

# Sanitation and the Poor

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Cover photograph: *Making latrine slabs at a Sanitary Mart in India*, Rebecca Scott, WEDC

## Executive Summary

There are currently 2.4 billion people worldwide without access to improved sanitation. Inadequate sanitation is a key link in the cycle of disease and poverty that affects the world's poorest people, who would otherwise contribute more to overall economic and social development. Of the global burden of disease, nearly a quarter (23%) is a result of poor environmental health, of which 28% is attributable to diarrhoea – itself primarily a consequence of poor sanitation.

In this document we adopt the definition of sanitation used in the UNICEF Sanitation Programming handbook, namely *a process whereby people (men, women and children) demand, effect and sustain a hygienic and healthy environment for themselves*. This is achieved through a combination of *hardware* (latrines), *hygiene promotion and other supporting software activities* and the development of an *enabling environment* to ensure that hardware and software can be delivered.

The World Summit on Sustainable Development (WSSD) in Johannesburg in 2002 adopted an international sanitation target – to halve the number of people without access to basic sanitation by 2015. This target now sits alongside the target for water supply in support of the Millennium Development Goal (MDG) of ensuring environmental sustainability. Improved sanitation directly impacts on other MDGs:

- achieving universal education and promoting gender equality;
- reducing child mortality; and
- improving maternal health.

One of the reasons so many people do not have sanitation is that the **demand** often does not exist, or is constrained through – for example – ignorance, mis-information, past bad experience, unnecessary bureaucracy or regulation; this contrasts with other services such as water and power. Sanitation programmes have traditionally been supply driven, lacking any significant consultation with users on what their requirements are. One way to promote sanitation is through the application of social marketing techniques. Social marketing of sanitation aims to both create *and* satisfy a demand, through the provision of adequate services alongside the adoption of appropriate hygiene practices, for the correct use and sustainability of the facility.

The challenge of providing access to sustainable sanitation services at the scale required is huge, more so because there are relatively few examples worldwide of successful large scale sanitation programmes. Requirements include the following.

- An overarching **vision** and **political will** at the highest level to take on the national challenge and to articulate the broad objectives – for example around the likely role of government, civil society and the private sector in service delivery.
- Development of national **policy** which interprets the vision and reflects a broad consensus of key stakeholders. The policy needs to indicate appropriate *regulatory* and *institutional frameworks*; very few countries have a national sanitation policy.
- **Strategies** to translate policy into programmes; for example, there might be different strategies for: rural communities and the urban poor; school sanitation; emergency situations; and longer term needs.
- Development of **programmes** which enable improvements to sanitation to be 'rolled-out' at the scale required. The programme will typically set out overall objectives and a consistent set of rules (e.g. on finance or human resources) which are applied at the level of individual

projects. Whilst a range of approaches to sanitation provision have been developed, tried, tested and modified on a small scale over the years, the basic problem remains – achieving any sense of scale in sanitation programmes.

- **Implementation** of programmes through smaller projects or schemes which may involve different stakeholders, e.g. government, private sector, NGOs, - all of whom operate within the framework of the programme.
- **Monitoring** of activities and subsequent **evaluation** of impacts, that enables the **learning of lessons** to inform and support further policy development.

The **role of government** is changing from that of service provider to that of ‘enabler’ – supporting local government and local management of sanitation services – through, for example, moves to greater decentralisation. The relationship between government, service providers and beneficiaries (poor households) therefore becomes more complex, requiring careful planning, management and development of clear roles and responsibilities.

**Capacity development** – getting people with the right skills in the right place today and tomorrow – is a major constraint to reaching the MDG target. Skills such as social marketing, promotion and facilitating access to finance for the poor may need to become generic at local government level if service delivery is to be scaled up.

**Key issues** in relation to policy, strategic planning, programme development, implementation and monitoring include *inter alia* :

- better co-ordination between different sectors which have responsibility for sanitation (e.g. health, education, water);
- institutional arrangements which define clear roles and responsibilities: local government is likely to have an increasingly important role;
- programmes which focus on demand generation, which are themselves demand responsive;
- ensuring that vulnerable and marginalized groups are included;
- creating better access to finance for poor households; and
- capacity development around key skills, to deliver demand based approaches.

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## **Abbreviations and terms**

CBO	Community-Based Organisation
DFID	Department for International Development (UK Government)
GWA	Gender and Water Alliance
MDG	Millennium Development Goal
NGO	Non-Governmental Organisation
<i>Panchayat</i>	Local self government in India – one of three levels (district, ward and village)
SEUF	Socio-Economic Unit Foundation, Kerala, India
UN	United Nations
UN-HABITAT	United Nations Human Settlements Programme
UNICEF	United Nations Children’s Fund
WEDC	Water, Engineering and Development Centre, Loughborough University, UK
WELL	DFID Resource Centre Network for Water, Sanitation and Environmental Health
WHO	World Health Organisation
WSP	Water and Sanitation Programme (World Bank)
WSSCC	Water Supply and Sanitation Collaborative Council

## Why sanitation matters

### About this document

This document aims to show the importance of sanitation in eliminating poverty. It identifies the key challenges in relation to achieving the international sanitation target and looks at the processes at the national level which are required in order to translate visions into action. The target audience is policy makers and professionals working in development both at the international and national level. For example:

- programme managers who require an overview of the relevance of sanitation to wider development objectives;
- specialist water and sanitation sector advisers who can use the material to prepare (for example) sector briefs to advocate for inclusion of sanitation in national development programmes; and
- wider groups of national professionals committed to working towards improved sanitation at the local level.

