

People are at the heart of sanitation

by Dick de Jong

We don't like talking about it, but we all do it — and it just won't go away. Now it's official: sanitation promotion is a priority. As we enter a new millennium, what obstacles remain, and what action is needed?

'ONE OF OUR major challenges is to find ways of creating the same demand for improved sanitation as for improved water supply. In one of my informal discussions with some of my officials, I was alarmed to learn that we may need to increase our present efforts in sanitation by three to four-fold to achieve the same pace as water supply. I only hope that this was a gross exaggeration, or else we have to seriously start work on this discrepancy now!' Joseph Msika, Zimbabwe's Senior Minister of Local Government, Rural and Urban Development, was still hesitant in his welcoming address to the Unicef/SIDA-sponsored Eastern and Southern African Regional Workshop on Sanitation, held in Harare, in October 1995.

Bad habits

'It is wrong to imagine that simply through construction — or even the use of latrines — health conditions will improve. Hygiene habit is the issue. Sanitation is not more latrines. It is the introduction of a new way of life through education, behavioural change,

Collaborative Council, in her keynote speech at the same workshop.

People are at the heart of sanitation. Figure 1 shows the visual prepared by the participants of this regional workshop on sanitation.

The four key messages of this workshop were:

- sanitation must be given higher priority on the development agenda — improved sanitation is more than just technology and physical structures;
- behavioural change and improved personal hygiene are crucial elements of improved sanitation;
- improved sanitation is a process, not a top-down decree. People must be consulted seriously and involved in sanitation programmes — from planning to implementation to follow up; and
- participatory methods can be useful tools for encouraging involvement, developing consensus, and creating commitment to action at all levels.

as we witnessed in Peru in 1991 and India in 1994, and damage the national image or economy, do politicians take quick action on hygiene).

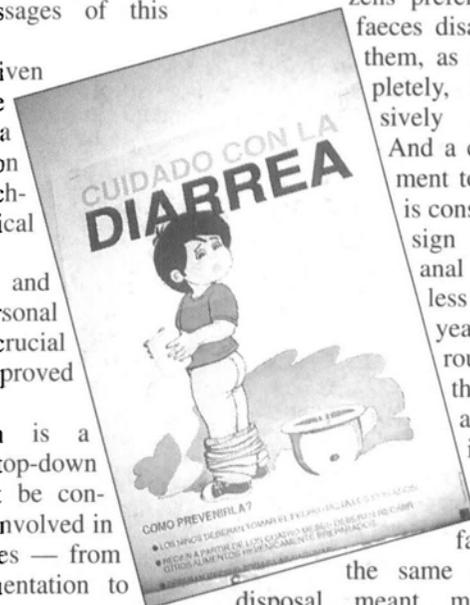
Attitudes

In his 1989 work, *In Care of the State: Health care, education and welfare in Europe and the USA in the modern era*, Abraham De Swaan describes the historical development of public water-supply and sewerage systems in the industrialized world. Modern citizens prefer to see their

faeces disappear behind them, as quickly, completely, and unobtrusively as possible. And a certain attachment to one's faeces is considered to be a sign of childish anal fixation. But, less than 150 years ago, people routinely stored their excrement and then used it as fertilizer, or sold it to passing farmers. At the same time, excreta disposal meant money, which explains, together with the costs of the necessary sanitation reforms, the popular resistance to connection to the sewerage system, which deprived the people of their own products and forced them to pay for it!

It was only when, in the North, excretion had lost these evident social functions that Freud came to analyse continuing to pay attention to one's excreta as an individual psychological 'fixation'. De Swaan quotes Gleichman, who points out that this sanitary reform in cities contributes to a 'reform in the language': 'With the increasing distance between waste and human excreta, and with the increasing chains of interaction between people and their waste, people get less opportunity to talk about these issues'.

