FINAL DRAFT

Sanitation Policy Background Paper

Water is Life, Sanitation is Dignity

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This paper will help inform DFID's policy update on water resources, water supply and sanitation. The views expressed in this paper do not necessarily reflect DFID's policy position on different aspects of their water and sanitation work.

Contents

OVERVIEW

DFID intends to prepare a Water Policy update during 2007; this paper contributes to that process by mapping out what DFID can do in sanitation and hygiene over the coming 5 years and how it can be done. The primary internal audiences for the paper are country programme managers, and advisers from sectors other than water and sanitation.

Headline Facts

- Sanitation and hygiene are fundamental to *all* the MDGs and deliver broad development outcomes. Evidence shows that sanitation and hygiene support and increase the impact of health, education and other development programmes and have a positive impact on the lives of poor women and children.

- Inaction on sanitation and hygiene is *not* a viable development option: failure to invest in improvement of sanitation and hygiene undermines efforts to promote economic growth and poverty reduction.

- Overcoming political indifference to sanitation is a challenge in many countries but the degree of political risk associated with prioritising sanitation and hygiene is less than many policy-makers think.

- Positive and compelling lessons about what works and what doesn't have been learned from experience, though there are remarkably few documented examples of success at the scale required:

    - Every latrine should be a wanted latrine: supply–driven programmes focused on usually-subsidised delivery of hardware alone do not work; at best they provided thousands of expensive, unwanted (and unused) latrines
    - Peoples' awareness of sanitation can be very low – programmes which focus on promoting sanitation and building informed demand are more effective than those which focus only on the supply of latrines.
    - Households are the real investors in sanitation, not public agencies. The investment ratio is typically 10:1. Programmes which pay attention to household interests and dynamics tend to be more effective
    - People rarely want sanitation for reasons of health; promotion which focuses on privacy, convenience, safety, dignity and status is more effective because it resonates with people's own interests
    - Small scale business and some community-based groups are very significant actors in the supply of sanitation goods and services; promoting and providing the services people really want. Programmes which invest in understanding this market and matching supply with people's demands are often the most effective.
    - Sometimes communities can and do take collective action to address sanitation issues; usually however support is needed to help communities to take collective action.
    - Hardware subsidies – for latrine components - can have unintended consequences: the number one desired outcome – sustainability – is achieved through *effective promotion*, not through reduced price hardware. A wanted latrine is clean and well-maintained – a latrine for life.
    - Subsidies for hygiene promotion, sanitation marketing, supporting small scale providers, school sanitation, institutional sanitation and city-wide networks can all be justified since sanitation is both a merit and a public good.
    - Effecting behaviour changes (including adopting hygienic practices and investing in and using latrines) takes time; programmes which are in place for the long term are more effective than short-term projects.

- There are differences between rural and urban areas: in urban areas the existence of downstream networks (sewers or systems for sludge management) is usually essential to enable communities to access working sanitation services.

- While sanitation commonly falls within the remit of water institutions, the systematic linking of water and sanitation in policy-making is often unhelpful to the cause of sanitation: sanitation frequently loses out to water in policy and budgetary priorities; and coordination between sanitation and hygiene promotion activities is often poor; viewing sanitation and hygiene interventions through the lens of development *outcomes*, instead of sectoral inputs, may help to achieve coordinated policies, with creation and linking budget lines across several responsible agencies.

- Key line ministries such as health may be able to provide the long term field presence to support promotion, behaviour change and other "software" activities. Experience shows that small businesses are often best at delivering the necessary latrine hardware.

- Notwithstanding the benefits of focusing on the local market to supply sanitation goods and services the public sector still has an important role to play in terms of :

    - getting the policy environment right, including regulation (for price, quality, environmental impacts, protection of water resources etc)

- providing subsidies for some aspects of sanitation programmes –situational analysis, hygiene promotion, sanitation marketing, monitoring and evaluation, provision of hardware in public places and institutions, school sanitation etc

- The following are priorities for making progress:

  - opportunism: identify and exploit key opportunities, including working with 'what is there';
  - for that, a thorough situational analysis is needed before interventions;
  - supporting the *complementary* roles of private, public - and community - action: helping to convert common *desire* for better sanitation and hygiene into perceptible *demand* of households and communities; building local demand, supporting appropriate local supply, with, e.g. business development; designing an appropriate 'enabling environment': i.e. public policies and programmes which will, in each given local /sub-national context, allow both demand and supply to grow sustainably; learning from examples of community-led sanitation;
  - getting the right people in place: build or support professional cadres;
  - time: for a programme to work beyond 2015, it is important not to expect a quick fix. Sanitation is complex and political: it is achievable but only with a long term commitment that can match the long timescale needed to support change to private behaviours in the household

- Practical action on sanitation and hygiene is almost always possible, offering an unusually wide range of opportunities for programme managers and advisers to develop aid interventions within Country Assistance Plans. Sanitation and hygiene can be supported through:

  - The available range of programme-based aid instruments; and
  - Different service delivery sectors, for example: health; education; governance improvement; water; general infrastructure.

