Taking sanitation to scale

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What are the challenges that need to be overcome and the promising approaches being advanced to deal with the world’s global sanitation crisis?

Sanitation is not sexy. It is the ‘forgotten child’ of the global Water Supply and Sanitation (WSS) sector. As a result, billions of women, children, and men live, work, and play in faecally contaminated home and community environments – and this contamination is having a profound effect on their health, economic and social well being. This is nothing less than a global sanitation crisis. Though innovative, creative, and successful approaches have been tried to increase access to basic sanitation, the global community has not yet been able to scale up and sustain these efforts at the level that is needed to make a meaningful impact. Even the successful programmes are often not effective at reaching the poorest and most vulnerable populations.

The Millennium Development Goals

A major step forward in the global sanitation crisis was made in 2002 during the World Summit on Sustainable Development when governments prioritized the need for improved sanitation as part of the Millennium Development Goals (MDGs). Target 10 of the MDGs aims to halve the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015.

However, progress to date has been far from adequate. In the developing world, 60 per cent of people, or 2.6 billion, have no access to safe and hygienic sanitation. The lack of sanitation is not evenly felt globally; in both relative percentages and in absolute numbers, it is the poorer countries and the poorest populations within those countries where the need for improved sanitation is the highest. These are the people who tend to have fewer financial reserves to manage periods of ill health or the costs of treatment for sick children. The regions of Sub-Saharan Africa, South Asia and East Asia have by far the greatest sanitation needs.

According to the WHO/UNICEF 2004 mid-term assessment, if current trends continue, the world will miss the sanitation target by half a billion people. To meet the target (which means both meeting a backlog and keeping up with population growth) nearly 2 billion people must gain access to basic sanitation by 2015. This means 370,000 people must gain access to (basic) sanitation every day from now until 2015 – a 90 per cent increase on performance over the last 15 years.1

Constraints to scaling up

While all of these efforts are laudable and needed – they are not yet sufficient to make a real difference. Effectively addressing the sanitation challenge is complicated for a variety of reasons:

- little demand at the household and community level for improved sanitation
- limited supply of sanitation-related products and services from both the private and public sectors
- lack of political interest and will at both the national and local government levels
- lack of clarity regarding roles and responsibilities within government, and among the public and private sector, households, and communities
- non-existent, unclear, or even counterproductive public policies that create real constraints to scaling up promising approaches
- lack of effective financing policies and mechanisms – especially for reaching the poor
- lack of credible and useful data regarding costs and lessons learned from projects and approaches that are reported to be successful and effective.

Examples of project approaches that address the challenges cited above can be given, but given the magnitude of the problem, the key constraint has been the inability to scale up the ‘islands of success’. The greatest sanitation challenge is designing demand-responsive sanitation programmes that focus on behaviour change and market development to ensure the provision and use of sustainable and affordable sanitation services at a scale that is large enough to make a real difference.

Promising developments

Meeting the sanitation goal calls for a wide range of measures, including policy reforms, hygiene promotion capacity building, use of participatory processes, and adherence to demand-responsive approaches. It also calls for a massive scaling up of investments and sustainable service delivery.

A critical mass of international organizations, governments, NGOs and the private sector are slowly raising the profile of sanitation and giving the global sanitation crisis the attention it requires.

Some examples of these activities are mentioned here but this list is far from complete.

The World Bank is making a concerted effort to increase the quantity and improve the impact of Bank-funded investments in basic sanitation and hygiene through the establishment of an internal Sanitation and Wastewater Advisory Team (SWAT) of senior sanitation experts who provide direct operational support in the development of large-scale sanitation programmes that will reach the poor. Demand-responsive low-cost on-site sanitation in rural areas and small towns and
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wastewater management for the poor living in more densely populated urban informal areas are increasingly part of World Bank projects. In urban areas, the World Bank is becoming more active in basic sanitation by supporting both on-site sanitation (with septic systems) and low-cost simplified sewerage in countries like Brazil, Ecuador, Peru, India, Senegal and Burkina Faso. Projects support: policies that encourage and promote sanitation and hygiene, capable institutions with clearly defined roles and responsibilities, clear and effective financing mechanisms and subsidy policies, and local community structures that take the responsibility for operating and maintaining local systems.

The Water and Sanitation Program (WSP) has mobilized its global staff to advocate putting sanitation high on the political agenda of governments, and is helping governments to develop enabling national sanitation policies, field testing and evaluating promising approaches to hygiene behaviour change and sanitation promotion, and, through an extensive publication series, workshops and conferences, disseminating lessons learned, guidelines, tools, etc. UNICEF, the Water Supply and Sanitation Collaborative Council, USAID and others have also worked extensively to raise the sanitation profile and have developed national programming guides for large-scale sanitation programmes.