Breaking down barriers
In the poor urban and rural areas of the South, the problem of environmental sanitation is visible, and as acute as it once was in the North. But, like their more industrialized neighbours, villagers do not like to discuss the



Sean Sprague/Panos Pictures

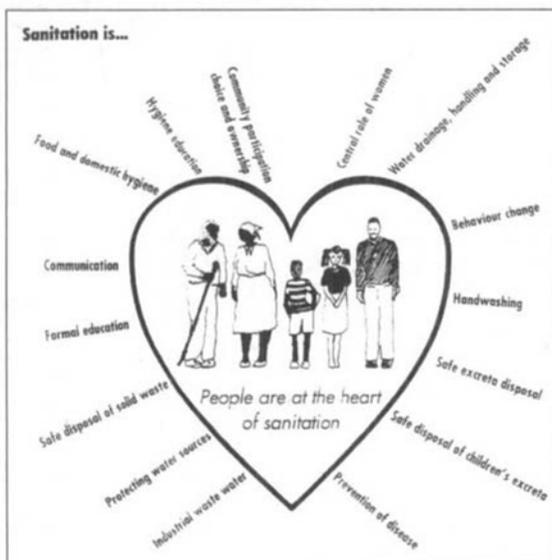


Figure 1. People must be at the heart of sanitation.

and personal hygiene practices...' said Margaret Catley-Carlsson, Chairperson of the Water Supply and Sanitation

systems bring in publicity and votes; sanitation does not — only when cholera or plague epidemics break out,

subject. The problem is increasing in the urban slums, where unhygienic conditions result in diseases such as cholera or plague.

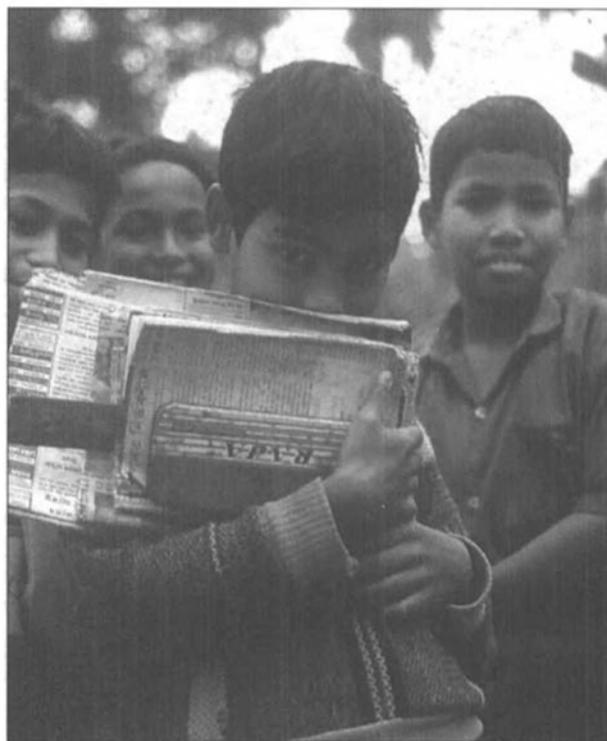
Fortunately, the international spotlight is increasingly being turned on sanitation issues. At the global level, sanitation promotion is being taken up as a priority issue by the Water Supply and Sanitation Collaborative Council (WSSCC). Mayling Simpson-Hebert's article in this issue reports from a WSSCC working group on the seven Ps of sanitation: Problems, Promise, Principles, People, Politics, Professionalism, and Potties.

The working group identified particular obstacles to the historical failure to highlight sanitation issues. The barriers are varied and complex, but the working group identified nine linked and overlapping categories:

- lack of political will;
- low prestige and recognition;
- poor policy at all levels;
- poor institutional framework;
- inadequate and poorly used resources;
- inappropriate approaches;
- neglect of consumer preferences;
- ineffective promotion and low public awareness; and
- women and children last.

In its final paper to the Collaborative Council, the working group identified three areas for future action to surmount such barriers: people-centred, principle-based programmes; increased political commitment; more rigorous professionalism; and a focus on the science of sanitation. Activities in these areas, if carried out simultaneously, would be a step in the right direction. Sanitation professionals must be the driving force to make the three imperatives happen, while users are the key actors in designing better sanitation programmes.

At the regional level, the importance of sanitation was highlighted in one of the resolutions adopted at the Southern African Development Community (SADC) /Unicef Joint Symposium on Implementing the National Programmes of Action and Achieving



Paul Harris

Hygiene homework — schoolchildren are proving to be active agents of behavioural change within their families and in the wider community.

the Goals for Children in Southern Africa, held in Harare in October 1994.

School studies

Also at the regional level, there have been several workshops on hygiene education and environmental sanitation in schools. WHO and IRC organized one in Latin America, and WHO *et al* organized a similar event in francophone Africa in 1995. School sanitation is the subject of two contributions in this issue: Eben S. Mwashu describes how schoolchildren in Tanzania help their communities to solve sanitation problems. Jan Teun Visscher, Mariella Garcia, Carlos Madera, Alberto Benavides,

New books on water and sanitation from IT Publications

Latrine Building: A handbook for implementing the Sanplat system

Bjorn Brandberg

Provides a practical solution to the lack of basic facilities and sanitation faced by so many people in the world today. The author gives advice and information on how to set up and implement a latrine-building programme, and provides guidelines on how to build latrines that are easily maintained, affordable, and appropriate to the needs of the community. The latrine designs can be built using local materials.