CONTEXT

Preamble

Without concerted effort, the international community is likely to miss not only the Millennium Development Goals relating to water and sanitation, but all of the eight goals established in 2000. Despite this, it is well documented that water and sanitation are fundamental to broader national development – vastly reducing global disease burdens; allowing more children (especially girls) to gain access to education; reducing the time women spend on collecting water and triggering other forms of economic growth and livelihood development. Almost one in two people in the developing world lack access to sanitation. Despite this, sanitation tends to be overlooked globally and this imbalance requires urgent redress.

Why this paper on sanitation?

Since the publication of DFID's Target Strategy Paper for water *Addressing the Water Crisis* in 2001 there have been a number of events and advances, both political and in terms of development policy, that affect the way that aid for water and sanitation is delivered by DFID. Key amongst these developments are:

- Confirmation of the MDG target for sanitation agreed at the World Summit for Sustainable Development in Johannesburg in 2002;
- Success of AfricaSan (Africa Conference on Sanitation) in 2002 and SacoSan (South Asian Conference on Sanitation) in 2003 – international conferences that have helped to put sanitation on the political agenda of developing countries
- CSD 12 and 13 focused on water, sanitation and human settlements: UK led on sanitation for the EU at CSD 13[1]. Meetings in 2008 and 2012 are to follow up on CSD 13 commitments;
- Strong and consistent drive from the World Water Day speech on 22 March 2005 by the Secretary of State for International Development for DFID and others, including the World Bank, to be more engaged and allocate more aid for water and sanitation;
- DFID's third White Paper *Making governance work for poor people* established that DFID considers water and sanitation as one of four Essential Public Services along with health, education and social protection and that 50% of DFID's bilateral budget would be allocated to support these services.
- DFID's *Call for a Global Action Plan* that established the ***five ones*** *(**one*** annual global monitoring report; ***one*** high level global Ministerial Meeting on water; at country level, ***one*** national plan for water and sanitation; ***one*** coordinating body; and activities of the UN agencies in water and sanitation to be coordinated by ***one*** lead UN body under the UNDP country plan.

Further details are shown in Annex 1. In view of DFID's commitment to sanitation and hygiene as well as water, the time is right for a fundamental review of the issues and processes that will underpin DFID's development aid for sanitation into the future. This paper makes the case for doing more on sanitation, outlines a number of "truths" that have been learned from experience, looks at priorities for making progress and provides examples of how sanitation can be programmed through a range of aid delivery mechanisms. It makes no attempt to provide detailed guidance on programming and implementation[2]: a list of key resources is provided in footnote form throughout. This paper is complementary to the three other papers commissioned by DFID as part of its sector policy review; the paper on sector financing is particularly relevant and readers should refer to this for matters of detail[3]

[1] EU Sanitation Paper for CSD 13

2 For example see WSSCC and WHO (2005) *Sanitation and Hygiene Promotion: Programming Guidance*

3 DFID (2007) Background Paper on Financing of Water Supply and Sanitation

Defining sanitation

The first challenge for those seeking to solve the problem of access to sanitation is to define what is meant by "sanitation". Box 1 sets out the components, all or some of which are variously included in the term 'sanitation'.

Box 1: Aspects of 'Sanitation' and 'Hygiene'

- *Safe collection, storage, treatment and disposal/re-use/ recycling of human excreta (faeces and urine)*;
- *Hygienic behaviours (including handwashing, household storage of water)*
- *Management/ re-use/ recycling of solid wastes (trash or rubbish);*
- *Drainage and disposal/ re-use/ recycling of household wastewater (often referred to as sullage or grey water);*
- Drainage of storm water;
- Treatment and disposal/ re-use/ recycling of sewage effluents;
- Collection and management of industrial waste products; and
- Management of hazardous wastes (including hospital wastes, and chemical/ radioactive and other dangerous substances).

Since different contexts (e.g. urban/rural) involve different means of delivering sanitation and hygiene services, the scope of sanitation and hygiene activities can be very broad. The sanitation and hygiene 'sector' may extend from investment in large and costly items of infrastructure, such as trunk sewers, via simple 'on-site' latrines for individual households, to provision of 'soft' items, e.g. support to women's groups seeking to improve hygiene behaviours in their community. It is further recognized that a *good* sanitation system minimizes negative impacts on the environment[4].

The focus of DFID's interest is on the sanitation and hygiene issues which are of most common concern to poor households - namely the four italicised bullets in Box 1. Central to this paper are the twin themes of creating sustainable behaviour changes within households along with better access to sanitation facilities.

Not all the issues listed in Box 1 have to be addressed at once; in developing countries, more progress can be made by dealing with the most important sanitation challenges first, focusing on a few solvable problems, and deferring other tasks to a later date. This paper makes the case that addressing the lack of these sanitation and hygiene services in poor areas of developing countries, as well as being an urgent priority, is achievable. The pessimism of some policy-makers and development practitioners is no doubt due, in part, to failed attempts to do too much. In many cases, the perceived enormity of the problem has resulted in paralysis.