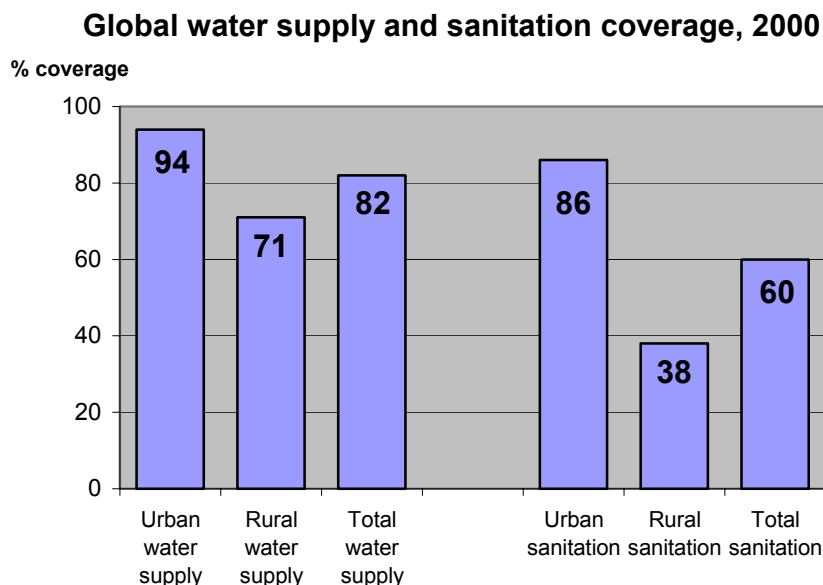
In this document we adopt the definition of sanitation used in the UNICEF Sanitation Programming handbook, namely *a process whereby people (men, women and children) demand, effect and sustain a hygienic and healthy environment for themselves*. This is achieved through a combination of *hardware* (latrines), *hygiene promotion and other supporting software activities* and the development of an *enabling environment* to ensure that hardware and software can be delivered.

In its broadest sense, “environmental sanitation” includes aspects of solid waste management, surface water and sillage drainage, vector control, wastewater treatment; these are beyond the scope of this document.

This document presents a global overview and brings in specific local experience, primarily from Kerala in South India, to illustrate important issues.

### A long way to go

Providing the world’s population with access to safe sanitation has, for many years, lagged behind the provision of improved water services. This can be clearly seen by the global coverage figures for both urban and rural improved sanitation.



Source: *Global Water Supply and Sanitation Assessment 2000 Report*, WHO/UNICEF

## Sanitation and the Millennium Development Goals

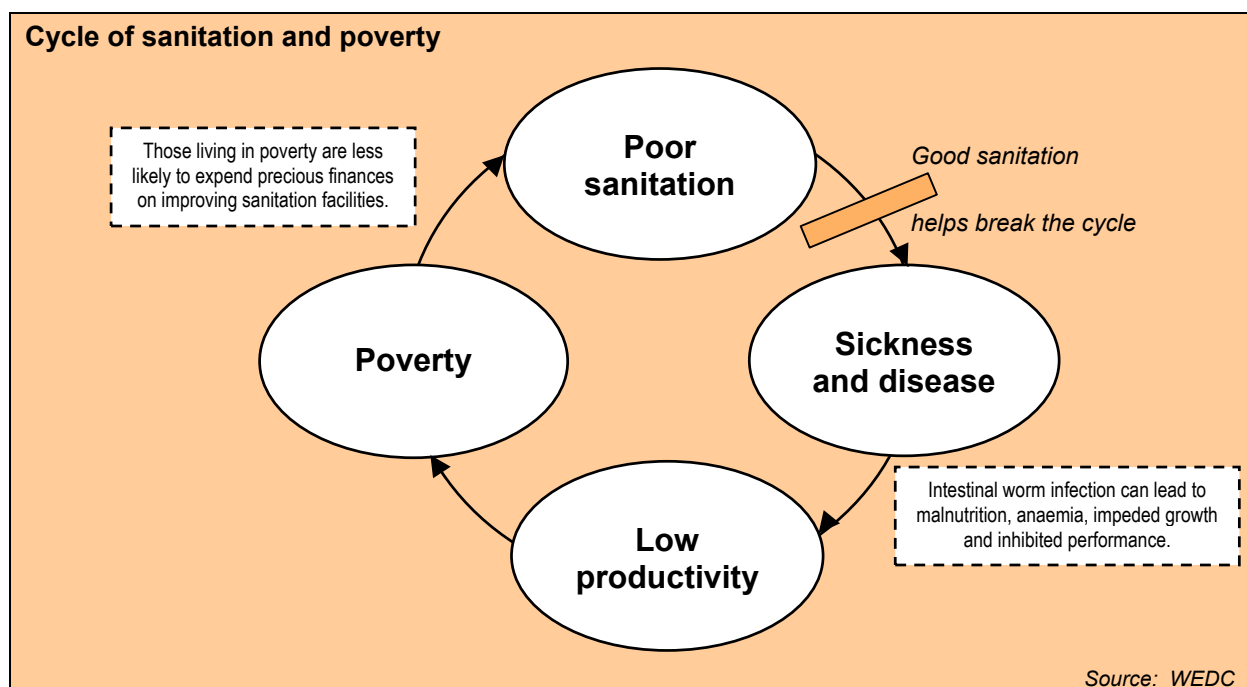
### The Sanitation target

A significant outcome of the World Summit on Sustainable Development (Johannesburg, September 2002) was the adoption of an international sanitation target – to halve the number of people without access to basic sanitation by 2015. This target now sits alongside the target for access to safe drinking water (adopted at the UN Millennium Summit in 2000), in support of the Millennium Development Goal (MDG) of ensuring environmental sustainability. Adoption of the sanitation target generates a new challenge to the water, sanitation and hygiene sector. Achieving accessible, affordable, effective and sustainable sanitation provision and hygiene promotion, to meet the target, demands greater effort than ever before.

### Sanitation and poverty

Poor sanitation is a key link in the cycle of disease and poverty that affects the world's poorest people, who could otherwise contribute more to overall economic and social development. Improved sanitation can help to break the cycle, by stopping human excreta entering the environment in a way that can infect people. ***This gives people the chance of better health, enabling more opportunities for education, productivity and income generation.***

The impacts of ineffective sanitation are felt most acutely by poor people, who generally live where environmental conditions are worst. Overcrowding, bad drainage, polluted air, unreliable and insufficient water supplies and poor sanitation all contribute to poor health. Those who can afford to, can buy their way out of such conditions.