USAID, DFID and others have developed tools for assessing and developing national sanitation policies. International NGOs such as WaterAid and CARE are also creating effective advocacy campaigns, and carry out ground-breaking new grassroots approaches to sanitation such as the Total Sanitation approach in Bangladesh.

Governments such as Uganda have created national sanitation policies that focus on the rural and urban poor, Senegal has created a stand-alone Ministry for Sanitation and Hygiene and Brazil has revised its engineering standards to allow for low-cost condominial sewers that are more affordable to the urban poor. Local NGOs such as VERC in India have spearheaded large-scale innovative public and community toilets in Mumbai.

Lessons learned

This issue of Waterlines provides concrete examples of efforts that are being made to achieve sanitation at scale. A summary of the lessons learned to date include:

Development of supportive political and regulatory frameworks. Creating national enabling policy environments is the essential step to go beyond the islands of success and scaling up.

Sanitation policies in many countries are most often than not, basic water supply policies blindly applied to sanitation as if they were identical twin sectors.

Advocacy and sanitation promotion. Many of the constraints relating to a lack of financing in sanitation are political by nature. There is often a strong reluctance to invest in sanitation – especially for non-infrastructure components such as sanitation promotion – and a traditional dominance of investments in water supply compared with sanitation, which tends to obscure further the under-investment in sanitation, as these investments are frequently lumped together.

Support to local initiatives. Decades of experience tell us that good sanitation cannot be achieved solely by the disbursement of centralized funds. These must be complemented by investments at the local level – from those communities and householders who are going to benefit directly.

Local-level participation. As well as bringing their own finances, local residents are generally well positioned to assess and prioritize their own needs, and they also bring with them social networks that can help streamline the implementation of sanitation projects. In particular, environmental health needs assessments and local stakeholder

A community-based sanitation complex in Bangalore, India, implemented by the NGO Grama Swaraj Samithi (GSS) with support from FEDINA/BORDA, serves a community which relocated from an inner-city slum to the outskirts of the city. The wastewater from the latrines and washing facilities is treated on-site with an anaerobic digester, which produces biogas, followed by tertiary treatment using a reedbed.

The GSS community sanitation complex in Ulil Upangar, Bangalore consists of 22 toilets, 2 showers and laundry facilities, and has been managed successfully for two years by a local women’s community-based organization on a ‘pay-and-use’ basis.
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participation in planning and programming will generally result in interventions that are more cost effective and whose benefits are more equitably distributed.

Sanitation promotion. Sanitation promotion is essentially orientated towards promoting incentives to encourage investments in hardware and/or improve management of sanitation infrastructure. At a national and international level, advocacy efforts may encourage politicians and their advisers to take more seriously the need for a comprehensive programme to scale up sanitation. Governments should be encouraged to develop policies that provide the right regulatory framework that actively supports and provides the incentives for good practice and performance at all levels.

Sanitation at the household level. Although public utilities play an important role, sanitation is essentially part of the household domain. Therefore, external interventions can only be successful when complemented by attention to local-level management practices for ensuring ownership and responsibility for operation and maintenance. At the household level, the emphasis of sanitation promotion should be toward stimulating demand for latrines, focusing upon the benefits of access to sanitation from a perspective of convenience, status, cleanliness, privacy and safety (concentrating especially on encouraging women to voice their demands) as well as more obvious health-based messages which encourage households to invest in improved sanitation.

Hygiene promotion. Sanitation facilities on their own do not result in improved health. Although the provision of access to basic sanitation hardware is essential for improvements in health, these need to be complemented by a concerted effort to promote improved hygiene behaviour. Hygiene promotion is based on a good understanding of how behaviours in households and communities contribute to diarrhoea.

Effective communications strategy. The successful implementation of social marketing is dependent upon an effective communications strategy that raises awareness and provides the right incentives for change. In relation to hygiene promotion, messages focus on behavioural changes that are beneficial to human health as well as the environment. The main target groups should be women and children, although hygiene promotion campaigns should also include men wherever possible.

Capacity building. A massive coordinated international effort is required to have any chance to meet these ambitious targets. Meeting the sanitation MDG targets requires a wide range of actions including policy reforms which promote the development of an institutional framework which supports local level initiatives, organizational strengthening and capacity building initiatives and the adoption of innovative approaches to implementation. This requires considerable efforts to develop technical and managerial capacities at all levels. These should focus on individual skill development, but particularly on how organizations can develop and sustain a higher level of institutional capacity to plan, implement and monitor sanitation programmes.

Notes

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