160pp. March 1996. Paperback. Black and white drawings.
ISBN 1 85339 306 1. £8.95.

Low-Cost Sanitation: A survey of practical experience

John Pickford

Practical manual which describes and compares a range of low-cost sanitation systems — what they are, where they are appropriate, and how they can be planned, built, operated, and maintained. Particular emphasis on 'software' — the role of women and agencies in sanitation programmes, and how individuals and communities improve their own sanitation. Concludes with discussion of practical, financial and organizational considerations of obtaining or upgrading provision.

176pp. March 1995. Paperback. ISBN 1 85339 233 2. £8.95.

For the want of a nail...

In Peter Morgan's article on the development of 'Zimbabwe's user-friendly Bush Pump' (Vol. 14, No. 2) we inadvertently made an error that, though small, would result in a major budgeting headache! Peter costed the pumphead at Z\$1229 (£90), not Z\$122.90 (£9).

and Edgar Quiroga report on an interesting participatory evaluation of 40 water and sanitation projects involving schoolchildren in the highlands of Ecuador.

A number of countries have taken up sanitation promotion. Derrick Owen Ikin reports on the exciting experience of the demand creation of sanitation in Bangladesh. Currently, as both NGOs and the private sector become more



No construction without consultation — sanitation programmes must be planned with full community participation.

involved in supplying simple latrines and in providing hygiene training, latrine coverage is being increased.

The operational lessons from a sanitation programme in the southern Indian state of Kerala are described by Kathleen Shordt and Balan Kurup, who found that crucial to the success of the programme were:

- delaying construction for six months after promotion and mobilization of the community;
- organizing community groups that explicitly represent all political parties and organizations;
- providing participatory training and establishing clear operating rules for committees;
- ensuring that practical monitoring is carried out throughout the life of the programme;
- keeping costs down by using local materials, and experiments in construction;
- limiting overhead costs; and
- getting community councils to contribute in cash, and showing poorer families that they get good facilities for their money.

The pits

Madeleen Wegelin, J. Gitonga, and T. Kodo report on the sanitation problems of Nairobi's Kibera district. Almost every household in this, the largest slum area in the capital, has access to a pit latrine — but some latrines serve

200 people. The main challenge is emptying the full latrine pits efficiently; an innovative emptying system is being tried out in Kibera in 1996.

Health and hygiene

Sanitation, hygiene, and safe water can be considered as primary secondary and tertiary barriers between the health of people and exposure to diseases. Without sanitation, the environment is exposed to pathogens. Better hygiene acts as an additional secondary barrier to reduce further the transmission of pathogens. Steven Esrey explains why safe water has less of an effect. He quotes recent research about the joint effect of three types of water sanitation

children. The highest rates of diarrhoea were found among children without improved sanitation, regardless of the type of water supply found.

As a general rule, the effects of improved sanitation are greatest when improved water is available, and vice versa. In addition, the effect of water and environmental sanitation (WES) interventions may be enhanced by other external factors, including higher education and higher income. Thus, efforts to reduce disease and improve health can be maximized by seeking linkages with other programmes.

References

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2. Unicef, 'Sanitation, the missing link to sustainable development', Report from the Eastern and Southern Region Workshop on Sanitation, Unicef Eastern and Southern Africa Regional Office, Nairobi, 1994.
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4. WHO/IRC, 'School sanitation and hygiene education in Latin America', Report from a workshop on problems and options for improvement, WHO/IRC, Colombia, 1993.
5. WHO/Unicef/EIER/SIDA, 'Hygiene education and environmental sanitation in schools in francophone Africa', Working Group Promotion of Sanitation of WSSCC, 1995. Report for consideration at the Barbados meeting 30 October — 3 November 1995.

In April's issue

*It's over to you!
We publish a selection of the most interesting and inspiring articles recently submitted by readers. We think they reflect accurately the innovative work being done by individuals, agencies, institutions, and community groups in the South. We hope you agree — and if not, write and tell us what we're missing!*

systems (unimproved, intermediate, and optimum) on incidents of diarrhoea and the nutritional status of young

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