## Achieve universal education and promote gender equality

Sick learners, if they attend school lessons at all, have reduced attention spans and capacity to learn. Improved health gives learners a greater chance for education. Good sanitation facilities, together with a healthy school environment, encourages greater attendance. This can have a particular impact on girls during menstruation, who may stay away from school if private facilities are not available. Sanitation is an integral part of eradicating gender inequality, giving all girls and boys an equal chance for full education.

## Reduce child mortality

During the first vital years of growth and development, children need good nutrition and growth to protect them from an early death. Poor sanitation contributes to the diarrhoeal diseases that put such children at risk.

## Improve maternal health

Sanitation and hygiene improvements directly impact on the security of women during pregnancy and in labour.

## Combat disease

Of the global burden of disease, nearly a quarter (23%) is a result of poor environmental health, of which 28% is attributable to diarrhoea – itself primarily a consequence of poor sanitation.

## Ensure environmental sustainability

Rapid urbanisation has often resulted in pollution of peoples' immediate living environment through faecal contamination in the yard and open sewers in the streets. The urgency of addressing these is recognized in the MDG target to improve the lives of at least 100 million slum dwellers by 2020 (Lloyd-Jones, 2002).

## Facts about sanitation and the Millennium Development Goals

### Fact 1: Sanitation and poverty

Of the burden of ALL diseases affecting humanity, over 6% is attributable to diarrhoea.<sup>1</sup> When poor people fall ill, they lose **income** and may lose their **jobs**. Other family members have to spend scarce resources on treatments and may have to stop working, or attending school, to care for sick relatives. Valuable time, energy and resources are absorbed in household-level care, which would otherwise be put to productive and educational use.

The poor pay more for water and sanitation services: many buy water from vendors at a rate that is up to 20 times the cost for those who can afford a house connection. *UN-HABITAT (2003)*

### Fact 2: The cost of poor sanitation

The 1991-92 cholera epidemic in Peru resulted in a net loss of over \$200 million in lost lives, decreased production, exports and tourism – approximately 1% of Peru's GDP.

*Petrea and Montoya (1992), WHO/UNICEF (2000)*

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<sup>1</sup> Figure taken from the Global Water Supply and Sanitation Assessment 2000 Report, WHO/UNICEF

**Fact 3: Sanitation and education**

In Bangladesh, a school sanitation and hygiene education programme reported to increase girls' attendance rates by 11%. *Sen (2000)*

**Fact 4: Sanitation and child mortality**

About 1.7 million deaths a year worldwide are attributed to unsafe water, sanitation and hygiene, mainly through infectious diarrhoea. Nine out of ten such deaths are of children, and virtually all of the deaths are in developing countries.

Equivalent to one child dying every 15 seconds, this represents almost a third of all deaths of children under 5 in developing countries. *WHO World Health Report (2002) & WHO/UNICEF (2000)*

**Fact 5: Sanitation and maternal mortality**

Good sanitation reduces the infection rate of hookworm – a contributor to anaemia. Midwives practising handwashing can dramatically reduce the rate of neonatal tetanus. Both these infections contribute significantly to maternal mortality. *WELL (2003)*

**Fact 6: Sanitation and the global burden of disease**

Improvements in water, sanitation and hygiene can reduce the diarrhoeal diseases that cause the death of 2 million people a year by up to a third. *WELL (2003)*

**Why are so many people without sanitation?**

Demand for improved sanitation often does not exist, or is constrained through – for example – ignorance, mis-information, past bad experience, unnecessary bureaucracy or regulation; this contrasts with other services such as water and power for which demand can often be clearly articulated, for example in relation to willingness to pay for the service. Everyone wants to be healthy, but not everyone understands the link between improved sanitation and hygiene behaviours, health and poverty; improvements to sanitation are often NOT motivated by perceived improvements to health. Other benefits that sanitation brings – privacy, security, convenience, status, a reduction in flies and smells and general improved cleanliness – are often valued more highly than potential health benefits.

Promoting improved sanitation on the grounds of health benefits has been largely ineffective. Understanding the **motivating factors** for people wanting improved sanitation helps in preparing the right approach to promoting sanitation.

- **Convenience** may be a motivator for both men and women, especially the elderly, infirm and disabled who can find open defecation and urination very inconvenient.
- **Status** may be more of a motivator for men, though not exclusively. Being able to offer visitors use of a well constructed and clean latrine brings a sense of pride to home-owners and home-carers.
- A reduction in **flies and smells** and improved **cleanliness** carries a health benefit that may not be apparent to users. However, as people become used to a more pleasant environment in which to urinate and defecate, returning to traditional practises will be less appealing.

Such motivating factors are not generally shared by a whole community, but are personally held within individual or family values. Promoting sanitation solutions may therefore have greatest impact when focussed on individuals and households.

Overall, **financial resources** allocated to sanitation improvements are inadequate. The low profile of sanitation and hygiene results in budget allocations that are far below what is needed to address the scale of the problem. Of the total annual investment in the water supply and sanitation sector, only a fifth appears to be directed towards sanitation improvements (WHO/UNICEF, 2000), although it is difficult to determine the actual figures, as few countries disaggregate the data. Those funds that are allocated to sanitation are often poorly utilised.

### **Behaviour change – sanitation is about more than latrines**

Access to a latrine, if not supported by appropriate changes in behaviour, limits the potential health gains and wider benefits associated with sanitation improvements. Significant, direct behaviour changes relate to the correct use of a latrine; keeping the seat or slab clean, disposing carefully of children’s faeces and washing hands with soap, or ash, after use. Associated, indirect behaviour changes relate to keeping the wider environment clean and free of waste and excreta, good drainage of wastewater, careful storage of food and water containers.

The presence of a latrine is no guarantee of a sustained, or sustainable, behaviour change for those with access to it. Users need to understand and want the benefits of improved sanitation for themselves or their community, for behaviour changes to last. Otherwise, in the event of the new behaviour requiring additional time or resources – washing a latrine slab, adding ash to a latrine pit, ensuring water and soap are available for handwashing – these behaviours may be abandoned, especially as benefits are not immediately apparent.

