water and Environmental Sanitation Services
RUWASA	Rural Water and Sanitation Project of the Government of Uganda
RWSGEAP	Regional Water and Sanitation Group for East Asia and the Pacific
SARAR	Self-esteem, Associative strengths, Resourcefulness, Action-planning, and Responsibility
SANRES	Sanitation Research (Sida-funded project)
SDC	Swiss Development Cooperation
SHEP	school health education project
Sida	Swedish International Development Cooperation Agency
TBA	traditional birth assistant
UNBHCA	Uganda Community-Based Health Care Association
UNCHS	United Nations Centre for Human Settlements (HABITAT)
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water and Sanitation for Health (of USAID)
WEDC	Water Engineering Development Centre
WHO	World Health Organization
WRI	World Resources Institute
WSS	Water Supply and Sanitation
WSSCC	Water Supply & Sanitation Collaborative Council
WSSLIC	Water Supply and Sanitation Project for Low-Income Communities (Indonesia)
WUC	water-user committee

Welcome

Objective

The objective of this book is to help water supply and sanitation professionals and others who care about advancing sanitation to promote it effectively.

What is promotion? Promotion involves all the things one must do to raise or advance a cause, raise the profile and status of the cause, further the growth and expansion of the cause, and to further its popularity. Promotion, in the public health sense of the word, also involves providing the enabling mechanisms to others so that they may take up the cause armed with effective tools. This book has been designed to try and meet this need with regard to the promotion of sanitation.

This is not a press kit or an advocacy kit to be placed directly on the desk of a minister or politician. It is a group of articles and tools to guide the user in promoting sanitation to others and to help the user strengthen his own programme or project so that it will be a showcase example of good practice. It does not provide directly-usable advocacy materials, such as overhead transparencies but does provide enough guidance for the user to make his or her own.

Intended audience

This book has been prepared for policy makers and strategic planners at national, district and municipal levels who are responsible for securing investments for sanitation, and planning, commissioning, monitoring and evaluating sanitation programmes.

Other potential users are external support agencies and nongovernmental organizations that make large investments in sanitation or have a role in providing expertise in sanitation to other large investors. A few items can be used directly at project level by senior field staff to check whether their projects are applying principles of good practice and thus should be successful showcase examples.

Box 1. Intended Audience

— policy makers
— strategic planners
— external support agencies
— nongovernmental organizations
— senior project-level field staff

Development

The idea for this book and its contents were developed by the Water Supply and Sanitation Collaborative Council Working Group on Promotion of Sanitation, which worked between 1994 and 1997 through periodic meetings and correspondence. During these meetings the Working Group decided that water supply and sanitation professionals need to do at least three things to raise the status and profile of the sector to attract more activity and investments in countries.

- Gain the commitment of politicians and other partners.
- Do showcase programmes and projects as examples of what can be accomplished with the support of these partners.
- Innovate, research and trial new approaches in the field and share these innovations with others. This exchange of ideas and information will greatly stimulate the sector.

This book is designed to meet these three needs. Doing all three will give the greatest boost to sanitation. The articles in the book should be used to make these three things happen.

After a careful review of existing literature on topics identified as important for such a book, it was decided that very little literature existed on how to promote sanitation, and that articles should be produced to assist water supply and sanitation professionals in promotion. Most articles in the book, therefore, are new and unique and were written specifically for promotion. They do not duplicate existing literature on sanitation, however, some articles and checklists, such as on hygiene education and gender, are summaries and overviews to achieve a quick understanding of a complex topic, so that these concepts can be practically applied without pouring through a great deal of literature. A list of references and further reading, is provided for those who would like to read more in depth.

Scope

The book focuses exclusively on promotion and does not attempt to give guidance on programming, how to run sanitation institutions or choosing sanitation technologies. There are other recently produced guidance materials on these areas and these are listed in the bibliography. Included is advice on best practices in the form of principles and features of better sanitation programs, a list of some commonly-held wrong assumptions upon which programmes are sometimes based which can lead to failure, and checklists and worksheets based upon what is thought to be state-of-the art in these areas. On the other hand, it is recognized that this is an ever-changing field of work, and that there is no one way or right answer for the wide variety of cultures that need to be served for sanitation. Therefore, these guidance materials should not be viewed as prescriptive but rather only as advisory based on current thinking.

Sanitation involves excreta disposal, water supply, hygiene behaviours, drainage, solid waste, and health care waste. The book pays a great deal of attention to excreta disposal, as it is the major problem in environmental sanitation. However, most of the articles would apply to the entire field of environmental sanitation. The principles and features of better programmes, for example, could apply equally to excreta disposal, solid waste or drainage. The articles on gender and hygiene behaviour change are certainly generic in scope. This book, therefore, should not be viewed as a tool for the promotion of excreta disposal only.

Box 2. What this book is and is not.

This book **IS**:

— A source of ideas on promotion

— Guidance on "best practices"

— A sharing of innovative approaches

— Tools to strengthen skills in promotion

This book **IS NOT**:

— Prescriptive

— A press kit

— An advocacy kit

— A sanitation programming guideline

— An overview of sanitation technologies

— A book exclusively on promotion of excreta disposal

— A review of existing sanitation literature

— An endorsement of certain sanitation technologies

Overview and structure

The book is divided into four main parts.

- The challenge — A sanitation revolution
- Gaining political will and partnerships
- Promotion through better programmes
- Promotion through innovation

The Challenge — A sanitation revolution. This part explains the scope of the challenge before us. It contains a statement of the problem and a possible way forward, some commonly held wrong assumptions about sanitation, and research needs.

Gaining political will & partnerships. This part provides ideas on promotional techniques that may be applied to sanitation. The section is divided into two sections, ***Principles and guidelines*** and ***Case studies***. The first section explains the major concepts in advocacy, mobilizing the media and mobilizing partners. The second part contains two case studies on how political will and partnerships were achieved in Uganda and India.

Promotion through better programmes. This part is intended to help you strengthen existing sanitation programmes for which you are responsible. We cannot promote sanitation until we can do good programmes and projects as showcase examples. We cannot win the support of politicians and other partners to invest in sanitation until we can prove to them their investments will be well spent and sustainable. This section is not a complete guide to doing better programmes, but rather a focus on strengthening areas known to be commonly weak. The section is not intended to be a programming guideline nor to be comprehensive on every aspect of sanitation programmes. Other literature already exists in these areas and there was no need to duplicate it.

The part begins with ***Principles*** which should form the foundation of all good programmes. The principles and other articles in this section were derived from an analysis of good sanitation programmes. They are statements of "best practices." It then follows with a section on ***Empowerment*** which highlights the importance of putting people at the centre of sanitation programmes. Articles focus on gender, hygiene behaviour change, participatory approaches and household financing. These articles reflect the good practice of many of the principles. This part ends with a section on ***Checklists***, derived from principles and the empowerment articles, to help you apply these in a practical way.

Promotion through innovation. This final section illustrates some of the newest innovations that show promise for promotion of sanitation. While there have been many achievements in sanitation over the last thirty years, such as new low cost technologies, and guidelines on hygiene education, communications and gender considerations, we need to continue to search for new ways and to innovate. Research, field trials and the sharing of results should be a never-ending process.

The section is divided into three sections: ***Child-centred approaches***, ***Participatory approaches***, and ***Innovative technologies***.

A book on sanitation promotion would be incomplete if it did not address the role of technologies in the advancement of sanitation. Some of the barriers to achieving better coverage have to do with cost, lack of sufficient water supply for flushing and transport, concern over water pollution, and an inability to dig or construct in certain physical conditions. These barriers, as well as a growing movement to recycle nutrients back into soil, has stimulated research and trials into new and innovative sanitation technologies. Most of these technologies have an ecological focus and are provided here in the hope of stimulating even more research and innovation. Most of the case studies on technologies also describe how they were promoted in the context in which they were trialed and many valuable lessons on promotion are drawn.

The technologies described in this book are not necessarily endorsed by the World Health Organization nor is their inclusion intended to suggest that these are the only acceptable technologies for the future.

How to use this book

Sanitation Promotion is intended to be used as a "pick-and-choose" book. You do not need to read the entire book, or read from front to back to benefit from it. Use the table of contents to determine what interests you and your programme. The articles, worksheets and checklists may be photocopied and passed along to others. The contents may also be used for training courses and sanitation promotion workshops. You may use the book as a model to create you own local sanitation promotion book. To do so, you may wish to translate articles into a local language, to scale down the language to a simpler level, to format it with larger font and more illustrations and to pick and choose articles relevant to your situation. For your local book, you may wish to commission promotional articles such as an article on winning the support of local politicians using country-specific statistics, articles on innovative promotional techniques and showcase sanitation projects. The more you localize your promotion book, the more people will notice it and relate to it.

Box 3. How to USE this book:

- Pick and choose articles that suit your needs
- Photocopy and share articles
- Discuss and debate issues raised in the articles
- Use articles for sanitation training courses
- Use articles for sanitation promotion workshops
- Try the worksheets and checklists
- As a model to make your own local promotion book

Pick and choose, photocopy, share, discuss and debate. These are the main things you should do with the contents of this book. Then decide what to do on your own to promote sanitation. This book is a first step, a source of ideas for the promotion of sanitation. It is certainly not the last word on sanitation promotion. However, it will be up to you whether the ideas in this book are actually applied in your own country or local area.

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The challenge – A sanitation revolution

The challenge before us is to begin a sanitation revolution. This part outlines the nature of the challenge before us. The articles are purposefully short and ideas are presented in a crisp, to-the-point way.

The first article, ***The problem of sanitation***, is a combination of two papers written in the first and last meetings of the Working Group on Promotion of Sanitation. The first part of the article presents an analysis of the problem and the second part points to a direction for the future. This article is an opinion piece based on Working Group discussions. However, it has been successfully used in a number of countries as a promotional tool to bring to the attention of key decision-makers that sanitation is a global problem needing urgent attention. It presents to the reader the complexity of the task ahead but tries to simplify it by advising that we adhere to three key principles: equity, health protection and environmental protection.

The second article, ***Commonly held wrong assumptions about sanitation***, reminds us that much of the problem in this field derives from misconceptions and harmful attitudes. This piece can be used to stimulate discussion at promotion workshops or in programme planning meetings.

The third article, ***Sanitation research needs***, is included to inspire external support agencies and national governments to fund research in these areas. This list is not exhaustive and should be regarded as initial, based on discussions to date.

This introductory part of the book, probably more than any other, makes us realize that the promotion of sanitation will not be easy. It will be difficult to agree on the way forward: what technologies? what promotional methods? who knows best? Use the articles contained in this section as discussion-starters at meetings, as discussion and debate are forms of raising the profile of sanitation.

The problem of sanitation

— WSSCC Working Group on Promotion of Sanitation

The burden of poor sanitation

Every year, 2.5 million (1) children die of diarrhoea that could have been prevented by good sanitation: millions more suffer the nutritional, educational, and economic loss through diarrhoeal disease that improvements in sanitation, especially human excreta management, can prevent. Human excreta are responsible for the transmission of diarrhoea, schistosomiasis, cholera, typhoid, and other infectious diseases affecting thousands of millions. Overall, WHO estimates that nearly 3.3 million people die annually from diarrhoeal diseases, and that a staggering 1.5 thousand million suffer, at any one time, from parasitic worm infections stemming from human excreta and solid wastes in the environment (2). Heavy investments have been made in water supply since 1980, but the resulting health benefits have been severely limited by poor progress in other areas, especially the management of human excreta. In additional to this toll of sickness and disease, the lack of good excreta management is a major environmental threat to the world's water resources, and a fundamental stumbling block in the advancement of human dignity.

Characteristics of the problem

Like all complex problems, poor sanitation can be analysed on many interrelated levels. The Collaborative Council Working Group on Promotion of Sanitation has identified problems, barriers, and themes that appear to operate on three levels.

Level 1 — The basic problem: sanitation isn't happening

Despite years of rhetoric, good intentions, and hard work, we are, in fact, making little or no progress in improving sanitary conditions for much of the world's population. Without major changes, the number of people without access to sanitary excreta management will not change in the next 40 years, remaining above 3000 million people (3). This is astonishing, given the human capacity to solve problems, the fundamental nature of this basic need, and the enormous suffering caused by our failure to meet it. Yet those of us working in sanitation agree that, with some notable exceptions, we are either losing ground or barely holding the line in our ability to dispose of our wastes in a healthy and ecologically sound, and safe, manner.

Level 2 — Barriers to progress: why improvements in sanitation aren't happening

Given the magnitude and importance of the problem, why is there so little progress? The barriers to progress found by the Working Group were varied and complex, but could generally be grouped into the following linked and overlapping categories.

Lack of political will. There is little political incentive for governments to deal with this difficult subject. Politicians rarely lose their jobs because of poor sanitation pro-

grammes, particularly as the people most in need have the least political power. Political commitment is needed to create an environment in which demand for sanitation can grow, and which, in turn, can strengthen political will. The issue of political will is thus both a cause and an effect of the other problems, and a key to successful sanitation promotion.

Low prestige and recognition. Promoting low-cost sanitation facilities and hygiene education has never been prestigious; politicians and movie stars do not demonstrate latrines. Among professionals, many of the best and the brightest avoid working on approaches to excreta management that are readily affordable because of the low-status and low-pay of such work. Others, recognizing the frustration of dealing with extremely limited resources, public apathy, and lack of political will, often seek the more professionally rewarding route of higher, more exciting, and better-funded technologies. Even among potential consumers, low-cost solutions to excreta management have little prestige compared to the conventional sewer systems used by the world's more affluent populations.

Poor policy at all levels. Agencies responsible for creating a supportive environment for sanitation, in general, have had ineffective and counterproductive policies at all levels. These include too much attention to water supply at the expense of excreta management and hygiene education, a focus on short-run outputs (hardware) rather than long-term behaviour change, and subsidies that favour middle- and high-income communities. More fundamentally, a philosophical approach to the problem, upon which sound policy can be based, is often lacking.

Poor institutional framework. Many players are affected by sanitation, and many more could be involved in its promotion. However, the institutional frameworks in place often fragment responsibilities in a multiplicity of government agencies and departments, neglect the needs of the most vulnerable segments of the population, and ignore the powerful role that NGOs and the private sector can play. It is clear that governments by themselves have failed to promote sanitation, and that existing institutional frameworks need to change.

Inadequate and poorly used resources. Excreta management and hygiene education attract only a fraction of the resources needed to do the job. Sanitation is at least as important for health as water supply, and is a far more demanding problem; yet sanitation receives far fewer resources. Increasing resources are required just to maintain the status quo, since urbanization and population growth are making the hazards of poor sanitation more acute. Where resources are available, far too much goes into hardware, and not enough into community mobilization and hygiene promotion.

Inappropriate approaches. Even where the promotion of sanitation is attempted, the approach taken is often wrong. Frequently, attempts are made to find universal solutions. These fail to acknowledge the diversity of needs and the cultural, economic, and social contexts in which they occur. For example, although the expectations of urban populations often differ from those living in rural settings, the technological options offered are often the same. Critical issues of behaviour are frequently ignored or handled badly. Short-term "fixes" have been generally favoured over long-term solutions, and we fail to learn from collective experience. This situation is further aggravated by a lack of awareness among engineers and government decision-makers on the performance characteristics of on-site excreta management systems. This lack of awareness is, in large part, due to the focus of traditional engineering education on conventional sewerage systems. Rejection of an on-site excreta management approach is also often based on the belief that the available "hardware" for on-site management is technically inferior, less sophisticated, and a managerial and administrative burden on households and government agencies alike.

Sanitation also fails by being defined and applied too broadly or too narrowly within a specific environment. In some cases, for example, the scope of environmental protection and pollution control becomes so broad that the focus on basic household excreta management is lost. In others, a narrow focus on a single technology, such as pit latrines, may ignore other community needs (such as drainage) that may exacerbate disease transmission during floods.

Failure to admit disadvantages of conventional excreta management systems. The collection and transport of human excreta by water carriage has been usefully employed in many parts of the world, and has resulted in the development of extensive social, political, and technical infrastructures. Nevertheless, the disadvantages of this system should be considered as well. These include: costs, the volume of water required for carriage, and the energy needed for treating the collected wastewater. Other disadvantages include the health, economic, and environmental effects of inadequately treated wastes and the loss of potentially valuable nutrients for small-scale agriculture.

Neglect of consumer preferences. Too often we try to promote what people do not want or cannot afford or both. Low-cost technologies are often seen by consumers as low-status technologies. Others, found appropriate by their promoters, are far beyond the financial reach of those in most need. Promoters try to sell excreta management systems based on health benefits, when most people are really more interested in the privacy, comfort, and the status that such technologies can offer. Further, much hygiene promotion is based on messages that ignore existing knowledge, belief, and experience. Put simply, most of us promoting sanitation simply do not hear what the people we serve say they want or believe.

Ineffective promotion and low public awareness. Although people have opinions about excreta management, they are reluctant to talk about the management of their excreta. Thus, selling the idea of improvements in sanitation is difficult. Engineers and health care professionals who are responsible for promoting sanitation are often unaware of effective promotional techniques and continue with top-down approaches that alienate the "target populations" by denying their voice, desires, and involvement in the process. Those who are charged with promoting sanitation are seldom prepared to do so in their education of others or in their professional practice. Adoption of social marketing and participatory approaches to sanitation is promising, but is still in its infancy; we have much to learn.

Women and children last. Women are potential agents of change in hygiene education and children are the most vulnerable victims of poor sanitation. Yet it is men who usually make the decisions about whether to tackle the problem and how. Many sanitation programmes ignore the need for safe management of children's faeces, even though they are a major source of pathogens. Women, more than men, often want privacy and security in their excreta management systems but are unable to express needs effectively in many societies. Hence, those with the most at stake have the weakest voice.

Level 3 — Cross-cutting themes: demand and taboo

Little effective demand. If more people expressed a desire for improvements in sanitation loudly enough, many of the problems would resolve themselves. This seeming lack of demand is often considered a constraint. People may want sanitation very badly, yet be powerless to express that desire in financial or political terms. Some may want safe excreta management facilities, but not at the available price. Others may not want the available "improvements" at any price. We need to examine critically the factors that limit demand, especially those with economic or political roots. Where sanitation is

poor, we need to understand why the effective demand is low and to determine whether it is most amenable to political, financial, technical or information change.

Cultural taboo and beliefs. In most cultures, the handling of excreta is considered as taboo, and viewed as a disgusting or a dangerous nuisance not to be discussed openly or seriously or both. No one wants to be associated with excreta; even those who reduce its offensive characteristics for others are stigmatized by association. Problems cannot be solved if people do not want to talk about them and do not want to be associated with their solution. In many contexts, taboos, including modern technological ones, block the safe recovery of valuable agricultural resources from human wastes. The excreta taboo lies behind many of the barriers to progress in this area. To counter this, sanitation promotion and hygiene education should link the value of excreta (faeces and urine) with ecology. They should promote an understanding of the essential roles it plays in the life cycle of plants and animals, as well as the damaging effect that it can have on health and environment when improperly handled, discharged or reused.

A sanitation revolution

What is needed to turn this sector around is no less than a revolution in thought and action. The sector simply cannot continue as in the past. It is necessary to define principles, make priorities, create strategies and search for new technological, financial and institutional solutions. Advocacy and mobilization of new partners will be large parts of this revolution.

An approach to the sanitation challenge

An approach to the sanitation challenge is emerging that is not only human-centred, but also ecologically sustainable. It is concerned with equity, the protection of the environment, and the health of both the user and the general public. Its goal is to create socially, economically, and ecologically sustainable systems. To reach this goal, three key principles have been identified as critical to designing successful sanitation systems for the future.

Equity, within the sanitation sector, means that all segments of society have access to safe appropriate sanitation systems adapted to their needs and means. Currently, inequities are found at many levels, between rich and poor, men and women, and urban and rural. Equity implies that:

— access to safe sanitation systems is ensured for all communities;

— sanitation systems are being implemented that are safe and adapted to the economic means of the users;

— genuine community involvement takes place in both planning and management of systems;

— political will is mobilized to assure the rights of all in sharing needed resources for improved sanitation; and

— the information required for decision-making is available to all segments of user communities.

Health promotion and protection from disease, within the sanitation sector, means that systems are capable of preventing people from contracting excreta-related diseases as well as interrupting the cycle of disease transmission. Health promotion and protection from disease implies that:

— the importance of social and behavioural dimensions in achieving health benefits is given priority; and

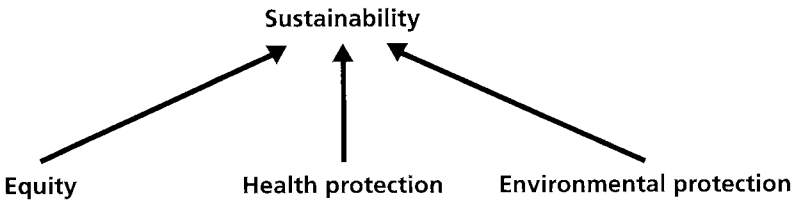
— future sanitation technologies have the demonstrated capacity to prevent the transmission of pathogens.

Protection of the environment, within the sanitation sector, means that future sanitation systems must neither pollute ecosystems nor deplete scarce resources. Environmental protection implies that sanitation systems:

— do not lead to water or land degradation, and, where possible, ameliorate existing problems caused by pollution; and

— are designed to recycle to the maximum extent the renewable resources, such as water and nutrients present in human excreta, as well as non-renewable resources.

Programmes that fulfil all these principles simultaneously should lead to long-term sustainability.



Operationalizing the approach to the sanitation challenge of the 21st century

The unprecedented sanitation challenge requires that new strategies and methods to improve sanitation be applied to ensure equitable access for everyone, that human health be protected, and that environmental resources be protected and conserved, while moving towards the goal of achieving sustainability. This requires:

More openness

— to learning from personal experiences and those of others;

— to new and innovative approaches;

— to applying a mix of technologies and systems;

— to considering the impact of a sanitation system on equity and the environment;

— to consider the alternatives if a proposed sanitation system cannot be implemented completely; and

— to be aware of changing situations/crises.

Change in attitudes

— towards conservation and protection of resources;

— towards participatory approaches; and

— towards accepting waste as a resource.

This means adopting two operational strategies:

— flexibility in developing and applying sanitation systems, incorporating respect for community values, perceptions, and practices; and

— considering sanitation on its own merits and not as a sub-set of another sector.

The time has come to cease perceiving sanitation as an afterthought of water systems. To handle the magnitude of existing and future sanitation requirements, the sector should be restructured so that sanitation, as an essential public service, can be given appropriate consideration.

Recommendations for sanitation programmes

For implementation of sanitation programmes the following recommendations are made:

- Develop mechanisms to ensure that sanitation systems help prevent environmental pollution and degradation.
- Provide impetus for innovative research and development for a range of systems applicable to differing cultural and environmental conditions.
- Treat sanitation as a major field of endeavour in its own right, with sufficient levels of investment to revitalize training programmes and professional standing.
- Create a demand for systems that move increasingly towards reuse and recycling of human excreta.
- Encourage a review of sanitation policies within government, nongovernment, private, and sector donors.
- Involve people for whom the systems are being built in the design process.

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Commonly held wrong assumptions about sanitation

— WSSCC Working Group on Promotion of Sanitation

This list of "commonly held wrong assumptions about sanitation" is offered to provoke thought and challenge all those involved in sanitation, irrespective of the different stages of development that exist worldwide. The list can be a useful tool for promoting sanitation; for example, in meetings where it can be used to stimulate discussion and challenge people to agree or disagree.

Commonly held wrong assumptions

At all levels:

- Improved water supply alone leads to better health. There is no need for sanitation.
- Sanitation improvements have minimal health benefits and no socioeconomic benefits.
- All good sanitation options are expensive and difficult to implement.
- Water, air, and soil are free goods and we should not have to pay for improving them.

At the level of donors and implementing agencies:

- Safe and adequate water supply is a pre-condition for good sanitation.
- Message-giving will change behaviours and automatically create demand.
- Sanitation improvements mean simply building latrines.
- People are not willing to pay for sanitation improvements.
- Design and construction of a latrine is simple and does not require expertise.
- There are standard formulas and quick-fixes for achieving sanitation, which can be universally applied.
- There are two "right" low-cost technologies: VIP latrines and pour-flush latrines.
- Traditional cultural attitudes are a barrier to good sanitation practices.
- Water supply institutions are automatically suitable for developing sanitation.
- The private sector is not interested in sanitation.
- People are not capable of moving fast enough to meet programme goals.
- There is no need for additional specific research since the situation in developing countries today is the same as that of industrialized countries at the beginning of the century. We just apply the same solutions.

At the level of beneficiaries:

- Improved sanitation has no immediate benefits.
- Sanitation systems are never reliable.
- Responsibility for sanitation lies somewhere else.
- Children's faeces are harmless.

Sanitation research needs

— WSSCC Working Group on Promotion of Sanitation

Sanitation has special features and requirements that distinguish it as a field in its own right. Therefore, research and scientific study specifically on sanitation are necessary to help enable practitioners to make better decisions. Ultimately, this will lead to more successful and sustainable sanitation programmes. Donor organizations can make a significant contribution to improving sanitation programme performance by supporting research aimed at filling the current information gaps. The following areas in which research is urgently needed have been identified by the Working Group on Promotion of Sanitation.

Planning models

— for integrating sanitation into other social programmes (literacy, population, nutrition).

Indicators for monitoring and evaluation

— behaviour-change indicators, health-impact indicators, long-term success indicators;

— the percentage of a population that would need to be covered ("critical mass") to ensure "full coverage" for purposes of disease control;

— development of criteria and a monitoring and evaluation framework for measuring success at national and community levels;

— development of methods for assisting communities in identifying and using indicators.

Private sector involvement

— the key barriers to private sector involvement;

— the optimal mix of responsibilities between the public and private sectors.

Sanitation technologies

— how to choose an appropriate mix of technologies to suit urban areas with low, middle and high income;

— how to achieve low-cost, culturally-sensitive technologies, including dry-latrine systems;

— critical review of low-cost and least-cost technologies;

— new technologies that recycle nutrients.

Participatory methods, social marketing, and social mobilization

— models for how social marketing and participatory methods can best be combined;

— critical review of methodologies to change hygiene behaviours.

Success stories and models

— through case-studies of countries, determine the characteristics of high achievers and low achievers in sanitation and from these derive lessons learned.

Finance, cost-effectiveness and cost recovery

— alternative financing and cost-recovery mechanisms;

— the cost-effectiveness of alternative strategies for the control of faecal-borne diseases;

— a critical review of the value of "willingness to pay" (WTP) studies and alternative mechanisms to determine WTP.

Gaining political will and partnerships

A fundamental requirement for the promotion of sanitation is gaining the political commitment of key policy-makers and forging partnerships with various individuals and organizations in society. This part is designed to help you achieve both.

The ideas presented here are based upon good marketing practice. We have tried to adapt these good practices to the field of sanitation. This part is divided into ***Principles and guidelines*** and ***Case studies***.

The first section, ***Principles and guidelines***, explains the major concepts to be used in promotional activities. These include advocacy, mobilizing the media, and mobilizing partners (also called social mobilization). Ideas are offered on different ways the private sector can promote sanitation, and applying social marketing to sanitation.

The second section contains two case studies on how political will and partnerships were achieved.

Little has actually been done in the field of sanitation promotion to draw upon. Thus, the articles are a starting point upon which the sector should build, and, over time, create even better principles and guidelines for gaining political will and partnerships and provide more case studies.

Advocacy for sanitation

Sara Wood[1] and Mayling Simpson-Hébert[2]

There are few mysteries about why we need to have environmental sanitation. Lack of sanitation makes people ill and kills. More than three million people die every year from diarrhoeal diseases alone (1). It is said to be easier and cheaper to treat every patient with a sanitation-related disease, but is it wiser? What dignity is there living in filth and having chronic epidemics causing great suffering and death if all of this is totally preventable? What is development if it is not helping human beings to live in health and cleanliness with dignity?

Lack of environmental sanitation probably causes more illnesses and death than any other single factor in the world today. Human excreta is probably the world's number one pollutant. We are not only spoiling our water supplies, contaminating our food, and killing our children, but many countries are suffering economic loss from embargoes on their exported foods and loss of tourism owing to cholera outbreaks.

Half of the world's population lacks basic sanitation and within a few years it will be more than half (2). Yet it does not have to be this way. One of the main reasons for lack of investments in sanitation is lack of political will. Investments in sanitation lag far behind investments in water supply, even though the two should go hand-in-hand. Sanitation departments are under-staffed and under-paid, their workers often having the lowest status in public service. All of this must change. This is what advocating for sanitation is all about.