#### **Local experience 1: Facilitating behaviour change**

SEUF is a local NGO in Kerala State, India. It’s strategy in the Community Managed Sanitation Programme of Kerala (ongoing since 1989) is to target consistent and improved sanitation behaviours, not the construction of latrines *per se*. Latrines are seen as “routes” to facilitate the behaviour change. The sanitation programme’s key components are:

- Community and household motivation and participation
- Education and communication
- Lastly, construction of latrines

*IRC/SEUF (1996)*

## **Sanitation affects women and children most of all**

The lack of privacy afforded during the day requires many women to wait until after dark to defecate. Improved privacy and security offered by improved sanitation facilities are key motivators for women.

### **Local experience 2: Privacy and security – the gender dimension**

Women from households without a latrine are often forced to defecate in remote places, for reasons of privacy. In the densely populated coastal areas of Kerala, India, such privacy is not always possible, forcing women to refrain from urinating and defecating for many hours of the day. This in turn leads to intestinal damage.

Using remote places, or when it is dark, also brings the fear and risk of sexual assault, as well as impacting on environmental protection, water pollution and the incidence of diarrhoeal diseases.

Women and children already spend much of their time collecting water and cleaning homes. Sanitation programmes must aim to minimise any additional time inputs that behaviour change is likely to place on them. If latrine slabs are to be cleaned daily so that positive behaviours can be maintained by the whole family group, this is likely to place additional burdens on these same women and children.

Gender impact is an important part of the design process; for example, ensuring latrine slabs are well constructed with a smooth finish so that they can be easily cleaned with a small amount of water. This also reduces the risk of contamination to the women and children who are responsible for keeping latrines clean. Parallel health education for men could encourage sensitive use of a latrine to prevent fouling of the slab or seat area.

# Meeting the challenges of improving sanitation

## Facts about the scale of the problem

Against the backdrop of global targets and international agreements lies the human development reality of how far behind sanitation improvements have fallen. At the turn of the 21<sup>st</sup> century, over 2.4 billion children, women and men - nearly a third of the world's population – are reported to be living without a safe place to defecate and urinate.<sup>2</sup> Every day individuals live with the effects this has on their health, dignity, energy and time.<sup>3</sup>

To meet the MDG target for access to basic sanitation by 2015 requires 145 million people each year to be provided with sanitation services, or nearly **400,000 people a day**.<sup>4</sup> This assumes that current sanitation services remain operational and sustainable, which experience shows is unlikely. Global targets have to be translated into national and local targets, supported by political will and the mobilisation of adequate human and financial resources.

The challenge of providing access to sustainable sanitation services at the scale required is huge, more so because there are relatively few examples worldwide of successful large scale sanitation programmes. At the national level, we need processes which can translate vision into action:

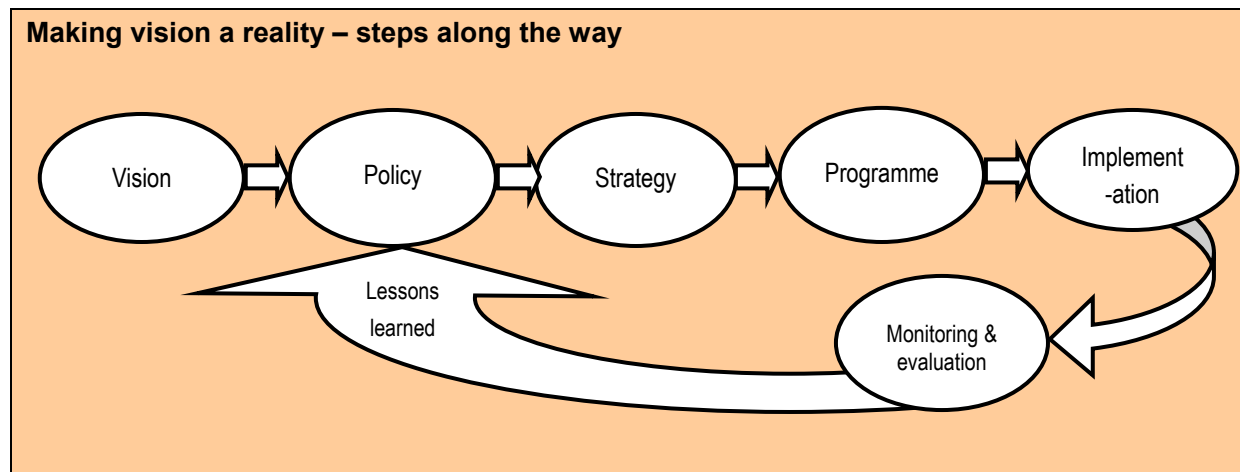
- an overarching **vision** and **political will** at the highest level to take on the national challenge and to articulate the broad objectives – for example around the likely role of government, civil society and the private sector in service delivery;
- development of national **policy** which interprets the vision and reflects a broad consensus of key stakeholders. The policy needs to indicate appropriate *regulatory* and *institutional frameworks*;
- **strategies** to translate policy into programmes; for example, there might be different strategies for rural communities and the urban poor, for school sanitation, or in relation to emergency situations and longer term needs;
- development of **programmes** which enable improvements to sanitation to be 'rolled-out' at the scale required. The programme will typically set out overall objectives and a consistent set of rules (e.g. on finance, human resources) which are applied at the level of individual projects;
- **implementation** of programmes through smaller projects or schemes which may involve different stakeholders, e.g. government, private sector, NGOs, - all of whom operate within the framework of the programme; and
- **monitoring** of activities and subsequent **evaluation** of impacts, that enables the **learning of lessons** to inform and support further policy development.