Advocacy is one of the main tools used to mobilize politicians and other partners for a cause. "Advocacy is speaking up, drawing attention to an issue, winning the support of key constituencies in order to influence policies and spending, and bring about change. Successful advocates usually start by identifying the people they need to influence and planning the best ways to communicate with them. They do their homework on an issue and build a persuasive case. They organize networks and coalitions to create a groundswell of support that can influence key decision-makers. They work with the media to help communicate the message" (3).

The future of sanitation and the incidence of sanitation-related diseases rests more on the behaviour of politicians than on sanitary engineers. If we are to have good sanitation programmes and technologies to meet the varying geographical, climatic and socio-cultural conditions found in the world today, we must have national policies on sanitation and funding for research and development.

There are at least two messages we need to get across to politicians and other key partners. ***Lack of sanitation is responsible for most of the diseases and death in developing countries today. Sanitation together with hygiene education will break the cycles of these diseases.*** Different messages may be needed for the general public based upon prestige, comfort, convenience and privacy. Whether health should also be a message for the general public will depend upon the outcome of the market research required to target the general public.

[1] WHO Consultant, Geneva, Switzerland.

[2] WHO, Geneva, Switzerland.

This article outlines four basic steps that are essential for effective advocacy.

Steps to effective advocacy

The objective of advocacy is to raise awareness and convince others of the need to take action. To do advocacy well, one must follow a series of time-proven steps.

1. Target audience identification

Successful advocacy begins with the identification of groups that need to be influenced and working out the best way to communicate with each group. For example, different ways to communicate could include personal contact, asking others more influential than yourself to carry your message, through the media (newspapers, television or radio), or through traditional channels of communication such as churches, temples or mosques, festivals or street theatre. The methods are numerous. The key is to work out which methods will be the most effective in reaching your target group.

2. Developing an information base

An effective advocacy campaign requires information that demonstrates the extent of the problem and the effectiveness of the proposed solution. To do this you will need facts and figures. Emotional pleas which are not substantiated will be put aside. Facts and figures provide evidence of the problem and are more difficult to ignore or refute. They also attract the interest of the news media which then gets the attention of the general public. Public attention can influence politicians to act, because if they don't, they risk losing their popular support.

If possible, try to gather location-specific or country data which will show:

— the significance of the problem and its future trend;

— current spending on treating people with diseases related to poor sanitary conditions;

— current spending on sanitation;

— the benefits of sanitation for health, education or other issues;

— that spending on sanitation makes economic sense and is feasible in your country;

— the impact of not taking action (such as on health costs, quality of life, the economy, attendance of girls at school).

Box 1. Some examples of information to have on sanitation

- Percentage of people in the country (or city, town, district or province) without sanitary facilities.
- Percentage of people predicted to be without sanitation by the year 2020.
- An estimate of the number of people (in your country, city or district) who die from diseases related to poor sanitation.
- An estimate of the number of children who die per year (in country, city, or district) from diseases related to poor sanitation
- An estimate of the percentage of children 5–15 infested with intestinal worms.
- An estimate of the number of school days lost per year from diseases related to poor sanitation.
- An estimate of the number of girls who do not attend school owing to lack of sanitation facilities at school.

3. Building a persuasive case

You will be competing with many others for attention. Therefore, you need to present your information or message in such a way that it stands out from the crowd and is so memorable that your target group cannot ignore it. The following are some practical suggestions for increasing the effectiveness of your messages.

- **Choose only a few key messages.** Multiple messages are not remembered. By keeping to a few messages, your messages will not be competing with each other for attention. You will be able to repeat a few messages more often, making people more familiar with them, more quickly. Your aim is to have your messages become part of local discussion on the subject.
- **Keep messages simple.** Messages which are easy to understand are much more likely to be remembered than those that require thinking about. You may have only a few seconds of time to put your message across, so it is important that its meaning is clear and easy to understand. Think of your message as something that can fit on a T-shirt.
- **Make your messages relevant to your target audience.** Information that is linked to a subject area that your target audience is already interested in will be much more relevant, persuasive, and interesting to them. For example, most politicians are concerned about maximising the economic productivity of the country. Therefore, one way to make sanitation messages relevant to them is to present the economic impact of ignoring the problem of sanitation.

  Examples of economic messages:

  12 000 worker days were lost last year due to diarrhoeal diseases.

  Last year's outbreak of cholera cost the country one billion dollars in lost tourist trade.

You can maximise the relevance and interest of your messages simply by looking for ways to frame your sanitation messages in terms of how it might affect a particular target audience's area of specific interest.

- **Time the release of messages.** Your messages can be more effective if you time the release of them to coincide with another event likely to attract attention. To help achieve this, it is a good idea to make a list of the dates when other events are taking place so you plan your advocacy around them. Other events might include health

conferences, World Health Day, World Water Day, International Labour Day, release of new statistics and new documents or reports.

- **Say something new.** There is a lot of competition for attention. One way to grab attention is to tell your target audience something new. This is often not as hard as it sounds. Sanitation is a specialized field. What may be common knowledge to you is unlikely to be widely known by others. Another way to say something new is to present information from a new angle. For example, sanitation information can be presented to show its impact not just on health, but on education, on equality for women, on earning tourist dollars, on generating business opportunities, and on increasing worker productivity. This can be particularly effective if you link it to issues which are currently attracting a lot of attention.
- **Use powerful language.** Messages must be strongly worded to be noticed and memorable. They should be a responsible presentation of the facts, suggest the response, and still convey a sense of urgency.
- **Say what should be done.** Messages should always be presented in a way that makes the audience feel they can do something, otherwise a sense of being overwhelmed and powerlessness to help is created. This has a paralysing effect. Instead your message should indicate that with any little bit of help, progress can be made. Make people feel that their contribution, in whatever form, counts.

  Examples:

  An increase in public spending of just one-half per cent will result in expansion of sanitation services to 50 000 more families.

  If every citizen gave 2 cents a month for the rest of the year to the sanitation fund, every school in our community could have water supply and toilets.
- **Aim for impact.** Messages which put a human face to the problem can touch people more deeply. Provide real-life stories, not just ones that show the negative effects but also ones which give hope and show that people, even with very little, can achieve great things. Inspire people into action. Excite them with the possibility of what they can achieve.
- **Call for action.** Include in your messages what action you would like to see taken. More often than not, your suggestions will be acted on. Community leaders often are busy and helping them with suggestions of appropriate actions enables them to act more quickly.
- **Be creative.** Doing things differently attracts attention. Study what others are doing in different sectors, in private business, and in other countries. Identify things that worked well and see if you can adapt them to your situation. Not everything effective will be appropriate. You have to consider the sensitivity of the issue and cultural and religious values in your country and make your decisions based on this understanding.

4. Continuous Action

Just as soft drink companies NEVER stop advertising, advocacy for sanitation should also never stop. Populations continue to grow and existing systems need to be maintained. The job is never done, but if advocacy stops, the funds to support sanitation may start to disappear along with public interest.

5. Build partnerships with influential supporters

Advocacy requires that the subject must seem important to important people. Movie stars and presidents of large corporations, for example, should be persuaded to become partners in an advocacy campaign. Some can become spokesmen and women for the cause. How to mobilize partners is explained in *Mobilizing partners for sanitation.*

6. Work with the media

The media is probably the most influential advocacy vehicle available. By putting the problem of sanitation before the people through television, newspapers, magazines and radio, politicians and decision-makers will take notice. Politicians are very sensitive to public opinion, they have to respond, explain the actions they intend to take, or risk losing popular support. The media, therefore, plays a key role in mobilizing public support and setting the political agenda. How to mobilize the media is explained in *Mobilizing the media for sanitation.*

BOX 2. Tips for effective advocacy

- Identify the persons and groups you need to influence in order to bring about change.
- Concentrate your efforts and start with those you know are sympathetic.
- Develop an information base of facts presenting the sanitation problem and the solutions.
- Choose only a few key messages.
- Make sure the messages are simple to understand.
- Increase the relevance of sanitation messages by expressing them in terms of their social, economic, and political impact.
- Time the release of your messages to coincide with other events that will attract additional attention.
- Make news by saying something "new".
- Get support for change by using powerful messages which touch peoples' everyday lives.
- Provide evidence to prove your point.
- Suggest practical actions that leaders could take.
- Inspire people; don't present the case as beyond hope.
- Make people and institutions feel that their contributions can make a difference.
- Attract the attention of the media.
- Multiply your efforts by finding partners, building coalitions and recruiting influential supporters.
- Never stop trying, persistence pays off.
- Be opportunistic, and take advantage of situations which come up to promote sanitation.
- Be innovative and think of new ideas, but don't miss the opportunity to borrow the good ideas of others and adapt them to your own situation.

Box 3. 10 Tips for effective presentations

- Check out the physical set-up of the room before speaking. Note the room size, acoustics, microphone and audio-visual set-up.
- Focus your presentation on one or two main messages. Repeat these main messages in different ways again and again.
- Don't turn your presentation into a recitation of facts and data. Your main message could be lost if you bombard your audience with too much information.
- Practice, practice, practice! The more comfortable you are with the presentation, the more dynamic you will be. Practice giving your presentation before a colleague who can offer comments on how to improve your delivery.
- Make a good first impression. Memorize the first part of your presentation. Be confident.
- Make eye contact with your audience. Change your pace, tone, and hand gestures at key points to make an impact.
- Use powerful visual aids to emphasize main points. One well-planned photograph or chart can be worth a thousand words.
- Make sure overheads or slides can be quickly understood. Avoid complex graphs, small type and lots of words. As a rule of thumb, print no more than 50 words on any visual. Be sure everything can be clearly read from the back of the room.
- Your enthusiasm and concern about the issue will often be remembered more than the words you say.
- Keep to your time limit and allow time for questions. This is a critical opportunity to keep your audience engaged and excited about the topic.

Source: (3).

Monitoring and evaluating change as a result of advocacy

It is crucial to measure whether advocacy and other techniques are achieving change. Indicators of change should be developed for each target group. As an example, a list of indicators of increased political commitment from politicians may include:

— creating a national sanitation policy;

— creating a sanitation department with a responsible chief;

— well-maintained toilets in government buildings; and

— more government funds allocated to sanitation and hygiene education.

Source: (4).

Box 4. Other advocacy techniques

Job performance awards. In Indonesia in 1993 the political commitment of provincial governors was obtained by making the infant mortality rate a factor in assessing job performance. Governors were advised that there were several factors responsible for high infant mortality, a major one being diarrhoeal disease, best prevented by high latrine coverage and good hygiene behaviours. Many governors became more active in promoting sanitation. Awards were given to governors whose provinces have low infant morality rates (5).

Putting sanitation on the agenda of other sectors. In 1994, the Indonesian Department of Health launched the Clean Friday Movement to mobilize the support of religious leaders for sanitation and improved hygiene behaviours. While the movement was targeted at all government departments concerned with sanitation, NGOs, and political leaders, it was designed especially to call upon religious values in creating a clean environment. Religious leaders were asked to lead the movement from their Friday sermons. It was formally launched by the President of Indonesia.

Bringing politicians to successful sites. In 1994, the Department of Environmental Health of Zimbabwe brought political leaders to successful project sites to see progress and hear from communities how success was achieved. Zimbabwe had been conducting field trials of participatory methods and found them very successful. As a result Zimbabwe has decided to expand the approach nationally (6).

National high-level conferences. The Prime Minister of Bangladesh inaugurated a national conference in 1992 on Social Mobilization for Sanitation and Hygiene. Nationally televised, it greatly strengthened sanitation and hygiene promotion in the country. In 1994, the Prime Minister launched a National Sanitation Week to promote sanitation and hygiene nationwide. During the inaugural function, she called for a new Mid-decade Goal of 50 percent coverage by 1995, since the Mid-decade Goal of 35 percent sanitation coverage had been achieved in early 1994. The Minister of Finance immediately responded to the promotion of sanitation by allocating substantial funds to sanitation activities.

Inter-country workshops. In 1994, UNICEF held a four-day Sanitation Workshop for Eastern and Southern Africa in Zimbabwe, in which UNICEF staff and their government counterparts decided on what they could do personally and collectively to promote sanitation (7).

Inter-ministerial conferences. Sanitation advocates in Zimbabwe used the opportunity of a Regional Ministerial Conference in 1994 to produce a statement of intent from the ministers to go for full latrine coverage of the southern African region, with appropriate low-cost designs.

A condition for grants and loans. In 1993, a WHO consultant negotiated into an agreement for health centre equipment that the government build a latrine at each health centre prior to receiving the equipment. The agreement received the highest endorsement from the government, construction began immediately, and latrine coverage of health centres increased rapidly.

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Mobilizing the media for sanitation promotion

—WHO, Geneva, Switzerland

The media can be one of the most effective advocacy vehicles available. The objective is to get the media interested in sanitation and motivate journalists and reporters to write about it in newspapers and talk about it on radio and television.

Help to mobilize the media can be found among people and organizations that have had previous experience, such as multi- and bilateral organizations, NGOs, and external support agencies or from organizations which specialize in this function, such as public relations companies. You can, however, achieve much yourself by being systematic in your approach and following the practical steps outlined below. Because the media are organized in different ways in different countries, for example, in some countries media outlets are state run, while in others they are in the hands of the private sector, or it can be a combination of both. It is necessary to take this into account and tailor your approach to the circumstances of the media in your own country.

Preparation

Develop a plan for mobilizing the media

Before you approach the media, you need to develop a plan outlining what you want to achieve and the actions you will need to take to be successful. This is often called a *Media Strategy* (see pg. 34 for an example). You will find, once you have read this article, and *Advocacy for sanitation* and *Mobilizing partners for sanitation*, writing such a plan will be quite straightforward.

Develop an information base

Good information is the basis of a successful relationship with the media. The media need facts from a credible source to use in their reports. One of the most important steps, before you even contact the media is to gather the data to make a case for sanitation. See "Developing an information base" in *Advocacy for Sanitation*. Do not underestimate the importance of having your facts well organized. The media will not take the time to research these things for themselves, and without facts they cannot make their reports or file their articles.

Choose only a few key messages

Many others are competing for the attention of the media. Your time may well be limited to a few seconds in front of a television camera, or a few minutes in a news conference. Therefore, it is necessary to select your messages carefully. Keeping to only one or two key points will enable you to repeat them more frequently which will help people remember them. Your key messages should communicate the one main point you want your audience to remember. More suggestions on how to develop effective messages are provide in *Advocacy for sanitation* under the heading "Building a persuasive case".

Make sanitation news

Reporters and journalists are interested in "news". This is what makes headlines and sells. You need to think of ways to present the problem of sanitation as news, make it interesting by releasing new information, or by putting it in the context of other issues which may be attracting media attention. For example, if education is receiving media attention, release facts and figures which show how sanitation improves child health and school attendance rates. Take advantage of media attention created by others by tailoring your own messages to be relevant to "the topic of the moment". Remember that issues which are of local interest are more likely to be published so try to provide facts specific to your area and country.

Establish a media focal point

It is important to establish a point of responsibility for mobilizing the media. This can be one person or a group of persons in your organization, or a team created from a group of interested parties. Your focal point should reflect the local situation and the scale of your activities. Where possible, people that have worked successfully with the media in the past should be included.

Box 1. Focal point responsibilities

— developing a plan for mobilizing the media;

— implementing the plan (writing press releases, organizing news conferences);

— monitoring results;

— modifying the plan;

— organizing training for media spokespersons; and

— acting as a spokesperson.

Research the media

You need to familiarise yourself with the newspapers, magazines, television and radio outlets in your area and in your country and identify those which you think will be most interested in sanitation. Media personnel are more likely to pay attention to you and give you more time to present your case if you show you have done your homework and that you know something about the publications and programmes they work on. Developing a mutual respect for each others' work is an important aspect of building an effective media relationship.

Target the media

Once you have identified the media outlets you want to target, the next step is contacting them. First, you will need to find out the names of reporters or journalists specialising in health, environmental issues, government spending, or other issues which can be related to sanitation. Identifying a common area of interest is the first step towards establishing contact. You can make your contacts more successful by using the tips set out in Box 2.

Box 2. Tips for effective media contacts

- **Do your homework.**

  Know the name of the person you want to speak to and know something about the publication or programme they work on.

- **Plan ahead.**

  Think carefully about why you are calling, what you will say, and what you want to achieve from the contact.

- **Practice.**

- **Be concise.**

  You only have one or two minutes to get your point across, and get the interest of the journalist.

- **Be polite, professional and enthusiastic.**

  If they are not interested don't be discouraged. Ask what would be of interest to them.

- **Contact the media well in advance of their print or broadcast deadline.**

- **Don't contact the media unless you have something to say that is of "news" value.**

Preparing information for the media

Journalists work to tight deadlines. Therefore, information that is concise, clear and well presented is more likely to be used than material which requires extensive rewriting, researching, and confirmation. Specific guidance on how to prepare press releases and other key materials is provided later in the article, but the following general suggestions outlined in Box 3 should also be helpful.

Identify sanitation spokespersons

Reporters need to have access to people who will give interviews. They often need to interview people at short notice, so it is important to prepare well in advance to make sure the interview goes well and your point of view is put across effectively.

Select your spokespersons carefully. While some people make it look easy, don't be fooled. Their polished performance is usually a result of long hours of training, preparation and practice in front of friends, colleagues or the mirror at home. Most people are not naturals, and even if they are, they never neglect the golden rules of preparation and practice.

There are certain skills and techniques which can help people become more effective in interviews. It is advisable to organize this type of training for people selected as spokespersons, if they have not already had it. This is often called media training and courses are usually on a one-to-one basis. Participants are taught the basic techniques of effective interviewing and then practice these in simulated "live interviews" in front of a video camera. They can then see how they actually perform and where they need to improve. This type of training is most likely to be offered by public relations companies.

When spokespersons are first selected, they do not have to know about the subject, because preparing them and training them in effective interviewing techniques is part of the process of making a person an effective advocate.

Do not leave the result of an interview to chance. Carefully select your spokespersons (see Box 4), brief them well, and organize for training if it is needed.

Box 3. Tips for preparing information for the media

- Do prepare information specifically for use by the media. The media have specialised needs and you should tailor your information to meet these needs. This will always be better than pulling together more general information prepared for other purposes.
- Put yourself in the position of a journalist. Now prepare your information in a way that would help a journalist quickly put together a story to meet a tight deadline.
- Be concise. Rework your material by cutting and condensing it until there is no repetition or superfluous information. This saves a journalist time and makes your information more useable.
- Provide information in a summarised format, such as fact sheets, executive summaries of lengthy reports, and lists of commonly asked questions with answers.
- Make your point in an interesting way in the first few sentences to catch the attention of the media. This is sometimes called a "creative opening" and it means presenting your point in a different or unusual way to grab attention.
- Get straight to the point. Put the important information first and then provide any background detail necessary to support it. Don't do it the other way around.
- Use phrases that are easy to remember and make your point succinctly.
- Include direct quotes from influential people that express their belief and commitment to change.
- Provide sources for journalists to confirm statistics.
- Give your media contact a list of names and contact information of people available to give interviews.

Box 4. Tips for selecting spokespersons

Choose people who are:

— confident;

— influential;

— articulate;

— authoritative without being dictatorial;

— personable, that people can warm to easily and feel comfortable with;

— quick, organized thinkers, who can respond well to unexpected questions without taking much time to prepare;

— calm under pressure;

— enthusiastic about the subject; and

— already attracting media attention like film and sports stars, actors, academics or musicians.

Contacting the media[1]

Once you have done your preparation, you are ready to contact the media. Some of the main ways of contacting the media are outline below, with suggestions on how to do this effectively.

Press release

Journalists usually receive hundreds of press releases each day. For your release to get noticed, the headline and first paragraph must catch their attention. You should spend as much time getting the words just right in the headline and first paragraph as you do on preparing the rest of the release. (See Box 6 for a checklist on preparing effective news releases.)

Sending announcements or advisories

Advisories are used, along with phone calls, to alert journalists to a media event or news conference. An advisory should give all of the basic information on the purpose, date, time, location, and speakers at an event. A good advisory should also build some anticipation concerning the news which will be announced.

Placing feature stories

Feature stories are usually longer than news stories. They go into greater depth on how an issue affects people and may offer a number of different perspectives. In magazines, they can span several pages and be accompanied by pictures. On television, they can become hour-long programmes.

The best way to encourage a feature is to describe your idea in a two or three-page story proposal. You need to do a substantial amount of research yourself before handing the story over to the journalist to follow up. Your proposal should provide an outline of the story and list interesting people who could be interviewed. The newer, more unusual, significant or dramatic the story, the better. For example, a journalist will be more interested in an unreported outbreak of cholera, than a general story on diarrhoeal disease.

Writing for the media

Opinion piece

Most newspapers print opinion pieces called "opinion editorials" (op-eds) or guest columns. An op-ed is an expression of opinion rather than a factual statement of news. Although style varies according to different countries, an op-ed tends to be lively, provocative and sometimes controversial. It is a very effective way to register concern about sanitation to policy-makers and to inform communities about why they should care about controlling sanitation-related diseases.

Op-eds are usually around 1,000 words. It is best to call the newspaper first and request their guidelines for submitting an op-ed. If possible, speak to the appropriate editor to convince her or him of the importance of the issue.

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[1] Quoted from Owens B, Klandt K. *TB Advocacy: a practical guide 1998*. Geneva, World Health Organization 1998 (unpublished document WHO/TB/98.239). Chapter 3 pg 19–22, 26–29. The word sanitation has been substituted for the word TB.

Letter to the editor

Newspapers and magazines have a "letters page" which gives readers the opportunity to express their view or correct previously published information they feel to be inaccurate or misleading. Letters are widely read and provide a good opportunity to promote a cause and/or organization.

Letters should be short and concise. Those over 500 words are unlikely to be published. Short letters of no more than 100 words can be very effective. A letter should aim to make one main point and to end on a challenging note, with a call to action.

Make sure you refer to your organization. Letters can also be signed by a number of signatories, representing various organizations or interests, which may increase their impact. If it is responding to an article carried in a daily newspaper, it is important to fax or deliver it to the paper within a couple of days.

Planning media events

News conference

A news conference can be a very effective way to announce a news story to journalists. Speakers take the platform in a venue and make presentations after which journalists can ask questions. This is a tried and tested formula which, if you follow the rules (See Box 8), can make life easy for journalists and for yourself.

Be sure that your story warrants holding one, as news conferences can be quite expensive to organize and it can be disheartening if few people attend. In some cases, you may find you can achieve the same results by handling the story from your office. For this, you need to send your press release and briefing materials under embargo until the date of the launch to journalists, highlighting who is available for interview.

Press briefing

If journalists, who cover hundreds of stories and may know next to nothing about sanitation, are to produce informative accurate stories, they need to be properly briefed. Consider organizing an informal press briefing which also serves to build good relations with journalists.

For example, invite half a dozen selected journalists to attend a briefing at your offices in advance of a major event you are planning. Brief them on key developments and issues relating to sanitation and your organization's relevant work and policy. You may want to conduct this as a breakfast meeting and provide refreshments. It is a good idea to have clear briefing material, such as advocacy publications or fact sheets, to distribute.

If you attend an important national or international conference, you may wish to brief journalists in your community about important developments upon your return. Or, use an informal briefing to introduce a major new strategy or initiative in your organization.

Editorial meetings

In some countries, newspapers invite policy experts to give an "editorial briefing" at their offices. These provide an excellent opportunity to gain the editorial support of a newspaper which can be very influential in shaping political decisions.

Profile the kinds of editorials/columns that appear in the paper and the position they tend to take, particularly in relation to health care issues. Arrive armed with facts and figures that are relevant to the newspaper's audience. Make a persuasive argument to the editor that his/her readers should be concerned about lack of sanitation. Be ready to answer any questions the editor might have.

Photo opportunity

Television news and magazines need good pictures or visuals in order to report on a story. When you plan a media strategy, think about what images you need and how you will supply these.

You may want to pay for a photographer to take pictures and then distribute them to selected publications. You may also want to prepare a video news release (VNR) for broadcasters to use. Or, arrange a "photo opportunity" for photographers and television news people to take pictures themselves.

To announce the photo opportunity, send an advisory that gives the "Who, What, When and Where" of the event to media.

Box 5. Important international media

The following are a few of the most important media which have global influence. Sometimes your story will have regional or national but not international significance. But other times, it may be of international importance, and you should check to see if there are correspondents from these media located in your city you can contact.

— AP (Associated Press)
— Reuters
— AFP (Agence France Presse)
— International Herald Tribune
— New York Times
— The Washington Post
— The Economist
— FT (Financial Times)
— CNN (Cable News Network)
— BBC (British Broadcasting System)

Interviewing for the media

When an organization publicizes a story, it needs to have a number of spokespeople available to be interviewed. They need to be familiar with both their material and the basic rules of interviewing. It is very important to prepare. Find out about the show and if possible watch/listen to it. Find out who else is appearing with you.

Profile the audience and have in mind a typical viewer/listener. Ask whether the show is live or pre-recorded and if the audience will be calling in to ask questions. Anticipate the questions you may be asked and prepare a Question and Answer sheet. Practice. Practice. Practice.

Phone-in/discussion or talk show

Radio or television phone-ins, discussion and talk shows are a good way to put your point across live and unedited.

Talk show producers are always in search of new guests who can talk with authority on issues that concern their viewers and listeners. It is a good idea to research programmes and make contact suggesting yourself, your director or even a whole panel of speakers with different perspectives on the problems caused by lack of sanitation.

Contact phone-in programmes to establish when health issues are scheduled. Mobilize your supporters to phone in. When you call, strict first-come, first-served rotation applies, so hang on and you will be answered. Never read your contribution as it will sound stilted and people will stop listening. Aim to make two or three points succinctly and remember to mention your organization.

Access progammes

In some countries, broadcasters air what are known as access programmes. For example, in the UK, charities and NGOs can promote an issue or cause in a three-minute piece to camera known as a Public Service Announcement or Community Service Announcement, broadcast on regional television after the regional news. Contact your local TV station to see if they broadcast access programmes.

In some countries, TV and radio programmes are assigned a duty editor who logs calls from the public about specific programmes. Comments, passed on to the producer of the programme, are reportedly taken seriously. When a programme on sanitation is scheduled, mobilize your supporters to call and register their views.

Soundbites

When you have only a few seconds in front of a microphone or in a meeting, you need to use memorable phrases or soundbites that will stay with your audience long after you have left. The best soundbites get to the heart of the problem without lengthy qualified explanations. Broadcast producers can't resist them, and listeners and viewers remember them. The soundbite should capture and communicate the one key idea you want to leave with the audience, if they remember nothing else. Try to repeat the soundbite at least once during an interview with the media.

Box 6. Checklist for preparing an effective press release

Content

- Make sure the headline and first paragraph are very interesting and newsworthy. The most important information should be in the first paragraph.
- Use the pyramid principle to order information, most important at the top, becoming more general for background.
- Aim to use a direct quote within the first three paragraphs of the press release. Use quotes to bring the issue to life and express strong opinions.
- Include the five Ws:

  WHAT is happening?

  WHEN is it happening?

(box 6 cont'd)

WHERE is it happening?

WHO is saying it?

WHY is it important?

- Attach a fact sheet or background briefing material, rather than make the press release too long or cluttered.

Style

- Use short sentences of 25 to 30 words.
- Use paragraphs containing only two or three sentences.
- Try to limit the release to one or two pages.
- Use a simple, punchy news style.
- Avoid jargon.
- Avoid lots of adjectives and adverbs.
- Use active rather than indirect verbs to tell the story with force and urgency.
- Proof-read the release carefully!

Layout

- Put the date and release details at the top of the page. State if it is EMBARGOED FOR RELEASE at the specific time and date, or is FOR IMMEDIATE RELEASE.
- At the end of the press release put END or -30- or *** to indicate the final page of the release. Follow this with contact names and numbers for more information.

Box 7. Television interview tips

- Focus on getting one main message across in the interview. Come back to your main message again and again.
- Don't be afraid to turn around irrelevant questions and come back to your main point. Don't allow the interviewer to side-track you from your main message.
- Don't use jargon or highly technical medical language. Don't try to make too many complex points. Keep your answers simple.
- Be yourself. Rely on the strong points of your own character.
- Be enthusiastic about the subject. People will often remember the level of your passion for an issue more than what you specifically say.
- Look at the interviewer when talking with him or her. If there is an audience, look at them when appropriate.
- You don't have to know the answers to all questions.
- Don't allow yourself to become defensive or angry.
- Ask the producer what you should wear.
- Sit up straight and lean forward slightly.