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<sup>2</sup> Figure taken from the Global Water Supply and Sanitation Assessment 2000 Report, WHO/UNICEF

<sup>3</sup> The WASH (Water, Sanitation, Hygiene) Campaign of the Water Supply and Sanitation Collaborative Council (WSSCC) publishes advocacy materials highlighting the impacts of poor water supply, sanitation and hygiene practises. The WASH campaign website has further details [www.wsscc.org](http://www.wsscc.org)

<sup>4</sup> Figures taken from the Global Water Supply and Sanitation Assessment 2000 Report, WHO/UNICEF



Constraints which can prevent the effective translation of vision into action include:

- **Vision:** low prestige and recognition of sanitation problems and issues
- **Policy:** may be non-existent, or have a weak institutional framework to support the policy
- **Strategy:** inadequate and poorly utilised resources and the neglect of attention to vulnerable groups
- **Programmes:** inappropriate approaches and failure to recognise defects of current systems
- **Implementation:** neglect of consumer preferences, ineffective promotion and low public awareness
- **Monitoring:** ineffective monitoring techniques resulting in little attention given to lessons learned from experience

Policy makers have a role in directly influencing these constraints in the process. Examples of how are identified in the following sections.

### **Vision – the expression of political will**

Sanitation is rarely seen as a vote winner, yet it is essential to capture the imagination and motivation of politicians to develop a vision for better sanitation for all. To be effective, this needs to be translated into expressions of support for sanitation improvement, promotion of sanitation concepts and advocacy messages that are poverty-focused and recognise the needs of the marginalized. Advocacy initiatives such as the WASH (water, sanitation, hygiene) Campaign<sup>5</sup> support the case for national commitments to change, legislation and resource allocations and help share achievements between high level decision makers.

It is important to understand the costs associated with deficient sanitation provision, as well as the costs and wider benefits from improvements. Securing financial backing for sanitation may be more likely as these wider benefits – both financial and economic – are understood and appreciated. Such potential benefits include environmental protection, public health gains, employment generation, protection of water resources and increased tourism.

<sup>5</sup> Details of the WASH Campaign are available from the WSSCC website [www.wsscc.org](http://www.wsscc.org)

## Policy

Sanitation continues to be given a low priority in the formation of national policy, neglected in favour of focusing efforts to address national water supply needs (EHP, 1999). **Very few countries have a national sanitation policy** and even as other countries undergo sector reform and develop poverty reduction strategies, sanitation and hygiene remain marginalized in the overall process.

Effective policy can be the mechanism to stimulate the delivery of programmes that address sanitation needs both nationally and locally. Guidance on how to develop effective sanitation policy is a key knowledge gap in many countries. Experience from countries with strong political frameworks – such as South Africa – supported by tools to assess the adequacy of national sanitation policies,<sup>6</sup> can aid the development of effective policy for other countries.

## Issues for sanitation policy development

- **flexibility** within the policy, that encourages local initiatives and supports local solutions;
- clearly defined **roles and responsibilities**, within sound regulatory and institutional arrangements that put these to effect;
- a case for the importance of sanitation and hygiene promotion for **poverty alleviation** and higher development goals, so that it doesn't remain marginalized; and
- inclusion of **vulnerable groups** – especially the poor, women, elderly and disabled.

**Lack of sound institutional frameworks** is the root cause of many failures in service delivery – and a major cause of failed sanitation provision. Such institutional weakness often results from the lack of a clear institutional “home” for planning and management, together with limited capacity within institutions to co-ordinate and manage initiatives. The all-too-common outcome is declining services leading to poor cost recovery and ultimately failed investments that do not meet either current or future demand. A lack of clarity about who is responsible for enforcing legislation hinders effective application of standards. It is essential for clear roles and responsibilities to be developed, alongside accountability and transparency.

Many government sectors are influenced by sanitation and could play a more active role in its promotion and improvement. Clear and agreed institutional frameworks are required to support effective collaboration between these sectors. A clear institutional “home”, managing and co-ordinating the range of organisations involved, is necessary to enable effective strategies to be carried out and ultimately service delivery to be achieved on a large scale.

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<sup>6</sup> EHP (Environmental Health Project, USAID) has recently published *Guidelines for the Assessment of National Sanitation Policies*, July 2002. These guidelines support the development of supportive policies as a basis for improving sanitation coverage.

### Local experience 3: Guyana - an example of complex roles and responsibilities

The case of Guyana – which has a population of less than 1 million people – highlights some of the complexities that can exist in institutional arrangements.

- Georgetown Water and Sewerage Corporation (GWSC) is responsible for the sewerage system in Georgetown. Guyana Water Authority (GUYWA) is responsible for sanitation outside of Georgetown, but the utility focuses entirely on water supply. The Ministry of Housing and Water (MoHW) is also responsible, through the Central Planning and Housing Authority, for aspects of environmental sanitation.
- Ministry of Local Government and Regional Development is responsible, through municipalities, Regional and Neighbourhood District Councils, for land use planning, maintenance of non-agricultural drains, sanitation and solid waste disposal.
- Ministry of Health (MoH) is responsible for regulating the construction of sanitary facilities for new housing developments, through the Central Board of Health. The MoH's Environmental Health Unit carries out limited on-site sanitation promotion and Environmental Health Officers in the Regions are responsible for advising on and regulating private on-site sanitation facilities and other environmental sanitation issues. The Health Education Unit is responsible for health education and hygiene promotion activities.
- The Ministry of Education is responsible for school sanitation. *WELL (2000)*

Greater **decentralisation of government** is advocated as a means to address more effective and sustainable service delivery. As central government moves from being the implementer (provider) of services, to that of facilitator in an 'enabling environment', a range of other actors, including local government, NGOs, CBOs and the private sector take on the role of implementer. For such approaches to function effectively, local level actors need support. Where greater responsibility is given to local government, staff often have limited capacity, resources and power. Strengthening local government capacity is therefore an essential need.

### Local experience 4: People's Planning Movement of Kerala, India

The Government of Kerala's 9th 5 year plan (1996-2001) decentralized power and resources in accordance with the Democratic Decentralization and Peoples' Planning Movement of Kerala. 1,215 Local Self Government Institutions (LSGIs) were established, with the authority to initiate their own development plans in response to grassroots demand. Close to 40% of the State's planning fund was transferred to these LSGIs, comprising both directly elected and appointed members.