Box 8. Checklist for an effective news conference

Rationale

- A big, newsworthy story.
- New information relating to a big story being followed by the media.
- A statement on a controversial issue.
- Participation of high profile speakers or celebrities.
- Release of important new findings or research data.
- Launch of a major new initiative.
- Announcement of something of local importance.

Location and set-up

- A central well-known location, convenient for journalists, and appropriate to the event.
- Avoid large rooms which give the appearance that few people attended.
- Make sure the noise level of the room is low.
- Reserve space at the back of the room for television cameras, possibly on a raised platform.
- Reserve a quiet room for radio interviews following the news conference.
- Ensure light and sound systems are in working order.
- If possible, have fax, phone and e-mail capability available.
- Make sure there is a podium and a table long enough for all spokespeople to sit behind.
- Consider displaying large visuals, such as graphs, logos or charts.
- Prepare a "sign-in" sheet for journalists.
- Determine if you wish to serve coffee and tea, or light snacks, following the event.

Timing

- Hold the event in morning or early afternoon of a work day so reporters can meet deadlines.
- Check that you are not competing with other important news events on the same day.
- Start the event on time — avoid keeping journalists waiting.
- If you distribute material prior to a news event, use an embargo to prevent journalists from publishing before the event.
- Wait until the event to release information to create an element of suspense.

Possible materials

- Press release.
- List of news conference participants.
- Executive summary of report.
- Case studies and stories.
- Fact sheets.
- Biography and photos of speakers, and copies of speeches.

(box 8 cont'd)

- Pictures (colour transparencies/black and white photographs).
- B-roll (broadcast quality video background footage).
- Consider putting all of the printed materials together into one "press kit."

Inviting journalists

- Keep an up-to-date mailing list or database of journalists.
- Make sure you know who the health and social affairs correspondents are.
- Monitor which journalists are reporting on health.
- Focus on getting the most influential media to attend.
- Remember to invite international and foreign media.
- Get your event in journalists' diaries seven to 10 days before the event.
- Always make a follow-up call to check that the right journalist has received the information.
- Build interest and anticipation for the event without giving out the story.
- Consider providing general, background briefings to important journalists prior to the event, without disclosing to them your main news story.
- Consider offering "exclusive" angles on the story to key media.

Preparing speakers

- Select appropriate speakers.
- Select strong speakers who are charismatic, articulate and authoritative.
- Brief speakers carefully on the main message of the event.
- Prepare speakers in advance on how to answer difficult questions.
- Try to hold a meeting to brief all speakers before the event.
- Ideally, each speaker should present for only three of four minutes.
- Have each speaker make different points.
- Make sure that each makes one or two important points.
- Keep speeches short and simple aimed at a general audience and avoid technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions. Keep answers short.

Follow-up

- Within a few hours of the conclusion of the news conference, fax or deliver information to important journalists who were unable to attend.
- Make sure the switchboard of your organization is advised on where to direct follow-up calls from journalists.
- Gather news clippings of the coverage which results from the news conference and distribute this to important coalition partners and policy makers. A good source is the Internet.

Improving your performance

One of the most important things you can do to build your relationship and the continuity of contact with the media is to improve the way you work with them. By becoming better at what you do and understanding more about what the media can and can't do, you will build a greater mutual respect for each other. To improve the way you work, you need to evaluate your activities carefully. You need to work out what went well and why and what didn't go well and how you can overcome these problems. Investing time in evaluating activities and modifying your them accordingly will pay big dividends in your future relationships with the media.

Box 9. Example Media Strategy

This has been simplified to illustrate the sort of information which might be included in a media strategy. This is an example only, it is not exhaustive nor is it a template for what to include because you will need to create your own plan which reflects the local situation and your own priorities.

Objectives

1. Put sanitation on the front page of two daily newspapers three times this year.
2. Have our sanitation spokespersons interviewed on radio once a month throughout this year
3. Have our sanitation spokesperson interviewed on television once this year.

Media targets

Press:	International Herald Tribune National Newspapers
Magazines:	Time Newsweek Local relevant magazines
Radio Stations:	BBC World Service Voice of America Local relevant radio stations
Television:	CNN National public and private TV channels

Action plan

Activity	*Timing*	*Responsibility* (write name in this column)
1. Collection of key facts, statistics and research findings on sanitation.	Jan–Mar	
2. Organization and preparation for Nov. Sanitation Conference	Jan–Nov	
3. Preparation of media material including key messages, fact sheets, report summaries etc.	Apr–May	

(box 9 cont'd)

Activity	*Timing*	*Responsibility*
4. Development of sanitation logo and slogan, e.g. Sanitation. A right of every citizen.	Apr–May	
5. Media training for sanitation spokespersons	May (1 week course)	
6. Mobilization of partners and organization of joint activities to coincide with November National Sanitation Conference e.g. – school childrens' artwork competitions – street rally of supporters – fun run with other events in support of sanitation – ceremony to present a petition to politicians – site visits	Mar–Nov	
7. Press briefing	Mid-Oct	
8. Press release(s) announcing – National Sanitation Conference – Joint activities to raise the profile of sanitation	Mid-Oct–Nov	
9. Invite journalists to News Conference on last day of Sanitation Conference	10 days before Sanitation Conference	
10. National Sanitation Conference	12–15 Nov	
11. Joint Activities	12–15 Nov	
12. Press release(s) to announce actions resulting from Conference.	mid-Dec	

Each of these activities will need a detailed plan of its own.

Monitoring and evaluation

- News clipping service to collect all articles published on sanitation
- Record of number and duration of radio and television interviews
- Record of actions taken by policy and decision-makers to advance sanitation.

Budget

Total: x dollars

Mobilizing partners for sanitation promotion

—*Sara Wood*[1] *and Mayling Simpson-Hébert*[2]

Your efforts to focus attention on sanitation can be multiplied by identifying other organizations and individuals to work in partnership with you. It is easy to ignore the voice of one organization, but much more difficult to ignore the voices of many thousand or perhaps millions of people. By involving others you will also have access to a much larger pool of ideas and resources for your activities. This means you can do more, and active partnerships attract higher levels of attention from both politicians and the media. Other organizations and groups work with different groups in society, for example, medical associations work with the medical community, business associations work with corporations and industry, local NGOs work with the community. By involving a variety of partners you can mobilize support from a broad cross section of society representing a wide diversity of interests.

Identifying partners

Mobilizing partners starts with identifying potential partners, then meeting with them and presenting a convincing case of why they should become involved. Some suggestions on how to make a presentation more effective are provided in Box 3 in *Advocacy for sanitation*. Advocacy is the key tool to use to convince groups to become partners. See "Building a persuasive case" in *Advocacy for sanitation*. Once you have the interest and commitment of a potential partner, you will need to work together to develop a programme of joint activities and establish how you can work together effectively.

Ideal partners are those that share a common interest, have previous experience in gaining support and initiating change, are influential in their own right, and already attract media attention.

The boxes which follow offers ideas for potential partners for sanitation promotion, tips for building successful partnerships, ideas for joint activities, principles for successful coalitions, tips for writing letters to government officials and three country examples.

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[1] WHO Consultant, Geneva, Switzerland.

[2] WHO, Geneva, Switzerland.

Box 1. Potential partners for sanitation promotion

Who	Government officials at national, district, municipal and local levels	External support agencies	International and national NGOs	Local nongovernmental organizations
	• Prime Minister • Ministers of relevant departments • Mayors • Councillors • District and local government officials	• Multilateral organizations e.g. UNDP, WHO, UNICEF, UNCHS (United Nation's Centre for Human Settlements) • Bilateral organizations e.g. Sida, DANIDA, SDC, USAID	• Foundations, e.g. Carter Institute • Health organizations • Women's organizations • Development organizations • Human rights organizations • Children's organizations e.g. scouts and girl guides • Water and sanitation development organizations • Research organizations	• Community development groups • women's groups, • children's groups • income generation committees • village health committees • cooperatives • religious, social and traditional leaders
Why	• powerful • highly visible • respected • authoritative • opinion leaders	• expertise • outside the country political process • relatively independent • highly visible • well respected • difficult to ignore • opinion leaders	• expertise • independent from the political process • action orientated • flexible • respected	• local knowledge • local influence and respect
What they can do	• support sanitation policy development • increase budget allocation for sanitation • speak out and draw attention to sanitation • lobby others • influence others	• document and publicise results • influence policy and decision-makers • lobby government • provide funding	• provide funding • local knowledge and experience • lobby others • document and report results	• raise community awareness and support for sanitation • influence the community • participate in planning for change • lobby local level government officials • speak out and draw attention to sanitation • initiate community-level action • interest local media • coordinate activities
Suggestions on how to mobilize	• use *advocacy* to draw attention to sanitation • invite media attention • work with partners on joint strategies to target this group	• use *advocacy*, but tailor the messages to the interests of this group • *organize meetings* to bring different groups together • *sign joint declarations* calling for action • establish a coordinating committee • develop joint activities	• identify those that share a common interest in sanitation • use *advocacy*, but tailor the messages to be meaningful to the interests of this group • initiate a dialogue • set up a coordination mechanism • agree a joint plan of action • invite them to meetings and forums • form a joint pressure group	• identify those that share a common interest in sanitation • use *advocacy*, but tailor the messages to be meaningful to the interests of this group • initiate a dialogue • set up a coordination mechanism • agree a joint plan of action • invite them to meetings and forums • form a joint pressure group

The private sector	**The media**	**The medical community**	**The general public**
• Multinational companies • National and local businesses	• Journalists interested in health, women's issues, development, government spending, environmental issues etc. • editors	• public and private sector health workers • medical associations • universities • training institutions	• men • women • children
• influential • independent • opinion leaders • respected • international links • expertise	• independent • act quickly • respected • credible	• respected • credible • influential • shared interests	• directly effected by inaction • if united, the public is difficult to ignore • if united, can influence policy
• provide funding • lobby for change • provide specialist expertise, e.g. marketing, communications, technical, financial management etc. • document and publicise results • speak out and draw attention to sanitation	• grab national and international attention • can be a vehicle for advocacy • can make sanitation "news" • influence politicians and decision-makers • reach virtually every person in society • create a sensation, or a controversy	• lobby for change • influence politicians and decision-makers • provide expertise • demonstrate good practices • document and publicise results • undertake research and pilot projects	• participate in planning for change • lobby politicians by writing letters, signing petitions • hold mass demonstrations to show discontent • attract media attention
• identify organizations that share an interest in advancing sanitation • do personalized advocacy • establish a coordination mechanism • keep them informed • develop joint activities	• develop a "good" information base of facts, figures and statistics • identify the journalists with a special interest in sanitation and keep them informed • provide journalist with newsworthy, timely information • establish a media relations focal point in your organization • organize important and influential people to act as spokespersons • make an annual plan of events designed to attract media attention	• identify organizations with shared interests • do personalized advocacy • set up a coordinating mechanism • keep the information flowing in both directions • develop joint activities • identify actions they can undertake • seek their ideas	• advocacy through mass media • organize community groups • school and university activities • awareness building at community festive gatherings • request support from traditional and religious leaders

Box 2. Tips for building successful partnerships

- Look for groups that share a common interest.
- Do your homework. Find out about potential partners, and know something about their organization, what its goal are, how it is structured, who the key people are, and most importantly what they do.
- Be persistent. Building successful relationships with others takes careful planning, time and patience.
- Develop open and effective lines of communication so that everyone can be kept informed and up to date on activities.
- Share information, resources, ideas and expertise.
- Recognise that while there is common ground, there will also be areas of fundamental difference. Plan how you will deal with these situations.
- Be diplomatic.
- Consult your partners and ask their advice on relevant issues.
- Work in a participatory way and involve partners in planning and decision-making. This will increase their sense of ownership and responsibility for activities.
- Use a consensus approach to work with partners.
- Be enthusiastic.
- Show partners what they can do to make a difference. This is motivates action.
- Celebrate your joint successes.
- Evaluate your activities together and see how you can improve them in the future.
- Follow up and feedback results.
- Formally thank your partners for their efforts.

Box 3. Ideas for joint activities

- Letter writing campaigns to newspapers and government officials.
- Fund raising initiatives.
- Demonstrations/marches/fun runs etc.
- Events, sanitation days, clean up days etc.
- Advocacy workshops.
- News conferences.
- Joint statements calling for action.
- Sanitation awards.
- Internet websites.

Box 4. Principles for successful coalitions

- Choose unifying issues.
- Understand and respect institutional self-interest.
- Agree to disagree.
- Recognize that contributions from member organizations will vary.
- Structure decision-making carefully based on level of contribution.
- Clarify decision-making procedures.
- Help organizations to achieve their self-interest.
- Distribute credit fairly.

Adapted from: (1).

Box 5. Tips for writing letters to government officials

- Keep your letter concise and focus on a single issue.
- Make your argument in a well-reasoned way and support it with relevant data, statistics and powerful real-life stories.
- Be clear about what you want to happen.
- Ask for a specific action, a change in policy, an increase in funding, an appointment to present your case.
- Be positive and conciliatory in your first communication; avoid harsh criticism.
- Request information about the officials ability to respond; it may be that you need to be referred to somebody else.
- Request a direct response and follow up the letter with a telephone call.

Adapted from: (2).

Box 6. Mobilizing intersectoral partners in Nepal

Nepal has made impressive progress over the last five years in mobilizing partners for sanitation. They did it by:

- Creating awareness among politicians, planners, administrators, and media personnel, through meetings and brief orientation sessions, of the importance of sanitation and their responsibility for ensuring its integration into all development programmes.
- Raising awareness about the importance of different aspects of sanitation among the members of intra- and intersectoral coordination committees.
- Establishing a focal point for sanitation promotion in an appropriate government agency.
- Assigning the focal point clearly defined responsibility and authority as well as accountability.
- Organizing periodic meetings of water and sanitation coordination committees at all levels.
- Involving NGOs in the sanitation programme at every level.
- Involving as many women as possible in the sanitation programmes at every level.
- Including appropriate sanitation components in the curricula of schools, colleges, and training institutions of all development programmes.
- Emphasizing the integration of sanitation into all development programmes.
- Considering legislation on various sanitation issues.

Contributed by Dinesh C. Pyakural, Director General, Department of Water Supply and Sewerage, Ministry of Housing and Physical Planning, Nepal.

Box 7. Joining hands with churches for sanitation promotion in Angola

An effective partnership is taking place in two Angolan cities of Lobito and Benguela, with a total population of about one million. In 1997, 11 000 new latrines were built using the dome-shaped SanPlat, up from a little over 4000 the year before. The key to this sudden increase lies in the partnerships forged between the sanitation project and local churches, other NGOs and local leaders. Of all of these groups, the churches have played the most pivotal role. In 1998 they plan to build 40 000 more latrines.

The project actually began in 1990, but war and administrative problems caused the latrine building activities to gradually drop to zero by 1993. Subsidies for the slabs were increased to stimulate demand, but there was no enthusiasm and the ploy failed.

In 1995 the project decided to begin working with traditional leaders, something which had been impossible earlier because of the political situation in the country. At a meeting during that year, the traditional leaders suggested that the project approach the churches for assistance. "That is what we do when we have a problem," they said.

The project called for a meeting with church leaders. This was something very new for government, as relations between the Marxist regime and the churches had been very tense. More than 30 church leaders attended the meeting where the situation was presented. The project asked for help and explained their difficulties. They made the point that the project and the churches actually had a common mission: to help people in need.

The project leaders talked about hygiene, diseases and death, about Christian values such as "love your neighbour" and being a "good Samaritan", about Christians being the Light and the Salt, about Faith and Works. They distributed papers they had prepared that presented sanitation from a Christian perspective.

The churches are now involved in three things. First, they run two casting yards for making latrine slabs (out of a total of five), they do all of the community mobilization for sanitation and they do hygiene education for the project. Three messages with explanations are now advocated:

— Always use the latrine

— Wash your hands

— Be cautious with baby's faeces.

Why it worked

- The technology was simple, understandable, attractive and adaptable to felt needs. You can only mobilize a community for something they like.
- Only the slab was subsidized. The remainder of the materials and labour could be organized with no cash input. Most families are very poor and would have no cash to contribute.
- A partnership was forged among the project, traditional leaders, many churches and a few NGOs, all of whom had high credibility among the population. The project did not tell any of their partners how to mobilize the people or do the hygiene education. It was done their traditional way and it worked.

Contributed by Bjorn Brandberg, SBI Consulting, Eveni-Mbabane, Swaziland.

Box 8. Advocacy, social mobilization and communication for sanitation in Bangladesh

Bangladesh achieved major increases in drinking-water coverage in the 1980's but parallel improvements in the health of the country's population were not seen. Although safe water coverage had reached 80 per cent by the late 1980s, sanitation coverage remained a mere 8 per cent. This was because safe latrines, despite having been promoted in Bangladesh for nearly 30 years, remained unpopular with most of the population. A main factor was the high cost of the waterseal latrine being promoted. Also, latrines had been promoted on the basis of the health and germ theory, when in fact the attractions they would hold for the population related to privacy for women and prestige.

The programme. In 1990, with support from UNICEF, Bangladesh's Department of Public Health and Engineering started a social movement for change programme to encourage better hygiene practices and the buying of basic latrines. The programme focused on "users as customers", "commercial producers as suppliers" and "an affordable product" (3), and from 1993 to 1995 took the form of a massive demand-creation effort — to the tune of US$3.7 million.

This involved ***advocacy*** to organize information into argument, which was then communicated through various interpersonal and media channels in order to gain political and social leadership acceptance, and to prepare communities for the programme. More specifically, advocacy:

— mobilized senior government staff, members of parliament, the media, NGOs and the community;

— persuaded politicians and senior government decision-makers that sanitation is a top priority in the drive against diarrhoea (which accounts for 300 000 child deaths each year in Bangladesh); and

— promoted the idea of "pathogen overload", showing how every sector in society is vulnerable to waterborne disease.(4)

Social mobilization was next used to bring together intersectoral social "allies" to raise awareness of and demand for the programme, and to help ensure effective delivery of resources and services. These allies included:

— the leadership of a village-based organization, "Ansars", with four million members, which trained its officers in sanitation;

— Islamic clergy who permitted a UNICEF communications officer to address 1.5 million people at a religious gathering and to distribute half a million leaflets on sanitation;

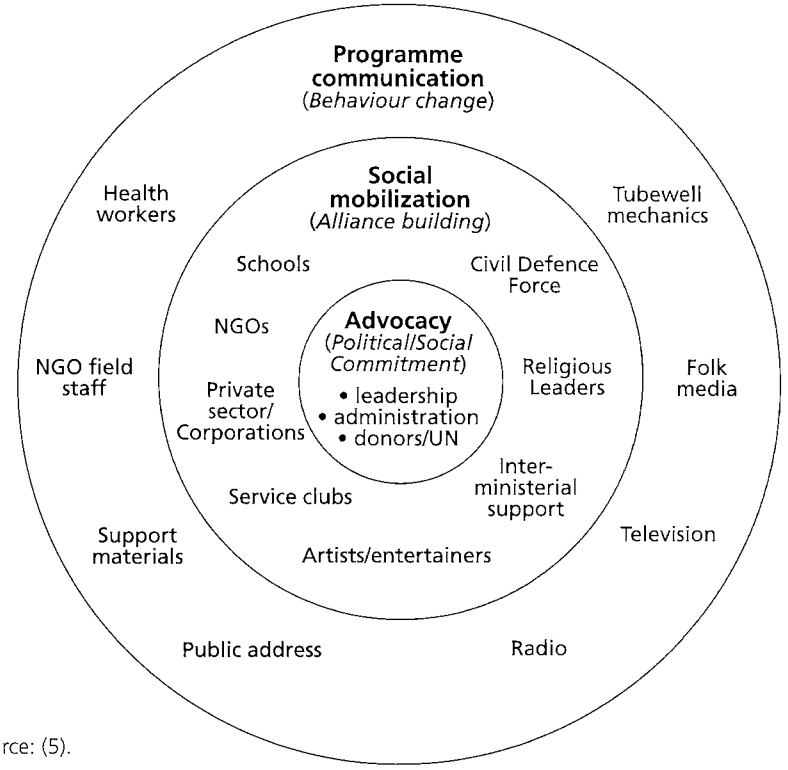
— the Prime Minister, who agreed to launch the programme logo at a national rally;

— organizers of a National Sanitation Week which was designed to promote the goal of a sanitary latrine for each household by the year 2000.

Wide-ranging ***programme communication*** efforts also contributed to this drive towards sanitation improvement. Such communication involves identifying, segmenting and targeting specific groups/audiences with particular strategies, messages or training programmes. In this case, the strategy included courtyard meetings which were used to explain the benefits of the programme to 25–30 families at a time. Concurrently, sanitation promotional materials, rather than simply repeating health messages, highlighted the privacy, convenience and prestige of latrines; in other words, they identified preferences and cultural values and ensured that the targeted messages reflected these.

(box 8 cont'd)

Figure 1. The key elements of the strategy for sanitation in Bangladesh



Source: (5).

Importantly, a range of more affordable latrines were promoted. A more modest waterseal latrine was designed, less than half the price of the original and commercially produced by suppliers. A do-it-yourself latrine, which can be produced at little or no cost to the family, and with a life of about five years, was also approved.

The results of these activities have been impressive, as shown by a 1994 survey of 10 000 randomly selected families. Compared to 1985:

— use of sanitary latrines has increased from 4 to 35 per cent;

— use of tubewell water for drinking reached 92 per cent (up from 80 per cent);

— handwashing with soap or ash after defecating was up from 5 to 27 per cent.

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Private-sector involvement in promoting sanitation

—*Sara Wood*[1]

The rapidly developing trend of private-sector involvement in manufacturing and distribution of sanitation hardware bodes well for the sector. Private enterprise often brings with it competitive pricing and better service than that offered through public provision. In addition, the private sector's increasing interest in utility partnerships will bring new sources of finance and expertise to sanitation. These trends, which contribute significantly to sustainability in the sector, are being fostered worldwide.

This article looks at another opportunity for engaging the private sector in promoting sanitation. It shows how private industry, through its use of promotion programmes in the workplace, can be instrumental in motivating people to improve their sanitation and hygiene practices.

Is there evidence that private-sector promotion can work?

Only anecdotal evidence exists of the success of private-sector promotion of sanitation (see Box 1), but the success of this approach in other health-related initiatives has been well-documented. For example, the private sector supports healthier, more active lifestyles by sponsoring sporting events, providing physical exercise facilities at workplaces, and manufacturing food products with less fat, fewer calories and greater amounts of fibre. Advertisements for healthy manufactured food products advocate that their purchase will lead to a better, healthier quality of life.

Sanitation needs innovative approaches and the private sector's participation in promoting sanitation presents an opportunity that should be seized.

What opportunities are there for the private sector to promote sanitation?

Various opportunities exist for the private sector to get involved in promoting sanitation, depending on the relevant company's type of business. Examples of private-sector promotion follow.

Company-based hygiene improvement programmes

Success in the food and beverage industry is directly linked to high food safety and hygiene standards. These companies have a vested interest in promoting improved hygiene behaviours and improving sanitation facilities in the workplace. They are likely to be very responsive to increasing their effectiveness in these areas because of the direct impact on their business objectives. Some multinational companies already support sanitation programmes in several countries, but this opportunity could be developed with a specially targeted programme.

[1] WHO Consultant, Geneva, Switzerland.

Box 1. Private sector promotion of sanitation in Indonesia

In April 1997, Unilever, a multinational manufacturing company and Lintas an international advertising agency, combined forces to develop a television advertisement for a World Bank-supported hygiene and sanitation education programme. The Hygiene and Sanitation Education Programme is part of a wider Water Supply and Sanitation Project for Low-income Communities (WSSLIC).

WSSLIC is a project targeting poor communities without adequate water and sanitation facilities in six provinces of eastern Indonesia. In total the project is expected to reach over two million people in 1400 villages. The project is coordinated by the National Development Planning Board which brings together contributions from government ministries, nongovernmental organizations and private enterprise.

The objectives of the project are to:

— provide safe, adequate and easily accessible water supply and sanitation services;

— support hygiene and health education aimed at improving hygiene practices; and

— alleviate poverty.

Budget limitations for the hygiene and sanitation education component of the project, and the need to develop of a public service television advertisement, led to and alliance between the Regional Water and Sanitation Group for East Asia and Pacific (RWSGEAP) and the advertising agency Lintas. This collaboration resulted in the production and free airing of a television advertisement. The television advertisement targeted children with the message that they should wash their hands after defecation. The advertisement featured animated characters and special sound effects.

After the initial free playing of the advertisement on the national television network, Unilever funded the reproduction of the advertisement and the cost of advertising it on Indonesia's five private television channels. The logos of the contributing organizations appeared at the end of the advertisement.

The success of this collaboration has led project personnel at the World Bank to look for other private sector companies to involve in other aspects of WSSLIC.

Source: personal correspondence, Ratna I. Josodipoero, Regional Water and Sanitation Group for East Asia and Pacific (RWSGEAP),World Bank, Jakarta, email rijosod.poero@worldbank.org.

Tourism is another industry that could benefit directly if sanitation is improved in the countries it promotes. Its support in promoting initiatives to improve sanitary conditions, by providing financial assistance for such public campaigns as national sanitation day, for example, could be explored further.

Example-setting by the private sector

Private-sector employers have the opportunity to set a good example and act as important influences for wide-scale acceptance of more effective methods of excreta disposal and the adoption of hygiene behaviours necessary for improved health.

This is especially pertinent to employers that provide housing for workers. These companies could take this opportunity to set an example for appropriate excreta disposal facilities, demonstrate alternative technologies, and introduce hygiene behaviour-change campaigns to encourage workers to adopt new practices.

Private-sector social responsibility

Private-sector employers have a social responsibility to their workers which they can exercise by introducing health-promoting activities in the workplace. This has been done with AIDS, where trucking companies have launched educational campaigns to encourage their drivers to use condoms. The companies in question have recognized that their workers, who travel extensively throughout the country, could pose a risk to themselves and the areas they visit. By supporting safe sex messages, companies are fulfilling their responsibility to their workers and the public.

The private sector should be encouraged to adopt such a role and to fulfil its responsibility as a corporate citizen by protecting and advancing the health of its employees. The benefits of increased employee loyalty, consumer preference, and a favourable public image are the likely outcomes of such employer-supported activities.

What are the advantages of the private sector undertaking a promotional role?

Public influence. The private sector, as individual companies and as a whole, can reach a vast number of workers daily and therefore has an unparalleled opportunity to influence positively the beliefs and opinions of these people towards sanitation. Furthermore, the high profile and respect that many private-sector organizations have in the community make them a powerful advocacy force.

Communication expertise. The private sector is also well-versed in the use of marketing and communication strategies, which they use to reach the public and influence their behaviour. These strategies could be employed to promote health by adopting new or improved behaviours.

Improved economic performance. Improved employee health as a result of private-sector promotion will lead to greater economic productivity. Cost savings on health services owing to lower rates of the diseases normally associated with poor sanitation will also have a positive economic impact. These results will not be achieved in the short term. Their achievement will result from a consistent long-term commitment to health and economic improvement.

New funding sources. Private-sector participation in promoting sanitation is a new opportunity to increase available funds for improving sanitation coverage. Government financial resources are shrinking and this situation is unlikely to improve in the short term. New avenues for funding are required and the private sector is an important and relatively under-utilized source.

How can the private sector be encouraged to get involved in promoting sanitation?

The private sector will promote sanitation if it is convinced that in doing so it will be advancing its own interests. Thus, the challenge for a sanitation programme manager lies in developing a strategy to convince prospective private-sector companies of the benefits of investing in sanitation promotional activities. The advantages have to be clearly demonstrated to show how they will positively affect the goals and objectives of the company from which support is being sought. Suggestions on a systematic approach that might be used are provided for your guidance. They are based on lessons learned in obtaining sponsorship funding in a commercial environment, but are relevant to this situation as it is the process that is important.

Steps in generating private-sector participation in sanitation promotion

- Identify prospective private-sector companies.
- Develop a proposal.
- Raise awareness.
- Demonstrate benefits of involvement.
- Develop the funding/sponsorship opportunity.
- Integrate with other activities in the development sector.
- Monitor and evaluate.

Social marketing for sanitation programmes

—*Sunil Mehra*[1]

Sanitation programmes face numerous challenges in their efforts to change sanitation practices and sustain improvements in sanitation behaviour. To address these, they must enhance the user's contribution in defining needs and how to meet them. The social marketing approach, with knowledge of consumer preferences at its core, is a promising means of addressing issues concerning the demand for sanitation products, provision of sanitation services, and changing sanitation behaviours. It could be used, for instance, to promote use of products such as improved water systems, and latrines, and household behaviours such as proper use and maintenance of latrines, handwashing, and covered storage of water, and proper waste disposal.