This democratic decentralisation has produced remarkable results. Decentralised government functioning and planning, alongside the mobilisation and involvement of hundreds of thousands of activists and volunteers, has enabled projects to go far beyond the reach of typically centralised government approaches. More than 300,000 latrines have been constructed in Kerala during the period 1996-2001 through LSGIs.



## Strategies

Strategies need to be developed to deal with the variety of national situations which arise. For example, the need for strategies that consider both long and short term needs (balancing emergency relief with longer term development needs), urban and rural priorities and focus support to vulnerable groups.

### Issues for strategy development

Strategy development should aim to ensure:

- **diversity** of cultural, economic and social needs are acknowledged;
- **stakeholders** are involved from the outset, with particular attention given to the involvement of marginalized groups;
- local **decision making** is encouraged;
- **monitoring** and **reporting** mechanisms are developed; and
- guidelines and resources for **capacity development** are available.

Many countries will need to adopt strategies to deal with **rapid urban growth**. Predictions are that by 2025 a doubling of the urban population will occur, reaching nearly 3.5 billion people. Of these, almost half will be poor, living with declining infrastructure and worsening sanitation conditions (Catley-Carson, date unknown). Such rapid and generally unplanned urbanisation presents ever-increasing problems for the provision of sanitation services.

Strategies are required that address **school sanitation**, considering the specific needs of learners, together with the commitment to developing motivators who can oversee the effective and hygienic use of facilities in practice. Clearly defined roles and responsibilities across government departments are necessary for good coordination of school sanitation strategies. This must especially seek to protect school sanitation from being seen as someone else's problem and to ensure teachers are supported in the additional responsibility that developing health education and healthy school environments can place onto their daily workload.

**Vulnerable groups** need to be identified and involved in decision-making. Impacts of sanitation improvement may be further influenced by the roles and traditions of women in the community and these should be given special consideration in the planning phase.

### Local experience 5: Resource allocation to support vulnerable groups

The Guidelines for the Government of India's Central Rural Sanitation Programme give specific attention to the needs of "weaker sections of the people". Of the funds allocated for the construction of individual latrines, a minimum of 25% is to be allocated for households of Scheduled Castes and Scheduled Tribes – a marginalized sector of society. A further 3% is allocated to the provision of latrines for disabled people.

Government of India website, <http://ddws.nic.in/Data/CRSP/Guidelines.htm>, March 2003

## Local experience 6: Tribal impacts on latrine access and use, India

Latrine coverage and usage in tribal communities of Kerala, India is very low. In Sholayur Tribal district, out of a community of almost 2,300 households, just 29 latrines are present and only 17 in use. Low coverage and use is influenced, in addition to several other factors, by tribal customs and beliefs.

- Some tribes consider close proximity of a latrine unacceptable, as it is inconsistent with their concept of a heavenly presence in the home.
- In some tribal communities, women and girls stay in separate, temporary locations during menstruation and after giving birth. Even though a household has a latrine, women and girls may not have full access at certain times – having instead to use isolated and lonely places.
- In other tribal communities, when men are in the home, women and girls are reluctant to use the household latrine.

Such sensitive cultural issues are complex, but need to be addressed.

## Programmes

Strategies developed at national level need to translate into national, state and local programmes. The programme will typically set out overall objectives and a consistent set of rules (e.g. on finance or human resources) which are applied at the level of individual projects.

A key weakness to date is the general lack of understanding of how to set up effective sanitation programmes that go beyond pilot or project scale. While a range of approaches to sanitation provision have been developed, tried, tested and modified on a small scale over the years, the basic problem remains – achieving any sense of scale in sanitation programmes. Without this, the impact on national coverage will be minimal.

Programme development depends on the adoption of a clear **planning** framework, but there is generally a lack of planning culture within government departments. This can be a constraint to the adoption of appropriate thinking which should be:

- **strategic** – both sector-wide and inter-sectoral, integrating institutional realities with technology, environmental and other implications;
- **co-ordinated** – with incentives for sanitation improvements linked to the quality of service delivered, using participatory approaches and identifying where sanitation impacts on related sectors such as health and education; and
- **demand-responsive** – involving users, paying particular attention to women and marginalized groups, and allocating sufficient time to support this.

## Local experience 7: Mozambique's programme

The *National Programme for Low Cost Sanitation in Mozambique* of the 1990's is widely acknowledged as having adopted a successful programme approach to achieve large scale access to improved sanitation for 1.3 million peri-urban inhabitants of Mozambique. Although the programme came latterly to have a supply-driven approach, this was felt to be the most appropriate means in the post-war era.

The programme developed through a process of problem identification and analysis, with subsequent actions reviewed and lessons fed-back into the process. Greater attention to hygiene promotion and less dependency on external support would have further enhanced the long-term sustainability of the approach.

*Saywell and Hunt (1999)*

Sanitation programmes need to be able to offer a **choice of technology** in order to respond to the specific sanitation problems and conditions which are encountered. This generates information needs both for potential users and for field staff at the project level.

Having the option to choose a suitable latrine from a range of appropriate designs is a key factor in responding to demand, for example through the use of social marketing techniques. Cost may be a key issue, and programmes need to accommodate low cost alternatives. Latrine design should focus on affordable target prices, not technical specifications.

Other factors affecting latrine design include ground conditions, water needs and proximity, social and cultural practices and taboos, ease of use, maintenance requirements, upgradability and housing density.

## Implementation

Operating procedures are necessary to implement a programme in accordance with its objectives and rules. This ensures that there is consistency across the programme between different projects and locations, or when implementation is carried out by different stakeholders e.g. NGOs, small enterprises, or government.

Procedures are likely to be needed to provide guidance on the key components of a programme. Examples include:

- planning and use of techniques such as social marketing to generate demand;
- funding and financing of schemes;
- access to technical support;
- arrangements for contracting-in support from NGOs and the private sector; and
- development of locally enforceable byelaws/regulations.

Local government and municipalities can support demand generation through regulation. With an attitude of “do-no-harm”, they can firstly remove regulation that prohibits low cost technologies, then pass (and enforce) by-laws requiring home owners – including landlords of rented property – to install latrines, or face a penalty.