This article provides an overview of the social marketing concept so that sanitation planners, and programme managers can decide if they would like to apply it to their own activities.

What is social marketing?

Social marketing is a systematic strategy in which acceptable concepts, behaviours, or products, and how to promote, distribute and price them for the market, are defined (1). More specifically it applies commercial marketing techniques to social programmes in order to improve their effectiveness. It involves building up an understanding of the target group(s) (usually through research) to determine the most effective way to meet the group's needs as expressed by its members. The "Four Ps" which form the basis of commercial marketing — product, price, place and promotion — are used in social marketing campaigns.

Product in social marketing may be a physical product, such as a latrine, or a change in behaviour, such as handwashing after defaecation.

Price in social marketing may be a physical exchange of value, such as a commercial transaction, but it can also refer to the price involved in changing a behaviour. For example, there is a price in terms of time, if time is needed to carry additional water for handwashing rather than for other activities.

Place in social marketing means the distribution channels used to make the product, service, or concept available to the target group. If a physical product or service is being marketed, the place may mean the actual point of purchase or access. It if is a concept, the place would refer to the media through which the target group learns about that concept (2).

Promotion covers the broad range of channels through which the campaign messages are directed to the target group. Channels for promotion include mass media (television, radio, magazines and newspapers), and traditional methods such as plays, folk singers, and interpersonal communication.

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[1] Senior Associate, Malaria Consortium, London School of Hygiene and Tropical Medicine.

To be successful, social marketing requires that the intended target groups, and groups that influence them, participate in formulating and testing products, programme strategies, activities, and specific messages and materials (1).

What does social marketing involve?

The key steps involved in adopting a marketing approach can be summarized as follows:

Problem identification. This needs to be defined in broad terms. Initially, the problem is defined in general terms only. This is because as more becomes known through research, the focus of the activity may shift.

Research. This is needed to identify the target group and its characteristics. Social marketing involves a number of different research stages and different research techniques may be used. For sanitation programmes, basic questions would include:

- How many households/neighbourhoods have adequate sanitation facilities or systems?
- What do people perceive as "good" and "bad" sanitation?
- Are the needs of women and men different?
- How much do people pay and how much would they be willing to pay for latrines?
- What are the perceptions of men and women about latrines, and are they different?
- What type of system do they prefer?
- What important characteristics do they prefer?

Research methods could include focus group discussions, in-depth interviews, observations of lifestyles and large-scale surveys.

Objective setting. This means development of measurable and time-bound objectives.

Target group segmentation. The data gathered during the research step is used to divide the target group into subsets with common characteristics.

Marketing plan development. The data gathered during the research is used to develop a plan detailing the activities that will be undertaken on each of the "Four Ps", i.e. which products or behaviours will be communicated to the target group, what will be the pricing structure (if relevant), how the product, service, or concept will be made available to the target group, and, finally, how it will be promoted. Decisions will be based on the consumer preferences as identified through research.

Test marketing. Products, pricing, distribution strategies and promotional messages are tested among representatives of the selected target group(s) and modified and retested until they generate the desired result.

Launch. The social marketing campaign moves out of the test phase into the marketplace.

Monitoring and evaluation. This provides the information which can be used to modify any of the aspects of the campaign to make it more effective.

The steps in social marketing are not necessarily discrete stages with each needing to be completed before the next begins. Instead, several steps can be undertaken at the same time; for example, research results may be used simultaneously to develop programme objectives and to identify target groups.

How could sanitation programmes benefit from a social marketing approach?

Lessons (3) from past sanitation programmes and projects have shown that:

- Water and sanitation projects have often not taken adequate account of individual and community behaviour that affects people's use of the facilities provided. Expected health benefits were therefore not realized, despite the safe water provided to thousands of communities worldwide.
- Goals of sanitation projects have tended to focus on the number of latrines constructed or the number of people provided with access to latrines, and failed to consider promotion of the many behaviours — handwashing, safe excreta disposal, good personal and household hygiene, safe food handling, the avoidance of unsafe water sources, and protection of pumps and wells — that largely determine whether new facilities bring health benefits.

Sanitation programmes have been more concerned with the "supply" of sanitation products, and materials rather than with assessing the needs and preferences of intended beneficiaries. Yet responding to these needs and preferences could contribute to the design of appropriate and acceptable solutions to sanitation problems and help make improvements in sanitation sustainable. "Demand-led" sanitation places emphasis on what people want and how they can contribute to these efforts. Demand creation is also part of commercialized marketing, and may also have a role in sanitation programmes, provided the product in question is actually something consumers want and/or need.

To be successful, social programmes must meet the needs of the target group in a way that they prefer; this is often called consumer-orientation, an important facet of social marketing. Consumer orientation has been shown to be successful in a number of social programmes dealing with family planning, nutrition, immunization, oral rehydration, smoking, cancer detection, use of seat belts and prevention of heart disease and AIDS. It is a particularly valuable approach for solving problems that are related to behaviour, rather than technology (3).

Some recent accomplishments in social marketing include (4):

- The 30 per cent decline in infant mortality in Egypt due to promotion and marketing of oral rehydration salts.
- Improved use of contraception in Bangladesh. Around 44 per cent of men in Bangladesh talked to their wives about family planning within 12 months of a campaign launch and contraceptive prevalence increased by 10 per cent.
- Improved child nutrition in Indonesia. In this country, 85 per cent of women now feed their child a mixed food with green leaves, which has led to improved nutritional status of 40 per cent of Indonesia's children under two years of age.
- A decrease of almost 50 per cent in deaths due to diarrhoea in Honduras following a programme to educate mothers about the use of oral rehydration salts.

Applying social marketing in sanitation programmes

It is usually necessary for sanitation programmes to include those with proven experience in applying social marketing to development activities. And since social marketing activities involve a variety of different skills, it is likely that expertise from a number of different specialist areas will be needed. The following table provides some suggestions on where you may find expert help and the kind of expertise that might be offered.

Table 1. Sources of expert assistance on social marketing

Source of expert assistance	Type of expertise available
Private marketing companies experienced in social marketing agencies	• Practical experience in applying social marketing • Project management • Knowledge of specialized agencies such as research companies and advertising
Advertising agencies	• Developing communication messages including television, radio and press advertising • Selecting the most effective way to reach the target group through mass media, traditional methods, interpersonal channels or a combination of these • Buying media time and space, e.g. television advertising, newspaper space, etc.
Local media personnel from radio, television, newspapers or magazines	• Broadly, the same expertise as for advertising agencies but specialized to the particular medium they represent
Research institutions, organizations and private research companies	• Research (different organizations often specialize in one specific type of research, therefore, a number of research organizations may be involved if a variety of research techniques are used)
Universities	• Academic advice on marketing and social marketing • Research skills and experience
Government departments or agencies	• Practical experience in applying social marketing in different situations • Project management • Various specialists, e.g. anthropologists, researchers, social scientists, marketers • Advice on how to select appropriately experienced external specialists
Social development organizations	• Similar expertise to that available from government departments

Initial problems in applying a social marketing approach are likely to be poor understanding of the concept among the institutions and organizations responsible, and difficulties in bringing together experts and personnel from engineering, promotion, marketing, and health education. Social marketing experiences in other programmes show that one of the ways of overcoming these problems is to involve and inform all concerned from the start of the process (5).

Social marketing worksheet

The following worksheet is provided to help you understand the steps involved in adopting a social marketing approach in your programme. It may help you to identify whether use of social marketing would be appropriate, whether you would need to seek expert help, and what information you lack.

Try and fill in the last column of the worksheet below for your programme or project. Information on the target group(s)' preferences is required to define each of the "Four Ps" for social marketing to be successful.

Table 2. Worksheet 1: Applying the "Four Ps" to your sanitation programme

"Four Ps" of social marketing	Examples for sanitation	For your programme or project
PRODUCT **Decide on what the product is, its form, format, presentation, in terms of packaging and characteristics**	**Products** (tangible outputs): latrines **Practice or behaviour:** Using and cleaning latrines, washing hands after using the latrine **Idea:** Clean environment, good sanitation for health/hygienic excreta management	
PRICE **Decide on what the consumer would be willing to pay, both regarding direct and indirect costs and perceptions of benefits: make the product worth getting**	**Monetary:** Cost of products (with or without subsidies) **Opportunity cost:** Time lost from other activities, missed opportunities, transport, loss in production or income **Psychological or physical:** Stress in changing behaviour, effort involved in maintaining latrine or obtaining additional water	
PLACE **Where will the product be available for the consumers, including where it will be displayed or demonstrated**	**Delivery of product:** Health centres, clinics, pharmacies, households, clubs, local businesses, schools	
PROMOTION **How the consumers will know the product exists, its benefits, costs, and where and how to get it**	**Delivery of message:** Television, radio, newspapers, posters, billboards, banners, folk singers or dramatists, public rallies, interpersonal/ counselling	

Source: Adapted from (2).

To find out more

This article provides an introduction to social marketing. Readers are encouraged to refer to the references overleaf for more information.

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Securing political will in Uganda

—*John Odolon*[1]

Securing political will in Uganda on sanitation has involved a long process stretching back more than twenty years. However in 1997 Uganda was one of the first countries in the world to issue a well-articulated national policy on sanitation at Parliament level. This article describes very briefly that process, provides a copy of the briefing presentation used at meetings along the way to win high level political support, and *The Kampala Declaration*, which states the policy.

Background

The Government of Uganda, together with external support agencies such as UNICEF, has been supporting improved sanitation and hygiene behaviours for at least twenty years. Despite years of civil war (1979 to 1986) when security took centre stage in politics, efforts continued. The Ministry of Health, external support agencies and NGOs did some excellent work on sanitation promotion and developed effective educational materials and methodologies. These materials and methodologies were successfully used in creating awareness of the links between poor sanitation and hygiene and disease, and more importantly they promoted specific actions and practices that individuals, families, communities and others could take to address these problems. This work sowed the seeds of awareness for bigger changes when the time was ripe.

For example, in 1984 a committee was formed to revise the school curriculum so that it would more appropriately address sanitation, hygiene, and behavioural change. The committee was composed of ministries of health, education, water and natural resources, agriculture, local government, community development, finance and planning, as well as representation from parent–teachers associations, religious groups, NGOs, local institutions, donors and external support agencies. This two-and-a-half year effort resulted in wide acceptance and ownership of the curriculum. Over time, it created a greater awareness of the need to improve sanitation and hygiene from family level up to the President. An equally important part of this process was the physical demonstration and promotion of a range of technological options from simple upgrading of traditional latrines to higher levels of service such as the VIP latrine.

In late 1986 the HIV/AIDS epidemic was nationally recognized as a crisis. Issues of sexual behaviour, sanitation and hygiene were given more attention at all levels, particularly at the political level. All ministries associated with health, education and social development were mobilized to seriously address the problem. It was then that the need for safe sanitation and good hygiene practices were identified, politically, as critical to curbing the spread of diarrhoeal diseases from those affected by the HIV virus to the general population.

The only thing that was lacking by 1997 was a well-articulated policy on sanitation.

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[1] Network for Water Supply and Sanitation (NETWAS), Entebbe, Uganda.

Building partnerships

The effort to make sanitation the centre of attention and obtain a national policy was a cooperative one involving the ministries of health, gender and community development, natural resources, finance and economic planning and information, and external support agencies such as UNICEF and WHO.

The first step involved putting together a committed team of experienced professionals at the Division of Environmental Health in the Ministry of Health. Those selected had to be suitably qualified and also have a high level of personal commitment to improving sanitation. The team's main purpose was to develop a strategic plan which would enable the problem of sanitation in the country to be defined clearly and articulated in the right political and other fora. The expected output was a clear focus on sanitation.

The team developed a sanitation strategic plan by first identifying the major environmental problems in the country. A workshop was held later with major stakeholders from government departments and other agencies to develop strategies for tackling these problems.

Advocacy and concept paper

An assessment of the status of sanitation in Uganda was undertaken and this provided important information for raising awareness and triggering discussion about sanitation among politicians, donors, administrators and NGOs. Discussion was generated formally through meetings, workshops, and national events and informally at social gatherings, sports events, and by using prominent private citizens such as retired professors and civil servants to initiate discussion.

A briefing presentation which follows and a concept paper entitled *The promotion of sanitation in Uganda* were important tools for securing political commitment. These documents were very effective because they quickly clarified the problem of sanitation for decision-makers and provided a plan of action for tackling these problems.

A national sanitation task force

Following this successful programme of advocacy, a national sanitation task force was established in July 1997. The secretariat is based in the Division of Environmental Health, but its composition is multidisciplinary. Membership includes representatives from government departments, NGOs, multi and bilateral organizations, support agencies and prominent private citizens. The task force developed further strategies for resource mobilization, information, education and communication. It developed a national Sanitation Resource Kit aimed at providing tools for the promotion of sanitation to various target groups including politicians, technical staff, community members and donors. They prepared a cabinet memo for the Ministry of Health for presentation to parliament in October 1997. The memo requested approval for the launch and implementation of an accelerated sanitation strategic plan.

The Kampala Declaration

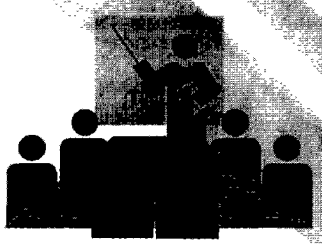
The task force held Uganda's first ever National Sanitation Forum. All district authorities and other key stakeholders attended and together they signed a declaration of commitment, *The Kampala Declaration* which follows. The Declaration was signed by each person present.

Today Uganda's national sanitation programme is on firm ground and has full political backing.

BRIEFING PRESENTATION

What is the Ministry Doing Now #1

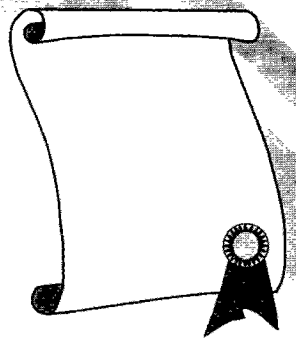
"Broad National Consultation"



- The call to Action
  - National Manifesto of 1996 refers to the importance of improved sanitation for Uganda
  - President mentions lack of performance in sanitation
- Inter-Ministerial Consultation stressed the need for co-ordinated action on sanitation
- Ministry of Health initiate workshops to determine strategy for accelerated sanitation initiative
- Preparation for series of National Sanitation Fora

The Social Contract with the People

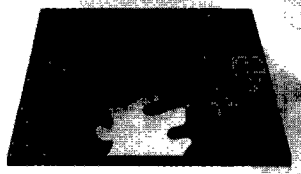
"A clean and healthy environment for all"



- The 1995 Constitution provides for every Ugandan to enjoy a clean and healthy environment
- In furtherance of this mission, the NRM Government and its President have made the following promises to the people, particularly the children (UNPAC) and intend to keep it word;
  - Universal Primary Education (Initiated)
  - Guinea worm eradication (almost there)
  - Poverty eradication (several programmes under way)
  - Clean environment (current focus)

What is the Ministry Doing Now #2

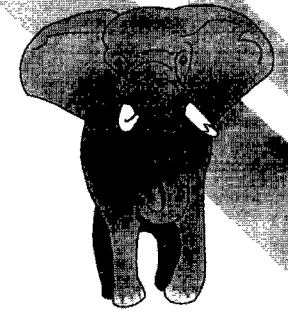
"Putting in place mechanisms for better performance"



- Follow-up of recommendations of Jinja IMSC Workshop
- Building up donors support for sanitation
- Development of a concept paper for sanitation
- Consultations around policy principles

What can be done about Sanitation?

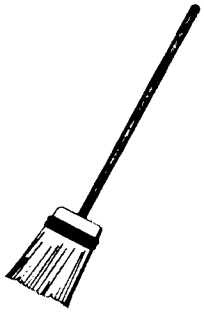
"Put in place a sustainable enabling environment"



- Build national consensus, raise awareness and the profile of sanitation
- Define the national policy framework for action and increase resources allocation to sanitation
- Resolve the institutional and coordination bottlenecks
- Develop a 12 year strategic investment programme
- Legislative empowerment and reinforcement of the capacity of the lead agency as well as the other complementary institutions and support groups

Result

"Consensus on a holistic definition of Sanitation"

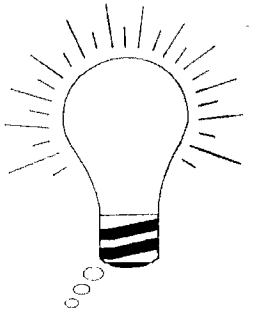


"The promotion of skills and practices **that enable** individuals, families and communities ensure;

- safe disposal of excreta
- Keep water safe . up to the point of use
- high **levels** of personal and public hygiene
- **maintenance of** food hygiene
- **safe disposal of waste** water
- **safe handling** and disposal of **solid wastes**
- **protection against** insect and rodents **in** and around the homes"

Result

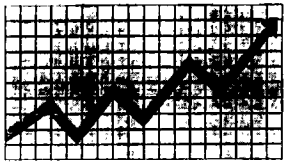
"Basic Principles for Sector Policy and Strategy"



- Better **Sanitation** is a basic right and the responsibility of every citizen
- Community **partnership** with local government should be the framework for delivery of better **sanitation** services
- Government will facilitate the **provision of** services but service delivery **will be** enhanced by increased **participation** of the private and social **intermediary** sectors
- **Families** and communities should **exercise the** right to choose feasible **systems or services** they want and **are willing to pay** for

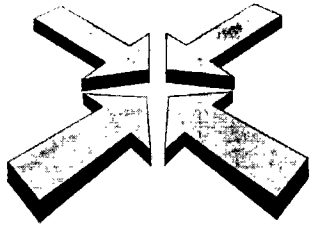
The Way Forward

"Tentative Action Plan"



- Concept Paper (Apr 97)
- 1st Sanitation Forum (May 97)
- Preparation of Draft National Sanitation Policy and Strategic Programme (Sep 97)
- 2nd National Sanitation Forum and Launching of National Policy and Strategic Programme by the President (Oct 97)
- Preparation of Details Project Profiles (Dec 97)
- Donors Conference (Jan 98)
- **Implementation** of the National **Sanitation Programme** (1998-2010)

Potential Components of National Sanitation Programme



- Phase 1 Programme Development (1998-2000); US$ 5.0m
  - National Promotion and Educational Programme
  - Restructuring of Sector Institutions
  - Pilot Projects (Rural and Urban)
- Phase 2 Capacity Building of Institutions and Extended Full Scale Demonstration Programmes (2000-2005); US$ 100.0m
  - Strengthening of Lead Agency and and Local Government Capacity
  - Extended Demonstration Projects
  - Support to Private Sector and Social Intermediary Groups
- Phase 3: Programme Consolidation and Scaling -up (2005-2010) US$ 150.0m

REPUBLIC OF UGANDA
NATIONAL SANITATION FORUM

THE KAMPALA DECLARATION ON SANITATION (1997)

Preamble
We the **District Authorities of Uganda** together with the key stakeholders here assembled at the first ever National Sanitation Forum, on this day the 17th of October, 1997:

- Realising that poor sanitation is a major constraint to development in Uganda as manifested by:
  - environmental degradation and pollution of otherwise protected water sources;
  - high rate of morbidity and mortality in the country;
  - lost productivity and high expenditure on curative health care cost;
  - reduced learning capability of children through illness and early dropout of girls;
  - high levels of stunting among children under 5 years;
  - loss of community and national dignity and pride.

- Recognising that, sanitation is a way of life and constitutes the isolation of human excreta from the environment, maintenance of the safe water chain, the sustained practice of personal, domestic and public hygiene, safe disposal of solid and liquid wastes, and control of disease vectors and vermin, sanitation goes beyond the provision of physical devices and encompasses positive attitudes and behavioural changes by the people.

- Given the remarkable record of sanitation performance in the 1950s through the 1970s and whilst attributing part of the decline in the status of sanitation in the country to the decades of wars, economic collapse, institutional/social decay and poverty, the current sanitation situation, particularly the low coverage of latrines in Uganda, is unacceptable and is bound to get worse if concerted efforts are not taken.

- Acknowledging that the foundations for improvement of the sanitation situation rest with the collective wisdom of our leaders and the inherent desires of our people for a clean and healthy environment (as enshrined in the 1995 Constitution), **hereby endorse the following guiding principle** to halt the declining status of sanitation in Uganda and further **commit ourselves to the 10-point Strategy for Action** below as the basis for ensuring adequate sanitation for all by the year 2005. We the undersigned hold ourselves accountable for the success or failure of this endeavour.

Guiding Principles
- **Basic Right:** Sanitation is a basic right and a responsibility for every citizen of Uganda
- **Partnership and Local Implementation:** Community partnership with districts, lower local governments and administrative units and cultural and religious leaders should be the framework for delivery of better sanitation services
- **Government Facilitation and Private Sector/Nongovernmental Organisations (NGO) Delivery:** Government at all levels will create the enabling

environment and facilitate the provision of services, but service delivery will be enhanced through the increased participation of the private and social intermediary sectors (NGOs).

- **District Specific Solutions:** Sanitation situations vary across the country. District specific solutions suitable for communities and households which can be sustained will dictate the course of actions.

10-Point Strategy for Action

1. **Exemplary Leadership Commitment:** We, the collective leadership of the districts, commit to set good examples at home, at work and in all public places for improved sanitation.

2. **Full Community Mobilization:** We shall mobilize and motivate the totality of the district and sub-county leadership (political, traditional, and administrative), households, communities and institutions (schools, health centres, industrial establishments, religious facilities) towards comprehensive promotion and provision of sanitation services for all households, institutions and public places in the district.

3. **District and Sub-counties and Urban Authorities Focus:** Sanitation begins at home. We shall facilitate the sub-counties and urban authorities to develop sanitation action plans with clear budget lines. These will be integrated into the District plans with explicit objectives of raising the profile of sanitation in our districts and committing resources to sanitation programmes beginning with the 1998/99 financial year. This approach will be the best way of responding to the peculiarities and needs of special geographical areas (security, pastoral communities, technical constraints, etc.) and large groups (disabled, elderly, etc). A task force shall be established immediately to initiate the process.

4. **Coordination and Multi-sectoral Approach:** Sanitation improvement shall be made an integral part of all social and economic developments in our districts. We shall endeavour to coordinate all of the sanitation activities taking place in our districts, provide linkages to all relevant sectors and establish the necessary framework for rational planning, monitoring and evaluation. A clear definition of the roles of all stakeholders would be defined through consultation to promote transparency, accountability and build collective vision.

5. **Focus on Schools:** Schools provide excellent opportunities to encourage positive life-long behavioural change. We shall ensure that every primary school and all other institutions of learning have adequate sanitation facilities(latrines, safe drinking water supplies and hand washing facilities) and with separate facilities for girls by the end of 1998. All primary schools shall be involved in School Health Promotion Programmes as dictated by the Universal Primary Education (UPE) programme. We further endorse the immediate re-introduction of school health inspections of pupils and premises in all sub-counties.

6. **Fora at Districts:** We shall organise and conduct sanitation campaigns in all sub-counties on a regular basis. This shall be crowned by an annual sanitation forum beginning 1998 on an agreed National Sanitation Day. This will ensure an annual mechanism for reporting of progress (based on agreed indicators) and refinement of the strategies. A massive public education campaign with special focus on rational approaches for overcoming inhibiting taboos and cultural practices will be mounted at all sub-counties. Monthly sanitation days shall be intro-

duced at all districts and sub-county levels. We further endorse the re-introduction of inter-district, inter-community and inter-school competitions. Appropriate incentives for rewarding performance shall be instituted periodically.

7. **Central Role of Women:** We shall ensure that women, youth and persons with disabilities are adequately represented at all levels of the sanitation delivery system and are provided with opportunities for economic advancement and support to sanitation activities.

8. **Private Sector/NGO Development and Service Delivery:** We shall involve the private sector and NGOs in the development, production and dissemination of appropriate sanitation materials. Support to the local private sector and NGOs (including artisans and community-based groups) in skills development in sanitation service delivery inter alia communal latrines, production of sanitation facilities, sanplats, handwashing facilities and sanitation advocacy shall be facilitated. The appropriate enabling environment and incentive structures will be examined and applied to enhance their participation in sanitation services delivery. Different approaches for effective engagement of the private sector and NGOs should however be recognised.

9. **Capacity Building at District Level:** We shall ensure that we put in place a multi-sectoral cadre core at the district level to oversee implementation at the sub-county levels. Team work, motivation, balanced staff training and strengthening of the complementary institutions in the districts shall be given top priority.

10. **Policies and Guidance:** The four levels of government (national, district, sub-county and urban) should collectively develop a comprehensive sanitation policy, operational guidelines and pass necessary legislation to support sanitation improvements. Commitment to timely updating and enforcement of existing legislation should be one of the central pillars of the sanitation delivery at all levels.

Enabling Environment Support

We further declare our full commitment to the National Accelerated Sanitation Improvement Programme (NASIP). The programme will support overall capacity building and infrastructural improvements at all levels. We therefore call on the central government and partner donor agencies to assist in mobilizing the necessary resources in support of the programme. Direct and timely channelling of resources to the district and sub-county level will be called for. The re-orientation of available resources in lead agencies (Local Government, Health and Natural Resources) in favour of preventive health care and in particular sanitation should be the starting point. Although this programme is multi-sectoral and therefore the responsibility of all, the lead agency for environmental health at the national and district levels requires strengthening to transform it into a credible institutional mechanism for facilitating the implementation of the national programme.

Conclusion – Sanitation is a Responsibility for All

No family, community or institution can escape the negative impacts of an endemic poor sanitation situation. Only a comprehensive and multi-sectoral approach aimed at full sanitation coverage and backed by sustained positive attitudes and behavioural changes by all can make the difference. We therefore call on all leaders, citizens and institutions in Uganda to support the National Accelerated Sanitation Improvement Programme to ensure adequate sanitation for all by the year 2005.

Sanitation in Surat

—*Ashoke Chatterjee*[1]

When pneumonic plague hit the west Indian city of Surat (Gujarat State) in September 1994, its status as one of India's richest cities (diamond-cutting and textile manufacturing are centred here) was matched with that of India's filthiest, its notorious slums swollen with migrant workers. The city, the site of the first British trade post on the subcontinent (set up by Sir Thomas Roe in the 17th century, who described Surat as "a city much fairer than London"), had become renowned for its garbage heaps, open sewers and potholes.

In 1997 Surat (population 3.4 million) was ranked by India's heritage trust as the country's "second cleanest" city. Town-planners and administrators have been streaming in to learn from the mobilization campaign masterminded by Commissioner Mr S.R. Rao, a self-effacing administrator still getting used to his new status as a national celebrity. He attributes success "to the people of Surat, their representatives, the 15 000 employees of the Surat Municipal Corporation, the press and the judiciary". In fact, it was mainly the personal example set by Mr. Rao, and his personal integrity and drive, that got people interested. He talked to authorities and leaders and citizen groups of all types to get public action. He also demonstrated that his Corporation could "deliver", and demanded and got public action to supplement what government could do.

Sanitation campaign to clean up Surat

Sanitation has been a key focus in the "My Surat — Clean Surat" campaign which also targets 18 other action areas. Daily fieldwork is organized by city zones, each of them networked with a central control system through computer and radio links. Everyone, from commissioners to cleaners, is expected to be out on the job each day between 7:30 am and 12:30 pm.

A microplan for sanitation divides the city zones into sectors of 3500 m^2, each with its own supervisory and task forces. Public latrines and urinals are cleaned each day, while every afternoon another group of cleaners moves out to follow up on the morning's activity. Special ward maps help these teams pinpoint critical locations. Defaulting citizens have to pay administrative charges for cleaning up after them, ranging from 50 to 5 000 rupees, depending on the mess.

At 3:00 each afternoon, Surat's 15 commissioners meet, armed with 9-page computerized reports for a "free and fair discussion and joint decision-making". Sharing of experiences and random cross-checks are especially encouraged.

Over 50 "Pay and Use" toilets for men, women, and children operate through private initiative, and include the participation of the well-known Sulabh Corporation and Akhil Bharatiya Paryavaran Sansthan. Other private services include maintenance and construction contracts, at rates fixed for a 12-month period. Local doctors contribute their reports and monitoring assistance. Senior cleaners have been pulled out of retirement to strengthen the workforce with their experience.

[1] National Institute of Design, Ahmedabad, India.

The feedback system operating out of each ward office includes deadlines for responding to categorized complaints. This is 48 hours for cleanliness of public toilets and cesspool overflow, and 24 for solid waste disposal. Courier services help ensure that official responses reach citizens promptly. City media have been mobilized to keep a close tab on progress and to help educate the public regarding new patterns of behaviour. Eighty per cent of Surat's slums have now been provided with sanitation and other basic facilities. Indicators of profound attitudinal changes include recent interest in recycling human waste, and the level of community appreciation extended to sanitation staff. Performance awards are made on India's national days in recognition of efforts made on this dirtiest of clean-up jobs.

Surat's Medical Officer Dr. R. P. Sinha is also encouraged by the growing level of self-help among citizens, particularly in slum areas. Yet he believes the road ahead is a long one: "Awareness towards health practices is still required in the community. Time is the only solution." Time, and will.

Lessons for success

People and politicians together

What is unique about the Surat story is that public support has made sanitation a political issue for the first time. Setting their personal example, the city's managers have motivated a system and a community which, until yesterday, were regarded as beyond hope. However, Mr Rao is the first to point out that Surat's success is not attributable to him. Surat demonstrates what people and the political system can do together if there is will on both sides. The will is there from decision-makers at every level of society, and it is they who are providing the muscle to keep things going. Mr. Rao is no longer in Surat, but so far systems are being maintained. Whether they will continue will depend once again on the will of those who succeed Mr Rao and other partners involved.

No extra money

The "Surat miracle" has been achieved within the constraints of existing administrative and financial procedures. All of the money required for this change came from funds available in the normal budget supplemented by funds raised by citizen groups brought together by Mr Rao and his team. No state or central funds were diverted to Mr Rao for sanitation. This means that from a financial point of view, the new sanitation effort is potentially sustainable for the long term.

Computerized management systems

Using good management systems to which computer technology can make important contributions, has been another key to success in Surat. They have put together a management kit, which includes computer systems for information storage, retrieval and use, so that their experience can be shared with others. Fifteen other Indian cities have drawn on this service from Surat so far.

Meeting the sanitation needs of the poor

Public "pay" toilets, 1600 of them, were constructed and more than 90% were sited inside slums. They are free to women and children, and males over 12 years pay 50 paise, a very small sum. So far people are demonstrating a willingness and ability to pay

and this small payment has kept all of these units operating. Clearly this is a demonstration of sanitation demand!

The signal is out

The signal is out in India — if Surat can do it, what excuse does that leave other cities for not following suit? The last word comes from the President Prem Sharda of the southern Gujarat Chamber of Commerce and Industry: "Because of the changed image of our city, people elsewhere treat me with great respect when I tell them that I am from Surat."

Promotion through better programmes

A requirement for the promotion of sanitation in any country is knowing how to do good and sustainable sanitation projects at community and municipal levels. If we cannot do good projects and programmes, we have nothing to promote.

The WSSCC Working Group on Promotion of Sanitation tried to identify the important elements for successful national sanitation programmes as well as the principles that underlie the more successful sanitation programmes and projects.

This part of the book contains what the Working Group believes to be the "best practices" that it could identify. The section is divided into three: ***Principles and guidelines***, ***Empowerment*** and ***Checklists.***

Principles and guidelines contains what we believe is "state-of-the-art" in the sector on how to do better programmes and presented in summary form for quick reference. They are presented in this form so that they may be converted by users into promotional materials for use at meetings, with the press and for other advocacy purposes. They can be used as tools for discussion-starters at workshops and seminars. They should never be regarded as ideal for every circumstance, complete or unchangeable.

The second section, ***Empowerment***, provides ideas on how to engage communities and empower them to take ownership and responsibility for their sanitary conditions, a requirement for sustainability. It considers gender in planning, hygiene behaviour change, participatory approaches for working with communities, participatory monitoring and evaluation of projects and financing for low-income households.

The last section contains ***Checklists*** to assist field staff in applying much of what is discussed in the first two sections.

Important elements for a successful national sanitation programme

—WSSCC Working Group on Promotion of Sanitation

National level

— **political commitment** from the top and at all levels;

— a clearly defined **national policy**; and

— supportive **legislation** and enforcement for sanitation facilities in public buildings.

Institutional level

— a set of agreed-upon **principles** to underpin the programme;

— an appropriate **institutional framework** to implement the policies;

— sufficient, **independent funding** to implement policies;

— a project–programme **time-frame** that allows time for sanitation change;

— on-going **research**; and

— broadly-skilled sector **personnel**.

Mechanisms

— **indicators** of improvements and sustainability;

— a **monitoring and evaluation plan** (preferably participatory and at all levels);

— effective **participatory methods** for working with communities (including tools to apply a gender approach);

— effective communication and advocacy **strategies**;

— effective hygiene education;

— well-functioning sanitation **technologies**; and

— innovative **financing arrangements**, including credit schemes for the very poor (so that all households can pay).

Principles of better sanitation programmes

—WSSCC Working Group on Promotion of Sanitation

This list of principles provides programme planners with a source of ideas and suggestions to help improve the quality of sanitation programmes and raise the professionalism of the sector. The list can also be used to evaluate existing programmes and determine how they might be improved. The principles have been used to develop the *Checklist for planning better sanitation projects*. (Numbering of the principles in no way implies priority).

1. Sanitation is the first barrier

From an epidemiological perspective, sanitation is the first barrier to many faecally-transmitted diseases, and its effectiveness improves when integrated with improved water supply and behaviour change. However, improvements in hygiene behaviours alone can result in disease reduction and can serve as a valid programme objective.

2. Promote behaviours and facilities together

Sanitation combines behaviours and facilities, which should be promoted together to maximize health and socioeconomic benefits.

3. Give sanitation its own priority

From an implementation perspective, sanitation should be treated as a priority issue in its own right and not simply as an add-on to more attractive water supply programmes. Sanitation requires its own resources and its own time-frame to achieve optimal results.

4. Generate political will

Political will at all levels is necessary for sanitation programmes to be effective. Communities are more motivated to change when they know political will to promote and support such change exists.

5. Use a "systems approach"

Communities are biocultural systems. In a sanitary environment, the key parts of that system — waste, the natural environment (with its unique physical, chemical, and biological processes), local cultural beliefs and practices, the sanitation technology, and the management practices applied to that technology — interact effectively.

6. Create demand

Sanitation programmes should be based on generating demand, with all of its implications for education and participation, rather than providing free or subsidized infrastructure.

7. Government role

Governments should be responsible for protecting public health. Government sanitation policy should create demand for services, facilitate and enhance partnership among the private sector, NGOs, community-based organizations, local authorities, and households, and remove obstacles in the path of achieving improved sanitation.

8. Be gender-sensitive

Sanitation programmes should equally address the needs, preferences, and behaviours of children, women, and men. Programmes should take a gender-sensitive approach but, learning from the mistakes of other sectors, guard against directing messages only to women or placing the burden of improved sanitation primarily upon women.

9. Build on existing practices

Sanitation improvements should be approached incrementally, based on local beliefs and practices and work towards small lasting improvements that are sustainable at each step, rather than wholesale introduction of new systems.

10. Empower people

User–ownership of sanitation decisions is vital to sustainability. Empowerment is often a necessary step towards achieving a sense of ownership and responsibility for sanitation improvements.

11. Use promotional methods

Proven methods of public health education and participation, especially social marketing, social mobilization, promotion through schools and children, exist and can be used to advance and sustain sanitation improvements.

12. Prioritize high-risk groups

Sanitation services should be prioritized for high-risk, under-served groups in countries where universal coverage seems unlikely in the foreseeable future. Hygiene promotion should be targeted at everyone.

13. Understand consumers

Latrines are consumer products and their design and promotion should follow good marketing principles, including a range of options, designs attractive to consumers (based on consumer preferences), affordable prices, and designs appropri-

ate to local environmental conditions. Basic market research and participation in design will most likely be necessary to good programmes. Market forces are best understood by the private sector.

14. Continually promote

As in all other public health programmes aimed at preventing disease, promoting sanitation should be a continuous activity. This is necessary to sustain past achievements and to ensure that future generations do not become complacent as diseases decrease.

15. Take a learning approach

Continually monitor and evaluate and feed back the lessons learned into projects and programmes.

Principle cards

—WSSCC Working Group on Promotion of Sanitation

The principle cards are meant to be a promotional tool. Photocopy them onto stiff brightly-coloured paper and cut them into squares. Make several sets.

In meetings where current sanitation strategies and programmes or projects are to be discussed, the cards can be used as discussion-starters. For example, you could divide the participants into smaller groups of 5 to 6 people, give a set of cards to the participants and ask them to sort these cards into cards they agree with and cards they do not agree with. Then have each group explain their reasoning to the larger group. Alternatively, each group could be asked to determine whether current sanitation projects and programmes apply these principles. If not, have them explain why not and discuss whether they should.

The cards can also be used to promote sanitation programme reform to individual decision-makers, on a one-on-one basis. Cards can be shown and discussed one at a time to promote the idea that all sanitation programmes should be based upon good principles.

Principles for better sanitation programmes

Working Group on
Promotion of Sanitation

Remember: sanitation is the first barrier

From an epidemiological perspective, sanitation is the first barrier to many faecally-transmitted diseases and its effectiveness improves when integrated with improved water supply and behaviour change. However, improvements in hygiene behaviours alone can result in disease reduction and can serve as a valid programme objective.

Promote behaviours and facilities together

Sanitation comprises behaviours and facilities, which should be promoted together to maximize health and socioeconomic benefits.

Give sanitation its own priority

From an implementation standpoint, sanitation should be treated as a priority issue in its own right and not simply as an add-on to more attractive water supply programmes. Sanitation requires its own resources and its own time-frame to achieve optimal results.

Generate political will

Political will at every level is necessary for sanitation programmes to be effective. Communities are more motivated to change when they know political will exists.

Use a "systems approach"

At household level, good sanitation is a "system". It is a harmonious resolution among four factors: waste, the physical environment, the local population's cultural beliefs and attitudes, and a technology.

Create demand

Sanitation programmes should be based on generating demand, with all of its implications for education and participation, rather than providing free or subsidized infrastructure.

Government role

Government sanitation policy should facilitate and enhance partnership among the private sector, NGOs, community-based organizations and local authorities in achieving improved sanitation.

Be gender-sensitive

Sanitation programmes should equally address the needs, preferences, and behaviours of children, women, and men. Programmes should take a gender-sensitive approach but, learning from the mistakes of other sectors, guard against directing messages only to women or placing the burden of improved sanitation primarily upon women.

Build on existing practices

Sanitation improvements should be approached incrementally, based on local beliefs and practices and work towards small lasting improvements that are sustainable at each step, rather than wholesale introduction of new systems.

Empower people

User–ownership of sanitation decisions is vital to sustainability. Empowerment is often a necessary step to achieving a sense of ownership and responsibility for sanitation programmes.

Use promotional methods

Proven methods of public health education and participation, especially social marketing, social mobilization, and promotion through schools and children, exist and can be used to promote and sustain sanitation improvements.

Prioritize high-risk groups

Sanitation services should be prioritized for high-risk, under-served groups in countries where universal coverage seems unlikely in the foreseeable future. Hygiene promotion should be targeted at all groups.

Understand consumers

Latrines are consumer products and their design and promotion should follow good marketing principles, including a range of options, designs attractive to consumers and therefore based on consumer preferences, affordable prices, and designs appropriate to local environmental conditions. Market forces are best understood by the private sector.

Continually promote

As in all other public health programmes aimed at preventing disease, promoting sanitation should be a continuous activity. This is necessary to sustain past achievements and to ensure that future generations do not become complacent as diseases decrease.

Take a learning approach

Continually monitor and evaluate and feed back the lessons learned into projects and programmes.

Features of better sanitation programmes

—WSSCC Working Group on Promotion of Sanitation

The features of better sanitation programmes, below, represent some of the "best practices" identified by the Working Group on Promotion of Sanitation. While this list may not be complete, it was agreed by members of the Working Group that the better sanitation programmes have most of these features. These features reflect in practice many of the *Principles of better sanitation programmes*.

These features can be laid out in squares, and turned into cards, as done for the *Principle cards*, and used in the same way, to stimulate discussion and analysis of on-going sanitation programme practices in group meetings and with individual decision-makers.

Features

- They take a learning approach. They show flexibility, change and innovate until they get it right. (Principle 15)
- They are focused on demand creation. (Principle 6)
- They combine social marketing and participatory approaches. (Principles 11 & 13)
- They create an environment in which private producers can thrive. (Principle 7)
- They have relaxed the definition of what constitutes "acceptable" latrines and obtained the highest political support for a less rigid range of good technologies. (Principles 5 & 7)
- They consider what people are already doing and help them to do it better. This includes building upon existing good technologies. (Principle 9)
- They offer a range of technical options affordable to most people without subsidy. (Principles 6 & 13)
- They introduce new latrine options through slightly wealthier, higher-status people in the community. This is because community members in most places expect wealthier and higher-status people to take risks and to be the first to try new things. (Principle 13)
- They let the community know that the sanitation programme has political support from the very top. This is because community members want to follow programmes that are endorsed from the top. (Principle 4)
- They involve schools, schoolchildren or community children. Many use schools as the entry point to the community. (Principle 11)
- They combine facilities with behaviour-change strategies. (Principle 2)
- They build on existing community organizations, rather than creating new ones. (Principle 9)
- They encourage community groups to formulate their own hygiene education programme, their own messages, and their own methods. (Principle 10)

- They use female and male extension workers. (Principle 8)
- They build capacity for community management of the project. (Principle 10)
- They involve a strong training and human resources development component at all levels. (Principle 10)

Principles of sanitation in emergency situations (1)

—*John Adams*[1]

Principles for sanitation in emergency situations are very similar to *Principles for better sanitation programmes*. In a workshop held in Oxford (UK) in 1995, the participants considered the principles derived by the Working Group on Promotion of Sanitation and came up with a similar but adapted set for emergency situations. These are offered for consideration by those who deal with sanitation in emergency situations as a starting point. The *Checklist for planning sanitation in emergency situations* was created from this set of principles.

- **Recognize sanitation as an equal priority:** Sanitation is not "water supply and sanitation". It is sanitation in its own right and should be treated as such. It should not be assigned greater or lesser emphasis than any other priority in an emergency situation.
- **Accept that sanitation is the first barrier to faecally transmitted disease:** The first barrier, we believe, is not medicine. The first barrier is sanitation, and that should be accepted as beyond dispute.
- **Support human dignity in all interventions:** Sanitation is not only about health. It is about improving the morale and dignity of the people for whom you are working. Dignity and morale are crucial to helping people to recover after a disaster.
- **Recognize the political context:** Refugee camps are very political environments, both internally and externally. When you are developing your programme you cannot ignore the fact that you are working in a highly political environment and you must allow for that fact in any decisions you make.
- **Set sanitation objectives:** Decide at the beginning what you are actually going to try to do, rather than just going and doing whatever you can. It is important to define objectives and then develop a programme to achieve them.
- **Promote behaviours and facilities together:** Promote behaviours and facilities together so that the two are linked. It is pointless to bring about behavioural changes if you do not have the facilities to make use of them. Conversely, there is no point in having facilities if people do not use them.
- **Continually promote sanitation at all levels:** Promotion of sanitation is not a one-off effort. It is a continuous process, at all levels: within the community that we are serving, but also at a managerial level within aid agencies, and with the management committees.
- **Build on traditional practices:** Always try to build on traditional practices. This might not always be feasible, but in general, if you can promote a practice that people have used historically, its acceptance is far more likely.
- **Recognize gender and age needs:** Recognize the needs of different age groups and genders. They make different demands and you should recognize that in what you provide.

[1] Oxfam Publishing, 274 Banbury Road, Oxford OX2 7DZ, UK.

- **Encourage user participation:** Encourage user participation from the very beginning. Remember that eventually we will all leave and someone has to take over. It is important that the users — while perhaps not a community at the beginning of an emergency — be involved in sanitation, and the sooner this occurs the better, even if only in a very minor way initially. Sow the seed for the future.
- **Consider the needs of residents (local people) as well as affected populations:** Consider the people who live around the camp, as well as those who live within it. Their needs are just as important. You must be sensitive to comparisons between what is provided in the camp and what local people have or do. Provision need not be the same, but you must be aware that normally there are other communities in the area, who were there before the camp was set up, and will be there long after it has gone; it is important that you bear their needs and their problems in mind in whatever you do.
- **Recognize the environmental impact of sanitation:** Recognize the environmental effects of sanitation and try to minimize negative impacts and maximize positive effects.

Reference

(1) Adams, J. ed. *Sanitation in emergency situations*, an *Oxfam Working Paper*, Oxfam Publishing, 274 Banbury Road, Oxford, 0X2 7DZ, UK. Reproduced with permission.

Guidelines on achieving water supply and sanitation in peri-urban areas

—WSSCC Urbanization Working Group

The scale of urbanization

By the end of the century, 45% of the population of developing countries — some 2.25 billion people — will be living in cities. Water and sanitation utilities and municipal governments have to translate the *quality of life expectations* of these huge numbers of people into functioning infrastructure, public policy, legal measures and social and community services. In recent years, the view has gained currency that urban growth cannot be reversed but that its effects must be managed. This task is especially difficult in developing countries, where large numbers of city dwellers live below the poverty line in underserved, degraded and illegal settlements.

The *peri-urban sector*, which includes squatter settlements, overcrowded tenements and boarding houses in inner cities and illegal subdivisions, is often the dominant pattern of city living in developing countries. Rather than a deviation from the *normal* process of urbanization, or a transitory way of sheltering migrants, peri-urbanization must be acknowledged as a distinct process of producing cities, with its own features of constitution, growth and change over time.

Based on a comprehensive review of research work and experience gained in the sector, two key areas of concern emerged which are fundamental to the achievement of sustainable water supply and sanitation coverage to the poor in developing country cities:

- Lack of knowledge of the peri-urban sector, coupled with a failure to appreciate its importance, causes serious technological, economic and institutional mistakes; a better understanding of the peri-urban sector and availability of information on settlements to be served are crucial elements for the sustainable extension of service coverage.
- Lack of cost consciousness and of mechanisms for cost recovery and economic sustainability on the part of water and sanitation utilities has so far all but precluded their access to long-term capital markets, the only way to finance large-scale extension of coverage. It is crucial to enable sector institutions to review both capital and operating costs and to gain access to financial resources.

To address these two areas of concern, action should be taken on six inter-related strategic elements:

— security of tenure and other legal issues;

— people's participation;

— adequate cost recovery and resource mobilization;

— availability of technological options;

— institutional reform and capacity building; and

— water resources conservation and management.

Security of tenure

Basis for action

Full legal regularization of land tenure should not be considered a prerequisite for water and sanitation service provision. Local governments and utilities should work together to identify the minimum level of legal recognition of settlements that is necessary to guarantee security of tenure and to provide services. They should then gather data and information on peri-urban settlements in order to plan and design sustainable extension of service coverage.

Mutual recognition and the gradual upgrading of peri-urban settlements may then lead, in due course, to full tenure regularization. Indeed, tenure regularization can be seen as a step somewhere along the upgrading process which is based on mutual recognition.

Extension of basic services should be based on this *mutual recognition* between authorities and peri-urban settlement communities. Involvement of peri-urban communities, including their willingness to pay for services, and the commitment of local governments and WSS utilities to provide services to informal settlements should both be considered indispensable requirements.

Guidelines for immediate action

Give legal right to services. Governments should give utilities the legal right to provide WSS services to illegal settlements, by not subjecting this action to the unreasonable requirements of formal master plans.

Establish an office in local government to begin legalization process. WSS utilities should encourage and support the establishment, on the part of local governments, of a single *authority* or *office* with competence on land use and tenure regularization in informal settlements (permits, property titles, cadastral registers, etc), capable of speeding up the achievement of the minimum level of legal recognition necessary for provide services.

Employ paralegals to work at community level. ESAs and governments should employ trained intermediaries (e.g. *paralegals* or barefoot lawyers) to work as legal aids and advocates at community level. NGOs can also take the initiative in addressing legal issues at local level, by employing paralegals. NGOs may also be used as intermediaries by ESAs, governments and utilities.

Set up cadastral databases. Institutions with useful information on informal settlements — local governments, utilities, property registries — should set up and jointly manage "interactive" ***cadastral*** databases to facilitate evaluation of land regularization applications and to coordinate information management among different sectoral spheres of competence.

Disseminate computer applications for managing databases. Available computer applications for the acquisition, management and analysis of topographic, cadastral and socio-economic data on peri-urban settlements should be disseminated by ESAs, and subsequently by national sector agencies, to enable local governments, utilities and NGOs, to plan and implement upgrading initiatives.

Ensure women's access to security of tenure. Governments should ensure women's access to security of tenure, for instance by removing existing obstacles to their signing contracts or deeds together with their male partners — or without them in the case of women-headed households.

People's participation

Basis for action

Partnership is an essential feature of the provision of water and sanitation services. To guarantee adequate project design and efficient and effective management, the partnership needs to include all the agencies involved (government agencies, utilities, banks, NGOs, grassroots organizations and consumer groups). Governments, with the support of ESAs, should provide the legal, institutional and policy framework necessary to facilitate this partnership and remove obstacles preventing people's participation, especially those hampering the full involvement of women.

Organizing effective people's participation in the development and management of water and sanitation services requires specific skills and outreach services from government agencies, WSS utilities, NGOs and grassroots organizations. ESAs should provide opportunities for capacity building specifically aimed at enabling these organizations to implement participatory projects.

Guidelines for immediate action

Establish special units to work with communities. Local governments and WSS utilities should establish specialized units or cadres to deal with peri-urban communities and should implement awareness and information programmes to encourage positive attitudes towards people's participation.

Ensure women's participation in community-level planning. When formulating projects, particular attention should be paid to the instruments to be used — the *loci* of participation, the modalities of public meetings and consultations with community members, and the like — to ensure that women are involved and that their opinions are taken into account. Special patience and perseverance may be necessary to overcome women's resistance to participation, such as difficulties in expressing themselves before a male-dominated audience. The Primary Environmental Care (PEC) approach promoted by UNICEF may offer guidance on implementation of participatory processes in peri-urban settlements.

Assess potential local resources. To assess the potential of any particular project activity, the implementing agency needs to identify the local resources available, not only in relation to technical and financial inputs, but also in terms of human resources — i.e. individuals and groups whose opinions carry weight in peri-urban communities and whose actions can affect their development.

Revise regulations and requirements to facilitate community participation. ESAs need to revise regulations, conditions and programming requirements to facilitate people's participation in project planning and execution, since participatory approaches require flexibility in implementation and longer time frames.

Cost recovery and resource mobilization

Basis for action

Sound financial management of utilities is a prerequisite for gaining access to capital markets to finance new investments and to sustain WSS services. National governments, local authorities and WSS agencies need to change their policies on tariffs and cost-recovery in accordance with this principle.

It is necessary, however, to single out specific, demand-driven approaches to the question of cost recovery in the peri-urban sector, bearing in mind the prevailing social and

economic situation and the specific mechanisms of the informal sector — income structures, employment levels, alternatives for savings and credit. In this context, development of methodologies to assess willingness and ability to pay of peri-urban communities is a crucial need.

Guidelines for immediate action

Adopt modern management practices. WSS utilities need to adopt modern management practices and information systems, including appropriate cost accounting, customer account management, and a consumer-oriented approach (collection of users' complaints, information, suggestions, etc), to improve their efficiency and create an atmosphere of trust for potential investors.

Full cost recovery can include cross subsidies. Although full cost recovery should be the basic principle for sound financial management, it does not preclude the application by WSS utilities of cross subsidies between projects, consumer groups, or others.

Subsidize sparingly. Transfer of resources from central governments should be necessary only in special circumstances. In those cases, it should be directed at subsidizing the demand rather than the supply, thus ensuring adequate targeting to the urban poor and sound financial management of the utility. Government subsidies need to be specific, transparent and temporary.

Training for making and recovering loans. ESAs should launch initiatives aimed at training NGOs, banks and WSS utilities to make and recover loans in peri-urban areas (e.g. revolving fund schemes to allow households to connect to WSS networks). ESAs and governments should be willing to test incremental or gradual credit schemes, as well as the performance of groups of inhabitants and grassroots organizations in repaying loans ("solidarity guarantees").

Give women access to credit. Governments should remove the legal obstacles preventing women from gaining access to credit, giving them the same rights as men in the signature of loan contracts. Women's needs and opinions should be taken into consideration when devising repayment schedules and outreach mechanisms for credit schemes.

Pay attention to gender in willingness to pay studies. Recent research has shown that willingness to pay for improved water supplies is generally high. Nevertheless, willingness to pay needs to be assessed case by case and should form the basis of tariff systems and credit schemes. Both women and men should be consulted to gain an understanding of the actual behaviour of households and their real willingness and capacity to pay. The key role played by women in building families' willingness to pay needs to be recognized.

Appropriate technologies

Basis for action

Appropriate technology for peri-urban areas does not mean simply low-cost technology. It means technology which is tailored to the specific conditions — the geomorphological features of peri-urban sites, the dynamics of growth and change in informal settlements, the effective demand for particular levels of service, compatible operation and maintenance requirements and, not least, affordability.

Developing appropriate technological options and design solutions for the complex and difficult physical and socio-economic conditions in the majority of peri-urban areas

demands a higher level of engineering skills than is traditionally required for rural and formal urban WSS services.

Guidelines for immediate action

Assess technological options. ESAs and national sector agencies should help WSS utilities to develop guidelines for carrying out assessments of available technological options. It would be particularly useful to develop performance indicators linked to the various service levels, to help in the selection of those which best suit local circumstances and will ensure sustainability on the basis of efficiency in the use of inputs and in relation to evolving local realities.

Plan for both economic and residential water and sanitation uses. Planners of WSS projects need to take into consideration that peri-urban settlements are economically productive areas — not just residential areas.

Ask main users about design features. As the main criterion for technology choice, planners should endeavour to find out directly from the main users (normally women) what features the proposed service needs to have. They should pay special attention to the uses of water in household activities — usually carried out by women — such as laundry, food preparation, washing children, cleaning the house.

Rural options may not fit the peri-urban context. Extreme caution should be exercised when considering the transfer of technological options from the rural to the peri-urban context.

Overcome the rigid adherence to conventional standards. ESAs should assist national sector agencies in implementing training and awareness programmes to change the attitude of utility professionals towards the selection and application of appropriate technology options. It is necessary to overcome the rigid adherence to conventional standards that prevails in engineering culture and to encourage interdisciplinary work.

Site communal facilities carefully. ESAs, NGOs and WSS utilities should avoid building communal or public WSS services (e.g. water points, public toilets) on sites that are difficult to access, or too distant from households, or that do not preserve the right to privacy. Such features are particularly detrimental for women and children, who should be the most frequent users of these services.

Institutional reform and capacity building

Basis for action

The first target of institutional reform and capacity building should be to make sector institutions work by enhancing their financial and administrative efficiency. Beyond the need to improve the capacity of WSS utilities to perform their traditional duties, however, there is an important challenge to develop new capacities to provide services under the specific conditions of peri-urban areas.

Policy frameworks need to be developed at national level to address the roles, responsibilities and support needs of sector institutions in the delivery and management of WSS services in peri-urban areas. This does not only mean achieving the optimum performance of individual agencies in the provision of peri-urban services, but also promoting and supporting the establishment of partnerships among agencies.

Guidelines for immediate action

Attract and retain qualified personnel. Human resources development (HRD) programmes should first of all aim at enabling utilities and sector institutions to attract and retain sufficient numbers of suitably qualified personnel, including those equipped to deal effectively with peri-urban service provision. HRD programmes should include:

— adoption of competitive, market-based salary levels and benefits;

— establishment of adequate career structures, incentives and evaluation procedures;

— provision of training opportunities linked to career progression;

— retraining of available staff in customer relations and community liaison and development activities;

— special emphasis on enhancing capabilities in sanitation and sewerage development.

Involve the private sector. Involvement of the private sector should be encouraged by national governments and actively sought by utilities, which should explore possibilities for creating new roles for private companies in the provision of WSS services.

Establish working groups. ESAs and national sector agencies should actively encourage the establishment of inter-institutional and interdisciplinary working groups with spending and decision-making powers, as an innovative institutional arrangement to coordinate and promote upgrading of peri-urban areas and their integration into the city. In large cities or metropolitan areas, several such units could be created on a decentralized bases.

Involve NGOs as service providers where necessary. ESAs and national sector agencies should actively encourage WSS utilities and NGOs to develop mechanisms for NGOs to act as intermediaries or surrogate service providers to peri-urban communities when legal, administrative or other constraints prevent direct service provision by WSS utilities.