### Local experience 8: Effective enforcement of legislation

In the ‘Million Houses Programme’ of Sri Lanka, the National Housing Development Authority gave security of tenure to low income households in the form of a “right to reside” on their housing plot. Householders thereby gained access to loan programmes for house improvements, which linked directly to the construction of an appropriate latrine on the plot.

*Andrew Cotton (personal communication, July 2003)*

## Demand for sanitation

**Generating demand:** Sanitation programmes have traditionally been supply driven, lacking any significant consultation with users on what their requirements are. The demand for improved sanitation does not always exist, or may be latent, and often needs to be generated through promotion. One way to promote sanitation is through the application of social marketing techniques. Social marketing of sanitation aims to both create *and* satisfy a demand, through the provision of adequate services alongside the adoption of appropriate hygiene practices, for the correct use and sustainability of the facility.

### Local experience 9: Demand and choice

#### Impact of marketing on demand

During six months in 1997-98, WaterAid-India's rural sanitation programme underwent a significant change in demand for latrines, following the adoption of sanitation marketing and hygiene promotion initiatives. The result was a 20-fold increase in the demand for latrines to be built, compared with earlier years. *WSP (2000)*

The programme approach also involved a reduction in the cost of the latrines (and therefore the subsidy), which probably contributed as much as the marketing approach to the increase in expressed demand for latrines. *S Cairncross (personal communication, July 2003)*

#### Local committee role in demand creation

Four community-based organizations were involved in the Thrikkunnappuzha sanitation programme in Kerala, India – representing the different levels of local self government.

Ward Water Committees (WWCs), the smallest unit of local self government, mobilized communities and created demand through public campaigns - street drama, public meetings, processions and exhibitions. These Committees received training and exposure visits to empower them to take on their responsibility for organizing a hygiene promotion programme.

#### The need for wider choice: Kerala (India) and Zimbabwe

The concept of a latrine in Kerala is one that is 'Pucca' - with a good superstructure and roof. Although such a latrine is costly, many government programmes continue to insist on this type being provided. A concept of safe disposal of human excreta needs to evolve, for which a costly facility should not be necessary. Minimum standards need to be defined, documented and shared, at costs that are affordable to the widest possible range of householders.

The Urban Councils Act and bylaws of Zimbabwe prevents the option of on-site pit latrines for urban households. Councils are expected to provide flush toilets for urban dwellers. The needs and means of the urban poor are not being considered when standards are set and choices offered. *GWA (2003)*

Further assessment should be made of what value users place on other factors – cost, ease of use, maintenance requirements, management options, ease of upgrading, privacy, cultural practice – to determine the level of acceptability and satisfaction that influences the long term sustainability of any infrastructure offered.

**Sequencing demand for water and sanitation** is important because sanitation cannot be considered in isolation from the water requirements that support hygienic behaviour change. Water may be required for anal cleansing and flushing, and is essential to support handwashing after defecation, and cleaning in and around latrine structures. Where water resources are scarce, consideration should be given at the programme planning stages to the development of local solutions for the latrine design and innovative approaches to hygiene factors.

#### **Local experience 10: Don't forget about water**

Vattavada, in a hilly region of Kerala, India, suffers from limited water resources and illustrates the importance of integrating water needs. The Government of India initiated a Model Village Sanitation Programme here in 1995-96, for latrine construction. A pre-defined latrine technology was offered for the Programme that did not account for local conditions and available water resources. Along with a range of contributing factors, this has resulted in the Programme funds not being utilised to this day.

Consideration of water needs, through the integration of water, sanitation and hygiene education, would support the development of appropriate technical options, suited to such water scarce areas.

**Capacity to respond to demand is a big issue:** Where demand is created, raised, or made explicit as a result of promotion programmes, it is essential that the resulting demand can be satisfied through efficient and effective support mechanisms to deliver sanitation services. In other words we must not forget to consider the supply side.

Capacity development – getting people with the right skills in the right place today and tomorrow – is a major constraint to reaching the MDG target. Skills such as social marketing, promotion and facilitating access to finance for the poor may need to become generic at local government level if service delivery is to be scaled up. The question has to be addressed as to how long this capacity development will take, how it will be achieved and what level of support is needed in the meantime.

#### **Local experience 11: Retired professionals help out**

Capacity development in Kerala, India has been a major element of the democratic decentralisation process. The success of the process can in part be attributed to what is perhaps a unique system, whereby retired professionals have been brought in as local expert advisers on a voluntary basis. A parallel process of basic training is occurring at *panchayat* level, although this has not yet achieved the scale required.

**Household access to finance:** A key reason why many households do not own a latrine is the lack of access to finance. Financial contributions are often required up-front to secure a place in a sanitation project, putting the poorest households at risk of missing out on opportunities for support. Small-scale savings, credit and income-generating schemes can help to reduce the vulnerability of such individuals and families.

## Local experience 12: About costs and finding the money

### Understanding the true costs

A Knowledge, Attitude and Practices study on sanitation and hygiene practice carried out by UNICEF, Pakistan in 2001, interviewed 5,000 respondents on their perceived cost of latrine construction. The majority felt that latrines were expensive and therefore not affordable. The results showed that the average cost of construction was thought to be much higher than the actual cost involved. For example, the perceived cost of constructing a pour-flush latrine up to floor level was reported as more than double the actual cost.

While “lack of money” is considered the major constraint in latrine construction, this is exacerbated by misconceptions as to the actual cost of a latrine. *Elahi et al, (2002)*

### Self-help groups support access to finance

In a move to further develop the decentralization process in Kerala, India, the ‘*Kudumba sree*<sup>7</sup>’ mission of the Government of Kerala is formulating Self Help Groups throughout the State. These groups of women, from both rural and urban communities, later develop into registered societies, to initiate income-generating activities. The groups often support their members during financial crises and there are successful examples of groups supporting in terms of money for latrine construction.

These women strongly appreciate the difficulties associated with the absence of sanitation facilities. Utilizing such a resource base could assist with the up-scaling of sanitation provision, provided they receive suitable recognition and backing at higher levels to enable this.