Assess roles, responsibilities and capabilities of WSS agencies. Local governments and WSS utilities, with the help of NGOs and citizens' groups should assess the existing roles, responsibilities and capabilities of agencies dealing with peri-urban WSS services in their locality, to help define possible institutional reforms.

Water resources conservation and management

Basis for action

Local governments, in partnership with other agencies, should be encouraged to develop an integrated approach to the delivery and management of environmental infrastructure — water supply, sanitation, solid waste disposal and drainage. In this context, extension of sanitation coverage to peri-urban areas needs to be recognized as a means of enhancing water resource protection.

Conservation and sustainable use of water resources require the development and implementation of a comprehensive framework of economic and regulatory instruments and incentives, as well as concurrent public information activities and enhancement of monitoring and surveillance capabilities.

Guidelines for immediate action

Apply incentives and instruments to protect water resources. Governments, with the help of ESAs, should explore practical ways of applying economic and regulatory

incentives and instruments (e.g. the "polluter pays principle") to protect water resources. In this context, monitoring and surveillance should be enhanced and undertaken systematically, to help prevent water pollution and improve water management.

Utilities should conserve water. WSS utilities should improve their own water conservation, though control of physical water losses, including leakage detection programmes, and improved measuring and charging mechanisms to reduce unaccounted-for water.

Explore ways of stimulating demand for sanitation. The fact that extension of sanitation services to peri-urban areas also protects water resources provides an added incentive for WSS utilities to explore ways of stimulating demand for sanitation and extend coverage, with the participation of the users.

Use incentives to encourage wastewater reuse. Governments should adopt economic and regulatory incentives to enhance water conservation and urban wastewater reuse, as ways of easing water shortage problems and to facilitate collection and treatment of wastewater.

Matters requiring further research and empirical testing. ESAs, national and local governments and sector agencies, utilities and NGOs are urged to design and implement applied research and information dissemination programmes in relation to the following:

1. Intermediate legal options for security of tenure in informal settlements.
2. Simplified institutional arrangements and bureaucratic procedures for cadastral registration and settlement regularization.
3. Rationalization of bureaucratic spheres of competence and procedures to grant legal title to tenure (or similar).
4. Policies and mechanisms to provide services to vulnerable groups (e.g. renters) and protect their interests when undertaking legal recognition and settlement upgrading, without blocking these processes.
5. Policy and legal instruments to facilitate service provision to settlements which, although they fall outside the territorial jurisdiction of local authorities, are part of the urban structure.
6. Effective ways of sharing responsibility for projects (financial resources, labour, management, etc.) and for the operation and maintenance of completed works among implementing agencies, WSS utilities and local communities (the desirable scope and level of community participation vary with the socio-cultural context).
7. Feasibility of implementation and functionality of existing tariff systems in relation to the goal of full cost recovery.
8. Comparative advantages of available mechanisms for equitable cost recovery (cross subsidies, single tariff with direct subsidies to poorest groups, and so on).
9. Practical mechanisms and institutional arrangements for breaking down large loans from financing organizations into the small loans needed for participatory approaches in peri-urban settlements.
10. Application of economic penalties and incentives, such as those based on the polluter pays principle, to environmental conservation and sustainable use of water resources.
11. Requirements and constraints relating to private sector involvement (e.g. guarantees offered by local and national governments, low revenues of WSS services,

cost recovery frameworks, clear and stable rules, etc) and effectiveness of the various degrees of private sector involvement, including full privatization, in extending and improving services for the poor.

12. Technical solutions for adapting WSS systems to the shelter and infrastructure conditions of the peri-urban sector.
13. Patterns and requirements of household activities — food preparation, laundry, personal hygiene, house cleaning — in relation to water use, so that women's needs can be taken into consideration when formulating projects.
14. Guidelines for the practical application of participatory principles.

Principles of the strategic sanitation approach

—*Albert M. Wright*[1]

Focus: the urban poor

Providing urban dwellers, particularly the poor, with adequate sanitation is one of the major challenges facing developing countries today — over half a billion urban dwellers are estimated to be without access to adequate services, and the urban environment is becoming increasingly degraded. The adverse consequences have been enormous in terms of health, availability and cost of water, economic development, and social cost. The problem has been worsening with time and growth of affected cities, reaching serious proportions in the megacities and large cities with populations over one million. The cost of addressing it and the cost of neglecting it are both increasing with time.

Traditional supply-driven approaches have proved ineffective in addressing the problem. But some recent innovative approaches, such as the condominial system in Brazil and the Orangi Pilot Project in Pakistan, have proved successful (see *Low cost sewerage*). The Strategic Sanitation Approach (SSA) reflects those features of the innovative approaches which have helped to make them successful; it also reflects recent advances in technological knowledge and in concepts in the new institutional economics. It is an incentives-driven, demand-based approach to sanitation designed to overcome the barriers to the sustainable expansion of adequate sanitation to urban dwellers.

Barriers to urban sanitation

The search for barriers to urban sanitation started over 20 years ago. Initially, the high cost of conventional sewerage was thought to be the key constraint. A two-year World Bank research program to address this constraint was undertaken during 1976–78. It led to the identification of a range of lower-cost alternatives, including two on-site technologies, the VIP and the pour-flush latrine. Subsequent experience in Tanzania and other countries showed the need for sewerage systems intermediate in cost between conventional sewerage and low-cost on-site sanitation. The ensuring search led to the identification of a range of intermediate-cost sewerage systems, including simplified sewerage, solids-free sewerage, flat gradient sewerage, and the condominial sewerage system.

The availability of a wider range of technological options necessitated the development of criteria for choosing between the options. Failure of the supply-driven approaches, experience from successful approaches, as well as considerations of the principles of fiscal equivalence and of public finance led to the choice of a demand-based approach. This, in turn, created a need for methods for demand assessment at household, neighbourhood and local government levels.

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In this way, a list of barriers to urban sanitation were identified, the key ones so far identified are:

— the high cost of sanitation investments;

— constrained financial resources;

— inappropriate technological practices;

— inadequate institutional arrangements;

— maintenance neglect;

Overcoming the barriers: The strategic sanitation approach

The Strategic Sanitation Approach is designed to address these barriers. Its key strategies are:

— demand orientation;

— unbundling;

— widening of technological choices;

— incentives-driven institutional arrangements;

— financing and cost-recovery arrangements;

— attention to operation and maintenance;

Demand orientation

Demand orientation entails responsiveness to what people want at a price. This implies ensuring that investments and operational choices are driven by what users and beneficiaries want and are willing to pay for. This strategy is designed to ensure that those who make investment choices incur an opportunity cost. Such an opportunity is a consequence of making choices under conditions of scarcity of resources. As a result of such scarcity, it is not possible for governments or individuals to have everything they would like to have. Hence choosing one thing generally involves giving up something else. What is given up in order to have something else is the opportunity cost of the choice that is made.

In a supply driven approach, those who make investment choices are not the ultimate beneficiaries or users of the installed sanitation facilities. Hence there is nothing that such people are forced to sacrifice or give up when they make one choice or another. In contrast, a demand-driven approach requires that the ultimate users and beneficiaries of investments, or those who will pay for such investments, are those who make the investment choices. The reason is that in making the investment choices, there is something important which they are forced to give up. The value of what is given up will vary with the cost of the option that is selected. It will be high for high-cost options, and low for lower-cost options. As a result, the choices they make tend to be realistic. Furthermore, the cost of their investment choices tends to approximate the value they attach to the choices.

For these reasons, the approach tends to induce commitment and a stake in the sustainability of the investment. This improves the prospects of proper care and maintenance of installed facilities and, hence, the sustainability of such facilities. Furthermore, it improves responsiveness to users, avoids a mismatch between supply and demand, and serves as a check on public accountability.

For investments to be sustainable, it is important that demand for them be expressed not only by the ultimate users, but also by the local governments in whose jurisdiction the investments are going to occur, and also by the communities or neighbourhoods where the beneficiary households would occur. If any one of these demands is not secured, the sustainability of the investment becomes uncertain.

Unbundling

Unbundling is the sub-division of sanitation systems into smaller packages or sub-systems. There are two types of unbundling, vertical and horizontal unbundling. The basis for vertical unbundling is the type of service to be rendered, together with its corresponding type and capacity of physical infrastructure. The total system is divided into sub-systems, each with a different type of physical infrastructure designed to serve a different function. Flow is sequential, from an upstream sub-system to a downstream sub-system. Thus we may have in-house sanitation facilities as one sub-system designed for household sanitation service; this would be followed by a feeder sub-system (consisting of secondary and tertiary sewerage systems) for collection of sewage from a community or neighbourhood and feeding it to trunk sewers (or to primary sewers). Finally, there would be trunk sewer sub-systems designed to receive sewage from feeder systems for bulk transport to treatment plants for final treatment and disposal. The upstream system consists of highly dispersed but small physical infrastructure. In contrast, downstream systems tend to be less dispersed but bigger in capacity and require bigger investments. These characteristics have implications for ownership, financing and management arrangements. Thus ownership of in-house sanitation facilities is private; its financing and management is also privatized. Ownership of feeder and trunk infrastructure may or may not be private, and its management and financing may be community-based, private, or public.

In horizontal unbundling sub-division is according to jurisdictional or drainage boundaries. Flow is not sequential, but in parallel, through different service areas. All types of services and technological types can occur in each horizontally unbundled service area. A service area may be self-contained, with final treatment taking place within the boundaries of the service area, it may limit itself to household and feeder sewerage services, and it may make use of a bulk transport sewer system that serves two or more service areas.

Unbundling facilitates the application of the demand-based approach; it makes it easier for beneficiaries to appreciate investment benefits, it helps define boundaries where costs and benefits occur, and facilitates assignment of responsibility for cost recovery. It has enormous implications for overall sanitation costs, investment and operational efficiencies, and the choice of proper management levels. It reduces the lumpiness of individual investment packages, improving affordability. Compared to centralized sewerage, it reduces the average diameters and depths of sewerage. This results in a reduction of overall investment costs — a cost reduction of 76 percent has been reported in the city of Juiz de Fora in Brazil. In flat terrain with high ground water tables, the reduction in average sewer depths lowers pumping costs during construction and also during operation and maintenance. Unbundling also allows greater flexibility in the implementation of projects; it improves the prospects of private sector participation, particularly of both formal and informal institutions. Moreover, it offers opportunity for competition between service providers working in different service areas. It also lends itself to decentralization and facilitates management at the lowest appropriate levels. A good example of both horizontal and vertical unbundling can be found in the Sanitation District of Los Angeles County. A recent report to the U.S. Congress (1997) indi-

cates that about 25 percent of the U.S. population are served by decentralized wastewater systems. This implies an extensive use of horizontal unbundling in the United States of America.

Widening of technological options

The demand-based approach requires consideration of a range of sanitation technologies, ranging from low-cost on-site sanitation technologies, (where appropriate) to conventional sewerage. It also includes comparison of centralized and unbundled systems. Households, communities, and local governments are then provided with adequate information on the benefits and costs of each option to enable them to make informed choices between the options. It is important that only those options that are technically feasible for the given situation be included in the choice set.

The principle of widening technological options creates incentives for the development of alternative technologies. The availability of alternatives tends to reduce prices of existing options, enhances responsiveness to what users are willing to pay, improves access to service, and facilitates expansion of coverage. A number of technological alternatives are available for on-site sanitation and for intermediate cost sewerage. A number of treatment plants are also available. However, there is still need for more compact sewage treatment plants if the benefits of horizontal unbundling are to be fully captured. Other areas for further development of alternatives are technologies for recycling of sewage.

Incentives-driven institutional arrangements

Incentives are the reasons why individuals and organizations involved in the development, maintenance, and use of facilities do what they do. They are the factors or conditions that induce or motivate service providers or users to behave in one way or another. They are what people perceive as conditions satisfying their desires or creating net benefits for them. For some, incentives may take the form of rewards and penalties. For others they may be prestige, or an opportunity to work with others. Another form of incentive is the perception that the benefits obtained in an investment exceeds the cost of the resources devoted to the investment; alternatively, it may be the perception that the cost of not making the investment exceeds the cost of the resources invested. It is generally held that behaviour is driven by incentives, and that sustainability is driven by behaviour of those involved in the various stages of development — design, construction, operation, maintenance and use of physical infrastructure for services. Incentives are therefore of paramount importance in the sustainability of sanitation investments. It is through institutional design that incentive structures are defined.

Institutional design is concerned with the assignment of roles and responsibilities, assignment of authority for various activities (such as levying service charges and appointing service providers), definition of enforceable rules, and the definition of the enabling environment for the supply of services. The fundamental assumption in the Strategic Sanitation Approach is that all institutional arrangements give rise to some inherent incentives that affect behaviour of those involved in the development, maintenance, and use of sanitation facilities. These incentives may be consistent or inconsistent with the goals of sustainability of investments. The principal goal in the design of institutional arrangements is to ensure that inherent incentives are consistent with, and are conducive to, sustainability of investments. This requires that institutional arrangements be conducive to accountability, transparency, and lower costs. They should also be conducive to flexibility and reliability. They should also be such that, all things being equal,

it is the beneficiaries of public investments that pay for the cost of such investments, and that what they pay reflects the extent to which they benefit from the investments. At the same time, adequate provision should be made for the indigent and for poverty alleviation.

Key measures that tend to induce improvements in transparency, accountability and performance of service providers include:

— user participation in all stages of project development and implementation;

— information to all stakeholders, including the public;

— management at the lowest appropriate level, and separation of powers (separation between supply and regulatory functions).

Other measures include:

— broadening of competition,

— applying commercial principles,

— involving non-formal institutions and the private sector,

— and using price as a signal for service costs.

The effective use of these measures requires feedback of experience and capacity building at all levels, including low-income communities.

Financing and cost-recovery arrangements

The objective of this measure is to identify funding sources for investments, and to assign responsibility for payment of the capital costs and the operation and maintenance costs. The goals are sustainable expansion of service, investment and operational efficiency, and reliability of service. In order to attain these goals, a number of principles need to be observed. Local demand should serve as the key criterion for devising technical solutions and for the allocation of financial resources. The financial gap between revenues and total system costs should be minimized; and cash flows should be sufficient to meet current financial obligations for operation and maintenance and for debt servicing, where appropriate. It is important that all (including the poor) pay a portion of the capital costs in cash, and that the amount paid should be sufficient to induce a stake in the sustainability of the investment. For the poor, in-kind contributions may be allowed to cover the balance of their contributions to capital costs.

Attention to operation and maintenance

Maintenance neglect has been one of the major constraints to the sustainable expansion of coverage. It results in premature deterioration of physical infrastructure, adversely affecting system performance and reliability. One of the consequences of poor system performance is failure to achieve expected benefits. Another is user dissatisfaction. This tends to lead to shortfalls in cost-recovery, lowering financial sustainability of investments, and sustainable expansion of coverage. For the poor, maintenance neglect is particularly devastating because it is easier for them to raise the lower amounts required for routine operation and maintenance than it is to raise the lumpy investments for periodic rehabilitation of damaged infrastructure. Besides, the rehabilitation takes up funds that could have been used for expansion of coverage. Thus maintenance neglect is a major constraint to the sustainable expansion of coverage. For this reason, it is important that in planning investments in sanitation, adequate and credible

arrangements be made for undertaking and paying for routine operation and maintenance.

Further reading

Wright A. *Toward a strategic sanitation approach: improving the sustainability of urban sanitation in developing countries.* Internal working document. Washington, DC. UNDP-World Bank Water and Sanitation Program, 1997.

A gender perspective in sanitation projects

—*Angela Hayden*[1]

What are gender issues in sanitation?

Many sanitation projects have failed because latrines are not properly maintained or simply not used. Why?

Latrines might be sited far from dwellings and women may not like to be seen going to them. Perhaps children are afraid of falling down the hole. People may find the facilities dark and smelly, and would rather defecate in the open air. Men and women might not want to share facilities.

So what gives sanitation projects a chance to succeed?

A sanitation programme is implemented in a community with traditional patterns of living. The programme has to be built on existing practices. For that to happen, traditional patterns — and the motivations behind them — have to be understood. If changes to more healthy practices are to be made, the best people to promote those changes are the ones with a vested interest in seeing the results achieved.

What has all this to do with gender?

Suppose the men of a village construct latrines and are given training in how to maintain them, but then migrate for seasonal employment elsewhere, what happens?

If it is shown that improved sanitation facilities reduce the incidence of disease, women, who are usually the ones who care for sick members of the family, may be highly motivated to keep the facilities clean and functioning properly. But what if training courses are held far from the village and it is not acceptable for women to spend time away from their families to attend courses?

Questions and discussions of this kind are often called "gender issues". The philosophical basis for considering gender issues is a quest for equity. In traditional societies, decisions are usually made by men. Often, women are expected to be subservient, even if they are able to exert indirect influence.

But sanitation is particularly concerned with gender issues because women are the ones responsible for water and sanitation. If their views and concerns are not expressed and integrated into the programme design, it is unlikely that the programme will earn their commitment. Failure is then almost certain. Evidence shows that when women truly incorporate behaviour change into the pattern of their daily lives, they pass these behaviour changes on to their children, thus increasing a sanitation programme's sustainability.

[1] Independent consultant, Geneva, Switzerland.

Focusing on gender means considering the different experiences of men and women, their potential and their limitations, the way they interact, how they share tasks, and how their activities are complementary. More importantly, paying attention to gender is ensuring that women as well as men participate in social and economic development.

Opportunities for men and women to participate in sanitation projects

Men and women should participate actively and equitably in:

— identifying local problems, priorities, and technologies;

— choosing acceptable and affordable sanitation facilities;

— designing and siting of facilities;

— constructing and maintaining facilities (physical or financial contribution);

— training in construction, use, and upkeep;

— educating their own children about proper use and upkeep;

— teaching schoolchildren about proper use and upkeep;

— managing sanitary conditions in the community;

— monitoring sanitary conditions in the community.

Experience shows that one of the main obstacles to the sustainability and success of sanitation projects is that women do not always participate. Women can take part in sanitation projects in many ways, depending on the need, culture and situation. Among these are:

— deciding how women can best be involved in project activities;

— selecting between available alternative sanitation options;

— participating in project indicator establishment and use through monitoring and evaluation activities;

— making detailed design decisions (about type of enclosure, building materials, doors, locks, lighting, siting, etc);

— promoting improvements at household level;

— doing latrine construction work (usually assisting men);

— manufacturing materials to be used in latrine construction (for example, bricks and tiles);

— working as interviewers to collect data;

— providing information as interviewees and focus group participants;

— using the latrines themselves on a regular basis;

— facilitating family use by making paper, soap, and water available;

— supervising children's use of latrines;

— teaching children and motivating other members of the family to use new or improved latrines with proper hygienic habits;

— educating and motivating other local people to use, care for, and maintain latrines properly and adopt proper hygiene habits;

— carrying water for pour-flush latrines and for general latrine cleaning;

— cleaning and general routine care;

— helping to assess the extent to which the project has succeeded.

Using the gender checklist for better projects

Sanitation projects are intended to benefit men, women, and children. If women as well as men are to be involved effectively in improving sanitation facilities, women and men must participate in all stages of the project: design, planning, management, implementation, operation and maintenance, monitoring, evaluation, and follow-up.

A gender checklist is included in the next section. This is intended to help ensure that men and women are involved in all aspects of the programme. Because women are often excluded from programmes, the checklist concentrates on ensuring their participation. Traditions and practices differ, so not all the items will be relevant in every case. Sometimes other factors will have to be taken into account, depending on local circumstances.

Use the checklist to jog your memory. Add or delete items if you want to. The checklist is intended to be of practical use to you in carrying out your work. It will probably have to be translated into the languages used by people working in sanitation programmes. It may be photocopied freely and handed out to anyone interested.

Make sure that the people using the checklist have the right skills, or try to provide appropriate training. If possible, find a specialist in gender issues to help you.

How can you find the answers to the questions in the gender checklist for planning projects?

Getting information about a community's sanitation behaviour and practices is best obtained via (in order of preference):

— participatory activities;

— focus group discussions; and

— interviews.

Here again, you will need people with special training to make certain that the participatory activities, focus groups or interviews produce valid and useful results. Ask a gender issues specialist to help you.

Participatory activities

These encourage individuals to participate in a group process. They are designed for planning at community level and encourage everyone to participate, irrespective of age, sex, social class or educational background. Participatory methods are particularly useful in encouraging the participation of women who, in some cultures, may be reluctant to express their views.

If possible, find someone who knows about participatory methods to help collect the information you need. Otherwise, you can find out about participatory methods by reading *Tools for community participation: a manual for training trainers in participatory techniques* by Lyra Srinivasan and *Gender issues sourcebook for water and sanitation projects* by Wendy Wakeman.

Focus groups

These are group discussions that gather together people from similar backgrounds or with similar experience to discuss specific topics. The group is guided by a moderator (or facilitator) who introduces the topics for discussion and helps to foster a lively and free discussion among the group members. An observer or note-taker records the main points mentioned in the discussion.

For focus groups to produce useful information, it is important to have a well-trained moderator and to select participants carefully. If you want to use focus groups as a way of gathering information, try to find an expert to help you.[2]

Interviews

These are a good way of gathering information, so long as the people being interviewed feel free to express their true opinions and as long as they are selected at random. Many factors may inhibit women interviewees, making them reluctant to say what they really think. For example, a woman may feel uncomfortable if she has to answer questions in front of her husband or mother-in-law. Try to use trained interviewers (women's organizations may be of help here).

Some points to watch when interviewing women are:

- Employ women interviewers.
- Interview women in groups where possible, preferably where they gather for some other activity.
- Interview women separately from their husbands, if possible.
- Consider age, social class, and cultural match to make sure that the interviewer will be understood and trusted.
- Be aware that young wives may not be able to express themselves freely in the presence of their mothers-in-law, mothers, or any person with power over them.
- Make certain that you interview people from each of the groups within the community. Programme planners should find out from several different sources what groups exist in the community.
- Avoid recruiting interviewers from **only** the higher levels of society.
- Interviewers need to have some legitimacy, so consider training as an interviewer a respected person from within the community or from a similar background to the persons being interviewed.
- Appoint more than one interviewer, so that they can support each other, particularly when interviewing mixed groups.

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Hygiene behaviour-change: lessons from other sectors

—*Carol Jenkins*[1]

People everywhere are pleased to acquire convenient water supplies, but they are often indifferent to improved toilets and their use. This is because they do not believe or understand that their hygiene behaviour may be endangering their health. Consequently, they do not see the need to change what they are doing. When better toilets are installed, they do not understand why they should use them or keep them clean and working properly, thus failing to reduce their exposure to diseases and to reap full health benefits.

For this reason, improved sanitation does not simply entail installing better toilets. People must use them effectively to lower their vulnerability to disease. A major barrier to effective use is that many people do not believe or comprehend the correlation between their habits and many of the diseases they suffer. They continue to practice hygiene behaviours that, even in the presence of improved water and sanitation facilities, threaten their health.

For the health benefits from improved water supply and sanitation to come about, people must use facilities in ways that lower their exposure to organisms they cannot see and may barely believe in. Getting people to use these facilities effectively can only be achieved if sufficient resources are devoted to helping people discover for themselves the benefits of changing their hygiene behaviours. Since these behaviours are often steeped in tradition, ritual, and custom, the task of altering them may be much more difficult than that of simply providing sanitation facilities.

Changing poor hygiene behaviours is now recognized as the most effective intervention for reducing diarrhoeal diseases and many others. This must not be viewed as secondary to installing improved water and sanitation facilities, but rather as an integrated and high-priority component of every such programme.

The past few decades have been fruitful for those who work in the general field of health education. In the fields of nutrition, HIV/AIDS, vector-borne diseases, immunization and diarrhoea, and with other public health issues, lessons ***have*** been learned. In fact, what has been discovered underscores the inadequacy of the term "hygiene education" itself. Education alone is clearly not enough. Hygiene education should be reconceived and renamed "hygiene behaviour-change". Although perfect recipes for behaviour-change programmes have not emerged, very clear lessons have been documented repeatedly that highlight several common elements required for successful health-related behaviour-change programmes. Some of the most important principles gleaned from these lessons are listed along with their correlates and illustrated.

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[1] International Centre for Diarrhoeal Disease Research, Bangladesh, Dhaka.

Selected principles of health-related behaviour-change interventions

1. Adult human beings are not empty vessels waiting for information to direct their lives. They already have a complex system of concepts, attitudes, and values that inform their behaviour. Two examples of this principle follow.

Helminth infections. In the course of a school-based intervention to diminish the helminth load among Luo tribesmen in Kenya, investigators learned from children of a philosophy of worms that adults held, but would not divulge. Eventually, after living and working among the people in their communities, project personnel discovered that worms were considered essential to the functioning of the body. It was believed that disease was caused by an over-abundance of worms that had to be purged through the nose, or other body orifices. Traditional healers specialized in removing unnecessary extra worms, but the removal of all worms was considered to be very risky to human health.

Malaria. In numerous studies of people's perceptions of malaria in Africa and elsewhere, it has been found repeatedly that the convulsions and altered consciousness associated with high fevers are not perceived as a component of malaria, but as conditions caused by spiritual factors. This perception is maintained even though in almost all areas where malaria is highly endemic, people recognize the main features of the disease and have terminology to name them, and often a specific term for the disease.

Basic research is, therefore, required to understand a community's existing knowledge, beliefs, and actions. From this research, a few specific messages can be crafted, aimed at teaching new concepts. The following example illustrates how this was done for acute respiratory infections (ARI) in Honduras.

Formative research. Ethnographic and focus group research methods were used to develop an understanding of mothers' own diagnostic cues and terminology for ARI in their children. Health workers were trained to use new methods, including demonstrations, to convey a specific set of messages derived from the findings of this research to help mothers improve their understanding and ability to manage ARI in their children. Pre- and post-tests of mothers' knowledge showed that mothers' knowledge of ARI had increased markedly after the intervention, and that the new information had also spread to neighbours.

2. Levels of knowledge can be raised, but this may have little or no effect on behaviour, particularly preventive behaviour. Efforts to control tobacco use are a prime example, as are the following experiences from various AIDS interventions.

Sexual behaviour. This seems to be one of the most difficult forms of behaviour to modify. Typically, educational campaigns show an increase in knowledge about AIDS and sexually transmitted diseases (STDs), but a very slow increase, if any, in condom use as a means of prevention. In Ghana, after a campaign using TV, radio, comic books, badges and T-shirts, and school outreach, knowledge of the incubation period of HIV to AIDS rose from 9 per cent to 26 per cent, while condom use at last sex rose from only 14 per cent to 23 per cent. In the Rakai district of Uganda, where HIV prevalence among persons over 13 years old ranged, in 1992, from 12 per cent in rural areas to 33 per cent in the trading centres, surveys showed very little misconception about the modes of transmission of HIV, but preventive attitudes and behaviours were highly resistant to change. Even where, as in Côte d'Ivoire, over a third of the men understood

that condoms are protective, less than 10 per cent reported regularly using them. In country after country, AIDS workers have found that learning about modes of HIV transmission and about methods of prevention is simply not enough to make any significant impact on the epidemic.

New information is entegrated into socially meaningful but not necessarily scientifically valid contexts. Again, AIDS experiences illustrate this point.

In biomedical terms, HIV is a virus, transmitted by the exchange of blood or sexual fluids, that gradually weakens the immune system, leading to the syndrome known as AIDS. It is a slow virus, and people look and feel healthy for a long period during which they can transmit it. To many people in Africa, AIDS is a disease of foreigners, of tourism, and loose Western morality, transmitted through sex with unclean people or, increasingly, with people from known areas of high prevalence. Invariably, and in every country, people think AIDS is a disease of "the other", which is synonymous with a disease of immorality. Thousands of men and women reconstruct the messages of safer sex according to their own needs, e.g. it is safe if you wash well after sex, or if you complete the sex act quickly, or if you have "negotiated" a trusting relationship, or if you know your sexual partner fairly well. In other areas, although basic knowledge of AIDS is high, the apparent inconsistency of the spread of infection reinforces ideas that only persons with susceptible blood or those attacked by witches will acquire the disease. Sadly, as the disease spreads, none of these concepts or precautions is sufficient to prevent transmission. These concepts and many others are widely accepted as true because they make social sense, not because they fit the known scientific facts about HIV.

3. Action is determined not only by knowledge, but also by situational and structural factors. In other words, programmes aimed at modifying (health) behaviour must take into account not only pre-existing knowledge systems, but also possible limitations to behaviour change imposed by, for example, a poor economic situation or lack of infrastructure. The following two examples drawn from different countries underscore this principle.

Papua New Guinea. In a community-based treated bednet project, village women sewed bednets from rolls of netting, treated them, and sold them to members of surrounding communities. Evaluation surveys conducted in these communities showed the greatest constraint on buying these nets was lack of cash. When garden crops were ready for marketing, bednet sales increased. Persons with year-round cash incomes were the most frequent buyers.

The Gambia. The introduction of home-based rehydration solutions for use among children with diarrhoea was a successful project. Evaluation studies showed that 85 per cent of mothers knew something about preparing it and 61 per cent reported having used it during the last bout of diarrhoea. When the data from the evaluation study were analysed according to whether the mother came from a developed community (having a paved road, health centre, school and foreign-aid project) or an undeveloped one, it was found that in the undeveloped areas only 58 per cent had used the solution compared to 80 per cent in the more developed areas, even though knowledge of the solution was equal in both types of area. This finding supports the idea that community-level structural factors also condition the move from knowledge to behaviour.

Facilitating behavioural change means lifting situational and structural constraints. This is demonstrated by the all-condom policy in brothels in Thailand.

Lifting constraints. Brothel workers were unable to refuse customers who would not use condoms because brothel owners take a percentage of money paid for sexual services. Despite prostitution being technically illegal in Thailand, meetings were held between police, local government officials, and brothel owners. An all-condom policy was introduced to all sex establishments simultaneously in the area and those who did not comply were threatened with fines and possible closure. They were also informed as to how they would be monitored. Within a short period of time after the policy's introduction, the number of condoms used by sex workers increased nearly fourfold and the incidence of STDs decreased dramatically.

4. Individuals act, but their actions take place within social contexts in which other people's evaluations of them matter. The following example from Ecuador illustrates this principle.

Immunization. During the mid-1980s, a large-scale mass mobilization for immunization took place in Ecuador. Promotion was continuous and mass vaccination days were implemented. Evaluation showed that immunization coverage had doubled in an equitable manner, reaching poor and inaccessible populations. The probability that a mother would vaccinate her child was linked more strongly to the behaviour of her peers than to any other variable — including her level of education, wealth or knowledge about vaccination.

Changing people's behaviour over the long run means changing community norms. This is shown in the following example from Thailand.

HIV prevention. In an HIV-prevention project among male sex workers in Thailand, an experiment was designed for bars, dividing them into two groups — intervention bars and control bars. In both groups, condoms and lubrication were distributed free. In the intervention bars, educational materials were provided and special workshops conducted. In the control bars, information brochures only were distributed. In the evaluation, positive attitudes towards condoms and actual condom use ***increased more in the control*** than the intervention bars. Why? From in-depth discussions with bar workers and owners, it was discovered that bar owners in the control group had actively reinforced condom use by pushing the workers to carry condoms, reminding their customers to "play it safe" and allowing the workers to refuse customers who would not use condoms. These innovations had not been part of the intervention strategy in the experimental bars and occurred less often. In the small sub-culture of bar workers, owners are important people and occupy roles similar to elders in family-based communities. Their acceptance and promotion of condom use provided an important boost towards safer sex practice.

5. Sustained behavioural change may require continuing input of new ideas and support. This principle is supported by the experiences described below.

Aid agencies. For many years, international aid agencies have been funding various interventions of one- to three-year programmes. Very few have extended their funding beyond that, although assessments of these programmes, even by their own personnel, recommend longer-term funding. "Short-lived campaigns are ultimately ineffective and can be harmful", states one evaluation document. Many programmes advocate institutionalizing their activities, in the hope that this will lead to sustainability.

AIDS interventions. In this field, awareness has risen rapidly that continuing evaluation and refinement of communications for behaviour change are essential. Any type

of behaviour-change programme will require continuing input and support because, as time passes, motivation for the newly adopted behaviour often declines, the costs of making the change begins to outweigh the perceived benefits, and environmental factors may shift, making the altered behaviour unrewarding. There must be a continuing process of evaluation in which change agents, targeted community members, programme managers, and funding agencies participate. A reminder from those in social marketing: ***Soft drink companies never stop advertising***.

Practical steps in promoting hygiene behaviour change

Hygiene behaviour change requires using the above principles, applied to the specific issues concerning sanitation in the target community. How can this be done? Read through the following steps, considering the type of personnel needed to carry out this programme. If there are experienced development agents in the area, these agents may have the skills in basic research, and in facilitating community discussions and decision-making. If these do not exist, they may have to be introduced from outside the area. If visual media or other types of media are to be produced, specialists may have to be employed. After reading these steps, make a list of the personnel available and required for your hygiene behaviour-change project. Ultimately, however, the people themselves must perceive a problem or need, decide on a solution, and change their practices.

Understand what people do now and why

Some type of research is required to understand the community's existing systems of beliefs, values, and practices. This can be conducted in a variety of ways, with questionnaire surveys (quantitative methods), observations, open-ended interviews, and group discussions (all qualitative methods). Utilizing methods that bring community members into the research process is always best. Wherever possible, local persons should be hired as research assistants. An outsider may be necessary as a consultant to design and organize the work and to analyse and write a report. Reports should also be produced in such a way as to be presentable to the community members. The research should answer basic questions, such as:

- What do the people believe causes diarrhoeal diseases? What are the terms used to describe these?
- How do they think such diseases are transmitted?
- How and where do people (adult men, adult women, children, and babies) now defecate?
- What are the existing hygiene practices (e.g. handwashing, personal bathing, and anal cleansing)? What proportion of people do what?
- How are babies cleaned after defecation? What happens to their faeces? Are these considered dangerous?
- Are human faeces present in the environment (e.g. near houses, in fields, or around the toilet)?
- In the local belief system, are human faeces linked in any way to the development of disease?
- What are the best ways to spread information in the community?

Develop the behaviour-change project jointly with the community

Collaborating with community members, via a series of brainstorming sessions should help determine how exposure to disease could be reduced through improved sanitation. New concepts of disease causation may have to be presented for consideration. Possible behaviour changes must be seen as beneficial in some way, and not necessarily simply in terms of improving health. Since behaviour changes incrementally, it is important to allow people themselves to decide what can be done in the first instance. They should assess the following:

- Are existing toilet facilities conducive to improved sanitation behaviour?
- How might they be altered?
- What are the differences in facilities and usage for men and for women?
- If the risks are strictly behavioural, what are they?
- Would handwashing alone, several times a day with an agent (soap, mud, etc.) be an acceptable behavioural goal?
- What would be needed to facilitate such a change?

Take a gender-sensitive approach

In every discussion, be certain to have men and women, boys and girls, present and contributing. Do not let local health workers or teachers dominate the discussion. If some groups, e.g. youngsters, have trouble speaking up in front of adults, suggest they stage a play to express their opinions. Raise issues related to gender for people's consideration.

Address the real perceived needs of the people

Develop a list of the needs as perceived by the people in order for change to come about. These might be structural, financial, social, or educational.

Make use of all available resources

Decide which of these needs can be met with available resources and which ones are essential, but require resources not yet available. Consider all options. Work with what is available and consider ways to acquire new resources. Maintain a few basic environmental health principles, e.g. if new sanitation methods are adopted, they must not contribute to further environmental pollution.

Make educational messages simple and accessible

Decide on a few important messages for an educational campaign and the channels for spreading these messages that best fit the community. Use as many affordable channels as can be included. To decide which ones to use, you need information on:

- How many households have radios or TV?
- What proportion of men and women are literate? In what language?
- Where do people congregate?
- Are there organizations, e.g. women's groups, youth clubs, in the community?
- Who could act as change agents? Educated youngsters? Respected elders?

Listen to the people

Let community members explain how best to deal with what appear to be cultural or simply local constraints, e.g. the inability of women to go alone to a toilet house.

Transfer skills by doing, not just talking

Carry out the campaign using local, trained change agents, and other information channels as appropriate. Include, wherever appropriate, the learning of new skills by demonstrating and doing them. Develop media with local people's help and test before using them.

Evaluate your work

Conduct a qualitative evaluation shortly after starting the campaign to identify unforeseen problems and make adjustments. Later, conduct a more thorough quantitative evaluation of the number of people exposed to new information, improvements in knowledge, and reported behaviour changes. If at all possible, conduct discreet observations (or let local children do this) to confirm reported behaviour changes.

Keep the community involved

Feed the results back to the community. Reward it for whatever positive changes have taken place with a celebration or other appropriate event. Find local helpers to keep up the good work. If needed, move into a second phase to incorporate additional changes.

Creating successful projects

Information on methodologies for achieving successful hygiene behaviour-change programmes, such as participatory approaches and child-to-adult approaches, are available from a number of publications documenting experience in several countries (1, 2).

To assist programme planners, a *Checklist for planning hygiene behaviour-change in sanitation projects* has been included in this book.

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Participatory approaches to community empowerment

—John Odolon[1]

Failure of traditional sanitation programmes

Water is perceived as a community need, but sanitation is seen as a household problem, requiring individual attention. People are happy to talk about water but not about sanitation. In the past, water and sanitation programmes have found it easier to rally support by emphasizing the need for water. The sanitation aspects of programmes are often neglected or unsuccessful.

There is clearly a need for programmes to deal specifically with sanitation. What type of programmes should they be? Traditional approaches to promoting sanitation have failed. One notable example is the use of the law to solve sanitation problems. This approach has only served to alienate communities from sanitation benefits.

Educational methods for passing on information on sanitation, using the classroom, are essentially teacher-centred, leaving community members only on the receiving end and with little chance to put forward their own suggestions of how things might work better. Many extension workers still use this approach, albeit with poor results. "Education" and "communication" are not synonymous — effective communication is a two-way process of exchange.

Home-improvement campaigns through competitions were popular until recently. In this approach, the standard of cleanliness was raised and the number of clean homes increased, but the effect was very short-lived, since the campaigns' objective was simply to win a prestigious position. Once the campaign was over, the standards of hygiene and sanitation dropped, and the effort was not sustained.

In all the above cases, there was little community member involvement in deciding what approach would bring the best possible results and in following the progress of sanitation interventions. This realization has led to the adoption of approaches that recognize and allow the optimal use of valuable community attributes, namely, self-esteem, associative strengths, responsibility for decisions made and actions taken, resourcefulness, and the capacity for being action-oriented.

Programmes have sometimes wrongly assumed that communities would make monumental changes in their way of life as a result of programme inputs. Experience has shown that it is important to recognize the advantages of making small incremental changes, and building on successes that have been achieved through participatory effort.

Benefits of participatory approaches

Where participatory approaches have been used, beneficiaries have expressed a feeling of empowerment — they have moved from just being recipients of services to becoming decision-makers, helping to chart out the course of development in their localities, and sharing the responsibilities associated with implementing interventions.

[1] Network for Water and Sanitation (NETWAS), Entebbe, Uganda.

Participatory approaches in sanitation allow community members to see where they are in terms of the facilities available (technological options) for excreta disposal. Community members are also able to identify the next (better) stage they wish to reach. They are able to discuss openly what hinders them from attaining that stage and to suggest how obstacles can be overcome.

Bringing to light the needs of often marginalized community groups, such as women and children, is not easy if there is no avenue or forum that will cater to the special needs of these groups. Decisions affecting them are often made to their disadvantage. Participatory approaches that are sensitive to factors such as gender, educational status, and income allow disadvantaged groups to contribute. Because of the investigative nature of participatory approaches, community members acquire much useful data from around them and new information is brought in by extension workers. This helps to expand the knowledge base at the community level. The participatory tools and techniques encourage creativity which facilitates the acquisition of necessary skills for implementing interventions. Examples of skill areas include construction, proper use of handwashing facilities, and communication of health messages to other community members.

Desirable hygiene behaviour, the objective of hygiene and sanitation programmes, can seldom be enforced. It can be achieved far more successfully by using participatory approaches. People will wash hands after using the latrine or after handling children's faeces if they have participated in identifying the potential hazards associated with human excreta and understood the unhealthy behaviours that cause contact with it.

Costs of using participatory approaches are comparatively low, since the resources used are largely available within the community. No complicated equipment need be bought and illiteracy is not a hindrance.

Although participatory approaches have been considered time-consuming, the overall benefits and savings to sanitation programmes have been tremendous, making the time a good investment.

Since participatory approaches place people first, they should result, if conducted well, in self-determination and acceptance of responsibility for sanitation improvements.

What are participatory approaches?

Participatory approaches empower communities by bringing about awareness and understanding, as well as a sense of ownership, leading to sustainable change.

The key word in participatory approaches is "participation" — getting community partners in development programmes to take active roles in identified activities, such as decision-making for planning and implementation.

The following assumptions are commonly made about participation, the focus in each case being the enhancement of the people's capacity to handle development issues.

- Labour contributions increase people's identification with the system being built — people will take pride and maintain the system since they have contributed physical effort.
- People are willing to part with resources as an investment in maintaining the facilities — communities will value the facilities as their own and therefore contribute to their maintenance.
- There is a need to establish a local infrastructure to manage and sustain facilities, with special focus on local leadership, formation and use of committees, and training

of local artisans for maintenance work, with the roles and responsibilities of each outlined in a formal agreement or contract.

Projects based on the above assumptions are not necessarily successful, however. From lessons learned, the following additional assumption has gained momentum:

- A broad cross-section of the community needs to be involved in the decision-making process from the outset. At the same time, participatory community education must be undertaken. Women's involvement in both is a key factor.

Participatory approaches aim to achieve the following:

— local support for programmes, including the involvement of local leadership;

— voluntary generation of ideas and interventions by community members;

— ownership of programmes by community members;

— participation in decision-making by disadvantaged groups in society, particularly women;

— community organizational structures for the management of interventions;

— integration of activities — hardware and software;

— an educational process to generate and sustain participation;

— the removal of obstacles to collaboration: attitudes, beliefs, and behaviours; and

— the training of local community animators.

The unique difference between participatory and other approaches is that participatory approaches are non-directive. When participatory approaches are applied to hygiene behaviour change and sanitation, the following aspects are emphasized especially:

— guiding community members to make their own decisions;

— enabling communities to seek and generate their own information for decision-making;

— promoting self-direction and self-reliance, through a shared sense of ownership;

— helping communities to monitor and review their own progress;

— enhancing community resourcefulness;

— letting the community decide the time-frame and pace of activities; and

— overcoming uncertainty through experience and success gained over time — learning by doing.

Factors that contribute to successful application of participatory approaches

Full community participation can be realized using participatory approaches. The following factors contribute to their success.

- Advocacy is necessary to create an enabling institutional environment (e.g. an umbrella government department) with the requisite support structures.
- Policy-makers have to be involved as they decide on the strategies for programme implementation; their involvement will help secure their support for the use of participatory approaches.
- Participatory approaches have to be institutionalized in key government ministries, such as health, gender, local government, and water.

- The use of participatory approaches in sanitation programmes needs to be effectively promoted to ensure their acceptance by decision-makers.
- It is advisable to start with a small pilot project and use it as evidence of how effective the approach can be, to convince others in senior positions that they should expand the programme.
- Social aspects, including gender and educational status, have to be considered.
- The availability of resources needs to be ensured, including funds, persons trained in the use of the approaches, participatory tools, and other support materials.
- Providing back-up support for those involved in the programme is good for building up confidence and making them more familiar with the approach.
- A realistic time-frame is needed to build up capacity to adapt and use the approach.
- It is important to establish, from the outset, a monitoring and evaluation mechanism to ensure the correct direction.

Examples of participatory approaches

Many types of participatory approach have evolved over time. Each is designed to enhance participation through meaningful decision-making, planning, implementation, and monitoring and evaluation of activities. Participatory approaches are sensitive to existing situations. They draw answers out of communities, rather than attempting to impose preconceived solutions.

Three examples of participatory approaches are described below.

PHAST — Participatory Hygiene and Sanitation Transformation (1)

This innovative approach to promoting hygiene, sanitation, and community management of water and sanitation facilities is adapted from the SARAR (see below) methodology of participatory learning, which builds on people's innate ability to address and resolve their own problems. PHAST aims to empower communities to manage their water and to control sanitation-related diseases by promoting health awareness and understanding which, in turn, lead to environmental and behavioural improvements. This approach is being jointly developed and promoted by WHO, UNDP-World Bank and UNICEF. It has been piloted in Botswana, Kenya, Uganda, and Zimbabwe.

SARAR

SARAR,[2] the participatory methodology on which PHAST is based, has proven effective in enabling people to identify their problems, plan for change, and implement and monitor that change. SARAR is based on the idea of participatory development. It assumes the following.

- Personal involvement in decision-making is the root of real long-term commitment to change.
- People closest to the problem are the best ones to find the solution.
- Self-esteem is a prerequisite to decision-making and follow-through.

[2] SARAR stands for Self-esteem, Associative strengths, Resourcefulness, Action-planning and Responsibility.

- Sustainable learning takes place best in a group context, which contributes to a normative shift.
- Learning should be fun.

SARAR[3] was developed during the 1970s and 1980s by Dr Lyra Srinivasan and colleagues for a variety of development purposes. The major work describing the methodology for the water and sanitation sector is entitled *Tools for community participation: a manual for training trainers in participatory techniques* (2).

PRA — Participatory Rural Appraisal (3)

PRA is a participatory methodology that seeks to establish rapport with community-level beneficiaries. By so doing, the approach brings community members together, catalyses ideas, enquires, allows for choice, adaptation and improvements in implementing interventions, and enables participants to watch, learn, and listen.

It is a semi-structured, multidisciplinary approach, using various tools, that can be adapted to different situations. It is based on an earlier approach known as Rapid Rural Appraisal (RRA), which was mainly used to obtain information quickly, with little community involvement, so as to build up a profile of communities.

Information on participatory approaches can also be found in the following articles: *Promoting sanitation through community participation in Bolivia, and Strengthening a rural sanitation programme using participatory methods in Uganda*.

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Participatory monitoring and evaluation of sanitation projects

– Jennifer Rietbergen-McCracken[1], Sara Wood[2] and Mayling Simpson-Hébert[3]

This article introduces participatory approaches to the monitoring and evaluation of sanitation projects, drawing on the rapidly expanding literature available on this subject. It offers practical guidance on how to integrate participatory monitoring and evaluation (PME) into ongoing sanitation programmes and presents examples of innovative PME efforts in the sanitation sector. You are encouraged to take those elements of the PME approaches described here which fit your particular sanitation project, and to decide how best you could incorporate these components into project design and management. The list of references at the end of the article includes a number of manuals which can help you learn about different participatory techniques for monitoring and evaluation (m&e) purposes. You will also find some information on participatory methods in *Participatory approaches to community empowerment* and *A gender perspective in sanitation projects*.

Participatory monitoring and evaluation can be defined as:

"a process of collaborative problem-solving through the generation and use of knowledge. It is a process that leads to corrective action by involving all levels of stakeholders in shared decision making" (1).

Monitoring generally refers to the routine checking of progress throughout the life of a project, while evaluation usually means occasional assessments at important stages of the project, such as expansion into new areas, or completion. However, the distinction between these two components is less evident in PME since PME is often a regular procedure undertaken throughout project implementation.

New approaches to monitoring and evaluation in the sanitation sector (2)

For many years the monitoring and evaluation of sanitation projects focused on purely numerical targets, such as the number of facilities installed, or public health impacts, which are notoriously difficult to attribute directly to sanitation interventions. These early assessments were therefore very limited in scope and the results often inconclusive. More recently, attention has turned towards the need to ensure that sanitation efforts are **sustainable** — not only in terms of maintaining the installed facilities but also ensuring that their users are empowered with the necessary information and sense of ownership to effectively use and manage those facilities. This new emphasis has meant that m&e efforts have changed to incorporate more participatory methods (with local communities playing a larger role in the design and management of sanitation projects), and to use indicators of behavioural change as surrogates for health impact indicators. Indicators of users' behavioural change (such as taking water from a tap rather than the stream, washing hands after defecation, reporting breakdowns to the

[1] Independent consultant, Geneva, Switzerland.

[2] WHO Consultant, Geneva, Switzerland.

[3] WHO, Geneva, Switzerland.

local technician, etc.) are fairly easy to observe and can help evaluators assess whether the preconditions for health improvements are being met.

Why monitor and evaluate sanitation projects?

A process of monitoring and evaluation (m&e) can strengthen sanitation projects by (3):

— revising and fine-tuning the initial design of the programme to take into account new priorities and opportunities;

— recognizing and reinforcing successful activities to encourage those responsible and keep up momentum;

— ensuring that the programme remains tuned to community needs, and

— informing decision-makers about realities at the local level to help them modify policies where needed.

Different approaches to monitoring and evaluation

In conventional projects, detailed blueprint plans are produced at the beginning of the project and then used to implement project activities within the specified time-frame. Evaluations are usually conducted by outside experts at various stages during implementation and upon completion. The data needed for evaluation is also collected by outside experts and tends to be highly scientific, systematic and quantifiable. It is unlikely to be made publicly available, and would not be widely understood if it was.

Blueprints cannot be drawn up for participatory projects, however, since in these projects the community designs and develops its own plan — which reflects its individual needs and priorities — over a period of time. Accordingly, no two plans will ever be completely the same. (The differences between conventional evaluation and participatory evaluation are summarized in Table 1.) Moreover, a different style of monitoring and evaluation needs to be adopted in order to be consistent with and provide support for people's involvement (see Box 1).

Table 1. Comparing conventional and participatory approaches to evaluation

	Conventional evaluation	Participatory evaluation
Who	External experts	Community members, project staff, facilitator
What	Predetermined indicators of success, principally cost and production outputs	People identify their own indicators of success, which may include production outputs
How	Focus on "scientific objectivity"; distancing of evaluators from other participants; uniform, complex procedures; delayed and limited access to results	Self-evaluation, simple methods adapted to local culture; open immediate sharing of results through local involvement in evaluation processes
When	Usually upon completion; sometimes also mid-term	Merging of monitoring and evaluation; hence frequent small evaluations
Why	Accountability, usually summative, to determine if funding continues	To empower local people to initiate and control corrective action

Source: (1).

Box 1. Avoiding inappropriate blueprints

Decision criteria adopted by engineers are all too often based on previous similar projects, rather than developed for specific project conditions. To avoid this problem, a water and sanitation project in Ethiopia started with a participatory evaluation of hygiene practices, and in-depth evaluation of the ability of the local population to pay for water used. The end result was a project which met the individual needs of the different communities being served by providing each with the appropriate amount of water at required locations, using a realistic combination of house connections, yard connections, and public fountains. The evaluation also revealed problems that the project needed to address. For instance, the evaluation team noted that a public water standpost attendant in one town was very arrogant towards water users and neglecting his duties, in effect reducing water availability by about 25 per cent.

Source: (4).

Participatory approaches

Clearly, participatory approaches to monitoring and evaluation involve a wide range of stakeholders (i.e. those with a potential interest in the project), among them at least some of the following groups:

— **community members** — including those not involved in the project as well as active users of the project services;

— **project staff** working at all levels;

— **staff of other similar projects and programmes** in the area;

— **high-level supporters and policy-makers** who may be interested in the results of the PME work, and

— **outside evaluation facilitators** whose role is to help guide the process and bring an element of objectivity.

The PME approaches described in this article focus particularly on the first group — community members — since it is this group which is most often excluded from conventional evaluations, and which has a major contribution to make (see Box 2).

Box 2. Rural women responsible for monitoring

As part of a participatory monitoring and evaluation system for a rural water supply and sanitation project in Nepal, facilitators asked women in communities to list indicators of good sanitation practices in the home. The women created a "healthy home" profile which listed good sanitation practices to look for, and then visited each other's houses to check whether these practices were in fact followed. The women clearly enjoyed this activity and the technique proved to be both a valuable motivational tool and a monitoring aid, and was even used by women in several communities where the project was not operating.

Source: (5).

Of course, some sanitation projects may benefit from application of both types of m&e, or a combination of the two: occasional conventional, outsider-led evaluations (for example, when there is a need for specialist expertise), and regular participatory assessments to provide continuous feedback. Participatory assessments can take the form of:

— **review workshops** which bring project staff of all levels and community representatives together to discuss the performance of the project and to seek ways of improving it;

— **field-based participatory assessments** which involve community members and other stakeholders directly performing their own analyses of the project, assisted by trained teams of facilitators; the results of these assessments may be presented as "evidence" to review workshops;

— **self-evaluations** which are a particular type of assessment whereby community members rate themselves and consider the impact of the project on their own lives; again these analyses are facilitated by trained teams.

In any type of PME activity, the local people and other stakeholders are given an active role in the process. They are not just consulted as potential sources of information but given the primary responsibility of collecting and analysing the information that they have decided is important.

A participatory approach to m&e is particularly relevant (6):

— if the project concerns "social development";

— if objectives are continually evolving;

— if one of the main aims is to enable groups to develop organizational capacity;

— if the active participation of different groups is essential for the success of the work.

Since sanitation projects — perhaps more so than any other type of project — have exactly these kinds of characteristics, PME activities should be regarded as critical to their success.

Benefits of participatory monitoring and evaluation

By actively involving local people in monitoring and evaluation, participatory approaches not only enhance the quality of the work but also bring important benefits to local people themselves, since they get a chance to learn more about the project, analyse their own performance as well as that of other stakeholders, and to suggest improvements in project design or policies. Additionally, since their investigative and analytical skills will become strengthened during the process of PME work, they will be better able to take a more active role in the future management of the project. The benefits of using participatory approaches in monitoring and evaluation can be summarized as (6):

— **increased relevance:** community involvement helps ensure that evaluation focuses on issues of real concern and takes into account the different perspectives of those familiar with the day-to-day aspects of the project;

— **improved access:** the results of participatory evaluations are more readily available and understandable to local people, and therefore more open to scrutiny by those who will be affected by the project;

— **heightened sense of ownership:** people will be more committed to follow-up action if they have participated in the m&e work;

— **increased sustainability:** all of the benefits listed will increase the sustainability of a project as a whole since the different stakeholders have worked together in reviewing the project and recommending ways of improving it.

Box 3 describes how some of these benefits were realized in a participatory assessment in an urban sanitation project. The benefits of participatory approaches to m&e greatly outweigh their limitations (or "costs") which may include (6):

— **a slower process**, because of the need to bring the different stakeholder groups together and to provide them with basic training in PME techniques;

— **less objectivity**, as local people are personally involved in the project and may find it difficult to take a neutral stance;

— **limited capacity** to use specialized analytical techniques such as cost–benefit analysis.

The latter two limitations can be addressed by combining PME with more conventional evaluations involving outside experts. The time costs can be seen as a long-term investment and must be budgeted for in the planning of a PME activity.

Box 3. Community members rethink an unsuccessful project, India

In Hodal, Haryana, in India, an urban sanitation project was failing to generate any demand for pour-flush latrines. The project team could not understand why the "beneficiaries" even went so far as to destroy demonstration latrines. A participatory assessment was initiated in eight wards to try and uncover the problem. Community members were asked to identify local sanitation problems as they saw them. They listed nearly twenty problems, including a leaking water tower that had been built by corrupt contractors and which was now flooding the streets. An artist drew pictures of all the problems listed by the community, and in subsequent sessions facilitators asked local people to sort the cards into three different piles according to who was responsible for solving these problems: households, local government, or both together.

This assessment evoked a strong response. At first, some participants said officials from the state government should do everything because they had all of the control. But during continuing debate, many people stated that most of the problems were a joint responsibility. Amidst a great deal of anguish it emerged that the community was angry that the project had been planned without its input, and pointed in particular to the picture of the water tower built by the corrupt contractor. Now they felt forced to build latrines in their households using government contractors over whom they had no control. By the end of the community discussion sessions, people had started providing ideas on how they could carry out the project, identifying the alternatives of hiring their own contractors or doing the work themselves.

The three-week participatory assessment became the basis for systematic action planning in the community, which led to a new project strategy. The project was renamed the People's Latrine Program of Hodal and the state government agreed to let the community try its own approach. Over 500 applications for loans for the latrines were received during the first three weeks following the assessment.

Source: (7).

Prerequisites for successful participatory monitoring and evaluation

It is not worth undertaking PME unless some basic conditions are met to ensure that the results will be translated into improvements in the projects and policies involved. In the absence of at least a willingness to create these conditions, PME can actually do more harm than good, by raising the expectations of local people who take part in the m&e work and making it more difficult to enlist their support for any future participatory activities. You might like to ask yourself the questions in Box 4 to see whether your project is "ready" for PME.

Box 4. Is your project ready for PME?

The following questions can help you assess whether your project is ready to use participatory approaches in its m&e work.