**Subsidies:** Governments cannot be expected to subsidise latrine construction for all poor households, otherwise programme impacts become restricted to the subsidy budget. Experience suggests that even where subsidies are available, they do not stimulate effective behaviour change and rarely reach the poorest. People therefore have to *want* latrines to be prepared to invest in them, as they will usually have to pay for – or at least install – a latrine themselves. (Cairncross, 2003). Subsidies are perhaps more effectively used to promote, rather than produce, latrines.

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<sup>7</sup> *Kudumba sree* is the poverty eradication mission of the Government of Kerala, India

## Monitoring and evaluation of impacts

Effective monitoring of sanitation provision is necessary in order to assess the impact of programmes, strategies and policy. Evaluation is essential to determine where changes are occurring and the sustainability of these changes. Data from monitoring and evaluation needs to be used to revise policy, influence strategies, review programme approaches to funding allocations and support to capacity development. A major problem is what to monitor and evaluate. For example, while the MDG sanitation target is concerned with **access** to basic sanitation, the term “access” has not been clearly defined.

There are different levels at which to monitor and evaluate information, that explore certain issues in increasing detail. For example;

- Are national strategies, programmes and resource allocations in place?
- How many latrines have been constructed as a result of a particular programme ?
- If latrines are present, is there evidence of sustainable behaviour change, including maintenance of facilities?

Use of household surveys enhances understanding of the scope of sanitation coverage and behaviour change – but does not necessarily capture the institutional, programmatic and strategic developments.

## Issues for monitoring and evaluation

**Time:** The impacts of a demand-based approach to sanitation promotion, marketing and behaviour change are often brought about from “learning by example”, especially through the influence of good school sanitation on child behaviour. A patient approach to monitoring, from donors and governments alike is needed to allow the effects to become evident. *Cairncross (2003)*

**Use:** Who is using the improved sanitation facilities provided and for what purpose? Are there conditions under which use of improved facilities is restricted, such as during floods? Are facilities being used safely and hygienically, with supporting hygiene practises (such as hand-washing with soap, disposal of children’s faeces)?

**Access:** How are access figures matching-up to national and local targets? Is access to the use of facilities restricted to anyone, such as young children, the elderly, the disabled or women? What action is being taken to overcome this?

**Environmental protection:** Are facilities correctly sited to protect water resources from pollution? If excreta is being treated and/or reused, are safe treatment, handling and disposal practices being followed?

**Sustainability:** Are facilities being maintained?, Are such maintenance arrangements sustainable?, How secure and stable are the institutional, financial and maintenance systems for the long-term sustainability of the sanitation services? What is being done to improve their security? Are there environmental pollution issues that could hinder the long-term sustainability of the services?

*Adapted from WHO/UNICEF (2000)*

## What next?

In spite of the huge numbers of people who gained access to basic sanitation between 1990 and 2000, global population growth has meant that the number of people without access to basic sanitation has continued to grow over the past decade. There are numerous examples of successful sanitation projects on a small or localised scale. However, these tend to be “islands of success”, with little evidence of national or local sanitation programmes that have truly addressed **the scale of the problem** that affects billions of lives daily.

A key problem is the lack of effective policy, strategy and programmes which go beyond pilot or project scale. While a range of approaches to sanitation provision have been developed, tried, tested and modified over the years, the basic problem – achieving any sense of scale in the programmes – remains. Key issues for further work in relation to policy, strategic planning, programme development, implementation and monitoring include *inter alia*:

- co-ordination between different sectors which have responsibility for sanitation (e.g. health, education, water);
- institutional arrangements which define clear roles and responsibilities: local government is likely to have an increasingly important role;
- programmes which focus on demand generation and the development of demand responsiveness;
- ensuring that vulnerable and marginalized groups are included;
- creating better access to finance for poor households; and
- capacity development around key skills, to deliver demand based approaches.

There remains much to be learned and shared more widely, to ensure relevant knowledge and information is available and accessible to those who can make the best use of it.



## **Suggested actions for policy makers**

### **Vision**

- Encourage and facilitate strong political support for improved sanitation as a means to poverty reduction. Use promotional tools to develop strong advocacy messages targeted to the needs of those concerned, in support of gaining the political prominence and allocation of resources it requires.

### **Institutional frameworks**

- Develop a platform for inter-sectoral discussion and collaboration, with a view to developing a framework for coordinated planning, programming and implementation of sanitation improvements.

### **Resources**

- Motivate for the allocation of sufficient financial and human resources to the promotion and implementation of sanitation and hygiene, both from the water and other sectors. Develop transparent accountability and reporting mechanisms for data on sanitation investments, to encourage efficient utilisation of resources and monitoring progress towards locally-set targets.

### **Support vulnerable groups**

- Those most vulnerable to the effects of poor sanitation – children, the elderly, the disabled, the uneducated and the poorest, are usually excluded from decision-making processes; women in these groups are further marginalized. Ensure special focus is given to the needs of marginalized and vulnerable groups in policy and planning strategies, so that decision-making processes both encourage and enable their involvement.

### **Promotion and public awareness**

- Sanitation promotion aims to determine what users want and are willing and able to pay for. Support a change to demand-led approaches within sanitation promotion, planning and programming initiatives. Encourage the integration of social marketing techniques into sanitation promotion. Develop as many appropriate communication channels as are available.

### **Capacity**

- Lack of human resources is likely to be one of the key constraints to achieving improved access to sanitation at the scale required. Identify and seek to support local resource centres and encourage the development of appropriate curricula into national training programmes.

### **Technology**

- Low-cost options are available, but often not widely promoted or understood to be suitable alternatives. Ensure the widest possible range of appropriate technologies are available in the development of sanitation programmes – allowing users to choose from a range of options, while being fully aware of the cost, maintenance and convenience implications.

### **Monitoring and evaluation**

- Build monitoring and evaluation components into policy, strategies and programme design. Ensure sufficient resources (financial and human) are allocated and feedback mechanisms are developed to allow this to be carried out meaningfully.

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