- Does the project currently operate in a participatory manner? Are local people actively involved in planning the sanitation activities? Are communities given responsibility for deciding how the project is managed at the local level?
- Is there already a commitment to local capacity-building within the project? Are local staff and community members given the chance to learn new skills?
- Is there any flexibility built into the yearly planning and budgeting process? If new ideas for improving sanitation emerge from participatory m&e work with communities, would it be possible to react quickly to support implementation of them?
- Would it be possible to set aside sufficient time, and human and financial resources to undertake PME?
- Do communication channels exist to enable information about the project to flow from local level staff and communities to senior managers and policy-makers? Are there any opportunities for local people — ordinary men and women as well as leaders — to provide feedback on the performance of the project?
- Are the project managers open-minded when provided with feedback from the field? Would they be likely to take seriously the results of PME work? Are the project engineers willing to discuss technical details and other issues with local people?

These questions are best answered by bringing project staff of all levels together at informal discussion workshops. A wealth of simple techniques is available to help staff examine these institutional questions in a non-threatening manner and to help sensitize staff to the need for participatory approaches. See, for example, Srinivasan (8).

This is not to say that the project needs to be a perfectly functioning participatory operation. Indeed, PME has been used effectively to create the initial momentum for reorienting previously top-down projects towards more participatory approaches (see Box 5). Moreover, senior managers who have been very sceptical of local people's ability to analyse and plan development activities often become the strongest advocates for participatory work when provided with the results of community-led assessments. However, it should be stressed that participatory approaches to monitoring and evaluation are much more likely to succeed when incorporated into project design from the beginning. Conversely, PME efforts undertaken at an advanced stage of a conventional project require a great deal of energy and perseverance.

Box 5. Participatory workshop helps reorient a water supply project in Kenya

A rural water supply project in Kenya was suffering from a rush to install the infrastructure among communities before they had been prepared adequately for their role in its operation and maintenance, and organization of its use. To address this problem a participatory workshop was held to bring together senior planners and extension workers. A facilitator divided the participants into mixed groups and assisted them in a card-sorting exercise which consisted of creating an ideal sequence of activities for a hypothetical project, including integration of the "hardware" and "software" activities (i.e. the activities related to building infrastructure and the activities related to people). As the exercise progressed, and the planners realized the importance of community mobilization and capacity building, their attitudes changed visibly. This was reflected in a subsequent reorientation of the project with more resources going to community preparation. In the reoriented project the arrival of the drilling rigs in the villages was dependent on a signal from the extension workers that the communities were organized and ready.

Source: (7).

What to evaluate in sanitation projects

Deciding the exact topics to investigate in any PME activity is best done in collaboration with local people and other stakeholder groups, to ensure their agreement on the scope of the evaluation. Here are some good rules of thumb to follow in deciding what to measure (9):

— measure progress towards meeting objectives — if it was worth setting an objective, make sure you can measure how well that objective has been accomplished;

— measure only those things that will give needed information — don't waste time collecting statistics which will serve no useful purpose;

— concentrate on those indicators that have the most potential to help redirect activities — i.e. what information will be most useful in making decisions concerning the project;

— use proxy indicators where direct measurement of important factors seems impossible or prohibitively costly — i.e. measure something that seems close to the information sought (see Box 6), and,

— balance the need to know with the ability to find out — attempt to measure only what is feasible with the skills and resources available.

To be both feasible and meaningful, evaluations of sanitation interventions must go beyond measuring the achievement of **immediate** objectives (such as counting the number of facilities installed), but stop short of trying to assess achievement of **long-term** objectives (i.e. trying to prove ultimate health impacts, as mentioned above). So **intermediate** goals need to be identified — the evaluation then focuses on the extent to which these have been achieved. The most important intermediate goal of any sanitation project is to achieve **sustainable** results. In brief, sustainability requires both equitable and effective use of sanitation facilities to generate lasting benefits for the communities involved, and environmental protection to avoid depletion or degradation of resources. So sanitation projects need to evaluate three broad aspects:

Box 6. Local people select water quality indicators

Village women and men in Indonesia identified the following indicators to help them in measuring water quality. All these indicators are valuable for measuring water quality, although they will not provide any information on the bacteriological quality of the water.

- Does the source look clean? Are there any animals in it?
- Are insects breeding in it?
- Are there any leaves or sticks in it?
- Is there other rubbish in it?
- Is there human or animal waste nearby?
- Does it have any colour?
- Does it smell bad?
- Does it taste bad?

Source: (1).

Equity: Everyone in the community should have access to the water and sanitation arrangements. No individual or group should be left out, since this will put at risk not only those who are excluded but the rest of the community as well.

Effective use: Facilities must be used effectively if disease is to be prevented. Therefore, practices and attitudes should be oriented towards optimal, hygienic and consistent use of water and sanitation facilities. Health education is crucial to achieving effective use since it raises people's awareness about health and encourages lasting changes in behaviour.

Protection of the environment: The project should be assessed not only on its present environmental impacts but also on its likely future environmental impacts. Otherwise, decisions taken now may prove inappropriate later, for example, in times of drought, or when the population increases.

A sanitation project will be much more equitable, effective and sustainable if it operates in a participatory manner, and gives responsibility to communities for planning and implementation of activities. To fully assess project performance, therefore, a PME exercise must evaluate the extent to which the project has been **participatory**. Here again, local people can suggest indicators to use and various techniques exist which can be employed to help community members analyse the participatory aspects of projects.

In deciding what to measure, it needs to be borne in mind that different stakeholders will have different priorities and different opinions about how to assess a project and whether or not it has been successful (see Box 7). PME activities often reveal important information about what different groups value most.

Key steps in participatory monitoring and evaluation

Participatory monitoring and evaluation is best thought of not as a linear, but as an iterative and continuous process. Participatory assessments, self-evaluations and analyses lead to the planning and implementation of corrective actions, which in turn undergo participatory assessments. The key steps in a typical PME process are listed in Box 8.

Box 7. Differing views of success

Different people will have different views concerning whether or not a project can be considered successful and therefore different ideas of what indicators should be used in a PME activity. For example, in latrine projects, the project staff usually focus on the total number of household latrines built, while at the community level this is often of little concern. In one urban sanitation project in Nepal, women stated that the key indicator of success should not be the number of individual cubicle toilets constructed in different locations, but rather the total number of women who could simultaneously use one public facility. For the women, latrine use also represented their only opportunity to sit and talk together; thus a communal toilet was more desirable than individual toilets offering privacy.

Source: (1).

Box 8. What is involved in participatory monitoring and evaluation?

The key steps to remember in undertaking PME work include:

1. Prepare in advance

- involve all major stakeholder groups in the initial decision to undertake PME;
- determine the budget and time available;
- identify a lead facilitator to coordinate the work;
- bring together a cross-section of stakeholders, including community representatives and project staff, to agree on the objectives of the m&e exercise, the questions to address and the indicators and methods to use;
- request the lead facilitator to select and train the local facilitators in the PME methods to be used.

2. Undertake the data gathering and analysis

- the local facilitators assist communities to carry out the evaluation work — the lead facilitator supervises and supports their work;
- leave time for several rounds of field visits and in-the-field analysis by the facilitator team.

3. Plan for action

- hold one or more meetings — again including a cross-section of stakeholders — to further discuss and analyse the PME results and plan for corrective action.

4. Disseminate the results

- give feedback presentations in the field for interested community members;
- hold informal review meetings with project staff;
- organize a final workshop for senior managers and policy makers;
- remember, PME is an ongoing process, so regular assessment and feedback mechanisms need to be set up.

N.B. Please note that this checklist is not exhaustive and each project will require its own sequence of PME activities.

Source: (7).

Planning a participatory monitoring and evaluation system

Setting up and managing a PME system involves putting in place the appropriate institutional arrangements, communication channels, staff incentives and resources to support the participatory work (see section above on prerequisites for successful PME). Many projects have found it useful to establish a committee of representatives of the different stakeholder groups to oversee all the PME activities. The kinds of questions commonly asked during planning of PME exercises include (10):

Who should be responsible for the PME work?

Most PME activities include a lead facilitator to coordinate the work. This lead facilitator is usually responsible for helping select and train a team of local facilitators which in turn helps facilitate evaluation work with the various stakeholder groups. The local facilitator team should include a cross-section of community members and local project staff. For major evaluations, one or two outside experts may also be required to investigate particular aspects of the project (such as financial management or technical issues).

What background should the PME facilitators have?

The lead facilitator usually has a background in social sciences and is typically a researcher or development practitioner. He or she should have expertise and practical experience in participatory methods for use in m&e work. The educational level of the local facilitators is rarely important, although the team should include at least some literate people to assist in report writing. Visual techniques can be used for data gathering and analysis in situations where a large number of the participants are illiterate. More importantly, the facilitators should be willing to adopt a participatory, non-hierarchical approach for the m&e work. (Some community leaders and project staff may find this difficult, however.) The local facilitator team should also be gender-balanced to ensure that the views of both women and men are heard.

What role should the PME facilitators play?

The PME facilitators should act as catalysts for the evaluation work, helping communities and other stakeholders to undertake the assessments and self-evaluations. The facilitators should guide and observe the m&e process without letting their own opinions or specialist expertise get in the way. The main objective of participatory work of this kind is to elicit the different viewpoints and priorities of the local people, not to achieve the most technically-accurate analysis possible.

How much will the PME work cost?

The cost of a PME exercise will obviously vary from project to project but base costs generally include the professional fees of the lead facilitator, payment for the team of facilitators, travel, and materials. Budgeting of field costs should take into account the need for preparatory team-building and training work. It is also wise to allow for more than one trip to the field since some gaps and discrepancies in the information collected during the first round of community visits may need to be addressed in a follow-up visit.

How long will it take?

The duration of PME work depends on the size and complexity of the project, the level and availability of local expertise, and the number of stakeholders involved. It also depends on how the m&e has been organized. If undertaken as distinct events at various stages of the project, each exercise may require about six to eight weeks of the facilitators' time — for preparation, training, fieldwork and report writing. But if carried out largely by community members as an integral part of the project's day-to-day activities, the PME work will not require that large blocks of time be set aside.

What kinds of output should be produced?

The results of the PME work should be presented in such a way as to ensure that all the different stakeholder groups have access to them, and the chance to comment on them. Thus a single version of the written report may not suffice. Other options include:

— a set of photographs or a video showing the PME process and some of the findings (e.g. the level of attendance observed at a health education meeting, or the state of sanitation facilities);

— some of the outputs from the visual techniques used in the PME work (such as maps made by community members to show the number, location, and relative popularity of the different sanitation facilities in the area);

— oral presentations to each stakeholder group, by members of the evaluation facilitators' team;

— simple information sheets, newsletters, radio reports or other mass media communication methods.

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How to find out more

Narayan D. *Participatory evaluation: tools for managing change in water and sanitation*. Washington, DC, World Bank, 1993 (World Bank Technical Paper No. 207).

An excellent guide to using participatory techniques for monitoring and evaluating water and sanitation projects. The book also contains sets of indicators and suggests which techniques can be used for each indicator. Available from:

The World Bank Bookstore
The World Bank
1818 H Street, NW
Washington, DC 20433
USA

Almedom AM, Blumenthal U, Manderson L. *Hygiene evaluation procedures: approaches and methods for assessing water- and sanitation-related hygiene practices*. International Nutrition Foundation for Developing Countries, 1997.

A handbook full of practical advice on how to do a participatory evaluation of hygiene practices. Examples are provided to show how the different techniques were used in various projects. Available from:

Intermediate Technology Publications
103–105 Southampton Row
London WC13 4HH
UK

Mebrahtu E. *Participatory monitoring and evaluation: an introductory pack.* Institute of Development Studies, Sussex, UK, 1997.

A very useful briefing pack containing 19 articles on PME covering a wide range of sectors and topics, plus an annotated bibliography of PME (focusing particularly on Participatory Rural Appraisal material), and a listing of other PME bibliographies. Available from:

Institute of Development Studies
at the University of Sussex
Brighton
Sussex BN1 9RE
UK

Other useful sources of information on PME, apart from those listed in the references and footnotes of this article, include:

Who are the question-makers? Participatory evaluation handbook. **New York, UNDP, 1997.**

Available from:

Sharon Capeling Alakija
Director, OESP
UNDP
1 United Nations Plaza
Room DC1-2164
New York City, NY 10017
USA

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TALC
Box 49
St. Albans
Herts AL1 4AX
UK

FAO. ***Participatory monitoring and evaluation: handbook for training field workers.*** **Bangkok, FAO Regional Office for Asia and the Pacific, 1988.**

Available from:

FAO Regional Office for Asia and the Pacific
39 Phra Atit Road
Bangkok 10200
Thailand

Financing low-income household sanitation facilities through household credit

—Robert Varley[1]

Household on-site sanitation benefits not only the individual household, but also the wider community. This is because it both prevents disease and protects valuable water resources. This translates into economic benefits. But even so, shortage of donor and government funds often dictates that sanitation programme costs must be recovered. This article focuses on promotion of household on-site sanitation and how to pay for it once demand has been created.

There are no simple solutions to financing sanitation in low-income communities. Promoting water supply is easy because water is a necessity and can also be a source of income if used for productive pursuits such as contract washing of clothes, and vegetable gardening (where safe). Promoting sanitation is much harder since its value is not immediately obvious. Most literature on water supply and sanitation finance focuses on water supply, with little on how to finance sanitation for individual households. Some examples of successful sanitation financing exist, but these cannot be applied universally. However, lessons learned suggest that with imagination, flexibility, common sense and financial discipline, problems concerning how to finance sanitation can be solved.

Elements of household credit financing

Supply-led[2] approaches to sanitation can improve sanitation coverage. Indeed, they can be reassuring since almost any coverage goal can be formulated and the financial problem reduced to raising a sum of money to pay for that level of coverage (usually calculated by multiplying the beneficiary population by the uniform cost per person.) Such approaches assume that a population's needs justify the proposed programme; resources are then committed to supplying low-cost facilities to meet them. Cost recovery is thus not a major objective and eligibility to receive the facility is usually based solely on need. Even if a loan-based scheme is operated, the agreement with the beneficiaries focuses on getting them to receive the benefit, rather than on their understanding and accepting their obligations as borrowers.

Cost recovery in sanitation projects is possible, though, and credit is just one of the tools that can be used to attain such a goal. Moreover, it is flexible and can be combined with subsidies or grants, and the beneficiary's own contribution. Credit programmes are best used as part of a demand-led strategy.[3] And if significant demand for sanitation does not exist, then it must be created. This can be done not only by

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[2] A supply-led strategy is one that focuses on provision of a product or service to intended beneficiaries.

[3] A demand-led sanitation strategy works by making potential beneficiaries aware of their need for a product or service, or by enabling potential beneficiaries to express already felt demand for a product or service (1).

stressing perceived private benefits, but also by creating environmental health awareness and encouraging pressure on non-complying neighbours to enforce sanitary practices. Additionally, if credit services are to work well, the availability of credit must work to enhance that demand. Success is measured by sustained cost-recovery which shows that something has been delivered which people are willing to pay for. However, demand-led strategies involve considerable uncertainty, since the eventual outcomes (including level of demand) are not known in advance. Current preferences, and the extent to which behaviour, attitudes and tastes can be altered in favour of sanitation, are further areas of uncertainty. Planning is therefore difficult.

But we can at least be precise in our use of terms. For instance, we should avoid using the term "ability to pay". When it is said that people are not able to pay for something, what is really meant is that they are poor and should not have to pay. "Willingness to pay" (WTP) is preferable as a criterion because if people are willing to pay for something then we know they are able to in the usual sense of the word (2). If people are unwilling to pay because they are very poor, then a subsidy should be considered if an additional economic benefit, such as protection of community health, would accrue.

WTP as an eligibility criterion is essential if cost recovery is the objective. If materials for building a pit latrine are given free to poor households (because they are not willing to pay for them at all), they will perhaps sell them and use the money for something they are willing to pay for. Helping a consumer to become "able to pay" will not be an effective strategy if he or she is not willing to use the increased "ability to pay" (created via subsidy and gifts) for the purpose intended. In providing loans, the sponsor should be satisfied that the borrowers are creditworthy, i.e that they:

— have the capacity to pay back the loan, and,

— intend to pay back the loans.

Credit is not meant to be a quick fix for success. Offering credit tied to household sanitation investments is simply one possible means of encouraging people to spend some of their limited income on sanitation. Credit facilities extend the options available to households who would otherwise have had to save for the facility, if not continue to do without it. Their impact can be enhanced by ensuring that a wide range of sanitation options is available from private suppliers (or the sponsor if the sponsor is also the supplier). This is because preferences in low-income communities are often highly varied; some households choose the cheapest pit latrines while others want and are willing to pay for full toilets with running water and storage. Tailored options can also be considered. They are most efficiently supplied by a competitive private sector, with the sponsor using credit as the major, but not only way of creating new demand.

Credit mechanisms — as well as making sanitation improvements easier to finance — can actually lower the cost of the investment. If the client can pay for the sanitation hardware in a lump sum, contractors are likely to offer a lower price. Materials to be provided by the households themselves can also be bought at a discount if purchased in bulk. In the absence of credit, households may pay more for materials if they are only able to purchase many small lots of materials until they have enough to complete the work.

Informal microfinance[4] — rotating savings and credit associations

Rotating savings and credit associations (ROSCAs) are an established feature of urban and rural societies in many parts of the world, and can be part of a programme's financing strategy. In a ROSCA, a fixed number of participants meets regularly (12 participants could meet monthly, for example) and each contributes a fixed sum to a pot of money. Each month ownership of the pot goes to a different individual, according to some criterion (e.g. a lottery), with everyone receiving the pot once. In this way, a larger sum of money is saved than could be saved by a single individual. Used to finance numerous ends, this system is generally cheap to operate since it does not require rigorous accounting and is self-controlling. And because of group pressure, defaults on obligations are rarely seen.

In Thailand, household rainwater collection systems have been financed by ROSCAs, with each participant household contributing once a month to a pot, the contents of which is used (along with voluntary labour) to construct another system each month (2). In rural communities, where voluntary off-season labour is available and social cohesion common, ROSCAs can be a useful financing strategy within the context of an environmental health campaign. ROSCAs are also popular in urban areas even though other means of saving are often already available. In some urban areas, for instance in Nigeria, ROSCAs have even been used to raise funds to send back to the village from which members originated. So ROSCAs not only help rural people to save, but can also help urban dwellers to retain their social links with rural communities. The principal intervention required by a ROSCA, which is in fact an opportunity, is that of using the monthly event to promote sanitation and find ways to direct the saved funds to making sanitation improvements.

Formal microfinance institutions

If programme sponsors want to achieve scale and efficiency, they will probably want to make use of the extensive body of knowledge in the field of practical microfinance: namely, what works and what doesn't. There is no single formula but there are simple principles that must be learned and applied if sanitation programme costs are to be recovered. A cardinal rule for all "bankers" is that the person approving the credit should be held accountable for the quality of the loans (i.e. the successful repayment of the loan, on time). If instead, separate organizations are responsible for making loan decisions and collecting repayments, lender incentives to collect and borrower incentives to repay tend to weaken. This was illustrated by the high loan arrears experienced by an otherwise successful sanitation programme in Lesotho: the financing of pit latrines was made the sole responsibility of a state bank and the promotion programme and latrine construction made the responsibilities of the sanitation authority (2).

In some countries, effective microfinance services are already available, although they often finance only a limited number of activities (i.e. they are "targeted"); usually those considered to be "productive". But if efficient micro-credit services which are not targeted (the so-called minimalist approach) are available, a sanitation programme need not get involved in the difficult business of lending at all. In such cases, the sanitation programme can concentrate on demand creation through public health promotion,

[4] Microfinance usually involves the lending of small loans for small projects, using simplified criteria. In other words, they are loans which large institutions are reluctant to make, generally because such loans are not cost-effective from their point of view.

lowering costs by sponsoring research in low-cost technologies and creation of competition among and/or regulation of private contractors (e.g. bonding of contractors).

Household credit financing schemes for sanitation: general lessons learned

Use existing informal financial institutions

If household sanitation is to be financed by loans it may be cheaper for the relevant programme to arrange a system whereby borrowers use existing informal financial intermediaries rather than for it to develop new collection systems. A World Bank-supported programme for shared sanitation facilities in Kumasi, Ghana might have been even more successful if the organizers had used traditional intermediaries such as the "susu" to collect fees. The susu are informal bankers, who make regular visits to houses and markets to collect savings from their clients and provide short-term loans to traders. Susu collectors may deposit surplus funds in commercial banks and are even able to access credit. It is a stable system, with minimal risk and that is why it thrives. Usually local residents of good character, susu collectors are reputed to have detailed knowledge of clients' household financial status. However, a proposal to use them in the World Bank programme was rejected in favour of the "greater security" and effectiveness of using government employees as collectors (2).

Integrate sanitation with other development activities

Public health arguments are rarely strong enough to generate the necessary time, money, and commitment needed for sanitation. When sanitation is combined with other community development activities, however, the costs of establishing meaningful participation and community governance can be shared. Moreover, money alone is a weak substitute for contributions such as participation and leadership. If given blindly, it can encourage corruption, creating more problems than it solves (1, 4).

Adopt a realistic time-scale

"There is always time to do it twice but there is never time to do it right" is a useful reminder of the input required to ensure the success of a sanitation programme. Any credit scheme will eventually fail if the desire to expand coverage as fast as possible is not matched by an equal commitment to recover the loans and relend the money to new borrowers. This is not a steady process and requires an upfront investment in learning. Time spent on getting the financial arrangments right in the first place will be more than adequately rewarded when growth in coverage picks up, and the programme is able to rely much more on the reliability of its systems, and much less on the dedication of core staff.

Consider an incremental approach to lending

Credit relationships, and indeed all relationships with financial institutions (including savings services), are most effective when they are long-term, and involve repeated transactions. Credit should not be treated as a one-off transaction targeted at a single outcome. Part of the effectiveness of using an informal intermediary, such as the susu, lies in the relationship that develops between credit supplier and user. This relationship is based on information, trust, and confidence, all of which increase with time, and all of which contribute to social cohesion and development. The experience of the Co-operative Housing Foundation (CHF) in Honduras is just one example. Small loans for

on-site water supply and sanitation facilities were made and once successfully paid off, larger loans for more extensive housing improvement were offered. This incremental approach allows the borrower to gradually increase debt burden and the lender to assess credit-worthiness or debt capacity (2).

Consider cross-subsidization from water services

There is widespread agreement that, for the poor, the price of water is very high — either in terms of time spent collecting water or payment to vendors. Programmes which can exploit the demand for water, while still lowering cost to those presently served by vendors, can free up resources for pursuing other programme goals such as improving sanitation coverage.

Use staff with banking and credit experience

In all credit projects, the initial emphasis should be on recruiting staff who are experienced in finance, rather than retraining people with limited financial backgrounds. In the pioneering work done by CHF in Honduras, staff stumbled on the importance of cash-flow management and created a spreadsheet to help them perform this function. This worked, but an accountant would have been able to show how the same cash-flow information could have been derived from conventional balance sheets and income statements. Additionally, balance sheets and income statements can be checked and understood by formal sector accountants, and so can be valuable materials for a community organization or NGO wanting to demonstrate its credit-worthiness to a potential lender or investor.

Guarantee quality and protect the rights of the poor

One of the most valuable services that a sponsoring agency of a household financing scheme can provide is to increase the negotiating power of poor households when dealing with contractors. Additionally, a sponsoring agency can reduce contract performance risk for poor households — for example, if on-site sanitation is to be financed by a housing improvement loan, the payment to the contractor can be made conditional upon inspection and approval of the contractor's work by the loan officer. The scheme can also make a point of using approved contractors only, who must redo work if it is found to be unsatisfactory.

Some useful financial principles

Use financial and accounting terminology

When discussing financing options and raising funds from donors or charitable private investors it is best to use conventional terminology because it is commonly and widely understood.

Financial information systems should be simple and easy to understand

The experience of large organizations can be called upon to ensure that the simple, easily understood financial information systems run by a sanitation programme work smoothly. One of the main problems for small programmes is how to achieve economies of scale.

Do not offer artificially low interest rates

If subsidies are to be provided they should be based on the purchase price of the facility, not the interest rate, which should reflect the full costs of the lender. The field of microfinance is riddled with examples of how well-meaning attempts to subsidize interest rates have made the intended beneficiaries worse off and bankrupted the lender. Granting a loan at substantially below-the-market rate (i.e. in the poor community) creates a disincentive to repay — even good borrowers will prefer to pay the interest only and not repay the principal. Besides, low-interest loans generate fierce competition among would-be borrowers and they may not be won by the poorest. On the other hand, if the poor are willing to pay high interest rates in order to be able to borrow, then these same high interest rates will attract people who want to lend.

Use subsidies and grants prudently

Subsidies and grants should be used to complement consumer demand, not to replace it. As mentioned above, the interest rate should not be subsidized at all. But if subsidies are to be provided, beneficiaries should be aware of the real costs involved and their own obligations (for example, regarding use or maintenance of the associated service or facility). Subsidies have sometimes led to poor programme performance because they have sent the wrong signals to participants and stakeholders. For example, in the Lesotho programme referred to earlier, a participant cautions that "the user should finance, using appropriate credit mechanisms and employing trained local builders. Once subsidies are offered, it is very difficult to discontinue them. They inherently contradict a sustainability policy" (3).

When using a household credit mechanism, understand the trade-off between minimizing costs and targeting the poorest customers

By having one interest rate for all loan sizes, the larger loans can be made to subsidize the smaller. (Administrative costs as a proportion of loan size are higher for smaller loans than for larger loans.) This serves to increase the poor's access to borrowing. At the same time, targeting of loans should not be too restrictive. For instance, if the community's wealthier sections are denied access to microfinancing services, opportunities to cross-subsidize the poor may be lost. Moreover, the better off tend to be looked upon as role models, and as poorer households become less poor over time, they will tend to emulate the facilities available in the trend-setting wealthier homes.

Allowing for risk and default

"There are three types of default: wilful default, resulting from dishonesty; default owing to misfortune; and default caused by foolishness. The misfortunes and foolishness of our clients (the borrowers) should be dealt with patiently. But try to eliminate or pursue the dishonest defaulters by consulting loyal clients about selection and mobilizing them for recovering defaults" (4). A zero default rate on loans may seem desirable, but is not necessarily good banking practice. Some risks, such as those associated with misfortune, are best allowed for in the interest rate charged. Rather than avoiding all risk, a competent financial intermediary makes an allowance for it in the interest rate charged to the customer. For example, loans to single females may represent a lower risk than loans to single males, which would justify a rate differential. The likelihood of default is also determined, in part, by the degree of social stigma attached to default. Generally, this will be greatest where social cohesion is strongest.

Avoid strict targeting of credit for narrowly defined purposes

Ensuring that a loan given for one purpose (e.g. sanitation) actually results in increased expenditure for that purpose is difficult and expensive. The largest and most successful microfinance product in the world — the small KUPEDES loan of the Bank Rakyat Indonesia (BRI) — tends to be used for many purposes, although ostensibly it is aimed at helping microentrepreneurs. For example, KUPEDES has frequently been used to finance housing improvements and sanitation (2).

Interestingly too, the BRI has decided that repayment, particularly for second and subsequent loans, is of more concern than close customer monitoring. Contrary to what might be supposed, close customer monitoring to establish whether lenders are about to default (or are spending their loan on the entrepreneurial activities) is a low-return activity. BRI alreadys know from previous loan(s) that that particular customer is creditworthy.

Conclusions

The main strategy for improving sanitation in poor rural and peri-urban communities is community mobilization and a sustained campaign to promote awareness of the consequences of poor sanitation. In other words, neither money poured into credit schemes nor outright grants will succeed in increasing sanitation coverage unless perceptions and behaviour relating to sanitation are changed. However, a household credit approach can enhance efforts to improve sanitation by helping households to cover hardware costs.

The main factors affecting the viability of a credit scheme will be the size of the loans and the administrative costs of disbursement and collection. The lower the cost of the facility, the less viable a credit scheme — the smaller the loan, the higher the fixed costs of lending as a percentage of loan size.

It is also worth considering making a sanitation loan package part of a range of credit products, to allow subsidization from more profitable loan activities (such as lending to microentrepreneurs or for water supply). For instance, sanitation credit usually achieves more when made an integral part of a wider programme which targets housing improvement, than when operated as a stand-alone programme.

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Further information on a wide range of sanitation topics and related publications (including some on finance issues) can also be found on the Internet at the following address:

http://www.access.digex.net/~ehp and http://www.soc.titech.ac.jp/titsoc/higuchi-lab/icm