[4] IWA (2006) Sanitation 21: Simple Approaches to Complex Sanitation. International Water Association, London, UK

MAKING THE CASE FOR SANITATION AND HYGIENE

Whilst the profile and importance of sanitation has been acknowledged and referenced internationally in recent years, the need for advocacy at all levels remains – 'making the case' is still a 'must'. This section therefore provides a summary of credible and authoritative arguments for embedding and promoting sanitation and hygiene in development. The interconnections of sanitation and hygiene with health, education, livelihoods and other domains make them a cornerstone of development. Sanitation and hygiene policies - appropriately directed - will support and increase the effectiveness of all other development-led investments.

Inaction on sanitation is not a viable option. Failure to invest in improving hygiene conditions undermines efforts to promote economic growth and poverty reduction. Conversely, investment in sanitation and hygiene yields very favourable economic returns and social benefits. Equally importantly, sanitation provides the simple right to dignity and safety through adequate facilities for personal hygiene and a clean and healthy living environment for every individual, but particularly for adolescent girls, children and women.

Action on sanitation and hygiene is both politically feasible and politically constructive. Progress does not have to be costly; the political risk associated with investment in sanitation and hygiene is often over-estimated. And politicians wishing to strengthen their constituencies may see they are missing a trick.

The following commentary explains *why* – looking first at the economic and social dimensions of sanitation and hygiene, and then examining the political case. In each case, the comments are linked to the Millennium Development Goals – as noted above sanitation underpins achievement of all of them.

Sanitation and hygiene are central to what poverty is, and why it occurs
(Sanitation, hygiene and poverty (MDG1)

- Nearly half the human race lacks access to sanitation facilities; it's certainly not the richer half. Inadequate sanitation is one of the hallmarks of poverty, diarrhoea is its symptom;
- The social stigma of poverty has long been built upon our perceptions of hygiene and sanitation; the poor can never rise out of poverty as long as they are considered as "the great unwashed";
- The ill-health associated with inadequate hygiene and sanitation is more life-threatening to poor people; diarrhoea is four times more likely to be fatal in undernourished children, and worms stunt the physical and intellectual growth of poor children, whose richer neighbours can afford de-worming;
- Appropriate provision of hygiene and sanitation services, such as soap production and latrine-building, is an income generating opportunity for the poor; if the waste is recycled in agriculture, it can further boost rural incomes.

In 2004[5], the World Health Organisation undertook an analysis of the economic benefits of sanitation, considering them under the following headings:

Beneficiary	Direct economic benefits of avoiding diarrhoeal disease	Indirect economic benefits related to health improvement
Health Sector	Less expenditure on treatment of diarrhoeal disease	Value of less health workers falling sick with diarrhoea
Patients	Less expenditure on treatment of diarrhoeal disease and less related costs ▪ Less expenditure on transport in seeking treatment ▪ Less time lost due to treatment seeking	Value of avoided days lost at work or at school ▪ Value of avoided time lost of parent/caretaker of sick children ▪ Value of loss of death avoided
Agricultural and industrial sectors	Less expenditure on treatment of employees with diarrhoeal disease	Less impact on productivity of ill health of workers

[5] See *Evaluation of the Costs and benefits of water and sanitation improvements at the global level*: by Guy Hutton and Laurence Haller of Water, Sanitation and Health, Protection of the Human Environment, World Health Organization, Geneva, 2004, http://www.who.int/water_sanitation_health/wsh0404summary/en/, accessed 13th April 2007

In the report, WHO reported the following global figures[6]:

- 5.6 billion productive days would be gained through intervention, including 443 million school days, 2.4 billion healthy infant days, 1.25 billion productive adult days;
- $229 billion would be gained through time saved;
- $5.6 billion would be gained through the value of deaths avoided;
- A combined economic value of $262 billion would be obtained.

Not surprising therefore that it shows that achieving the Millennium Development target for both water supply and sanitation would bring economic benefits; US$1 invested would give an economic return of between US$3 and US$14.[7] Achieving this target would require an estimated investment of around US$23billion per year.

Access to learning depends on availability of sanitation and hygiene services
(Sanitation, hygiene and education (MDG 2)

- Intestinal worms, spread by poor sanitation, interfere with children's cognitive development;
- Illnesses due to poor hygiene and sanitation, such as diarrhoea and worms prevent children from attending school;
- Children also miss school when caring for, or standing in for sick parents;
- Girls are deterred from attending school as there is no private place to relieve themselves, or to clean themselves when menstruating;
- Children queuing for inadequate communal toilets at school or near home miss out on classwork or homework;
- Teachers avoid being posted to communities which lack sanitation;
- Schools are the ideal institutions to spread habits of hygiene and use of sanitation; a school without sanitation misses this opportunity for a generation.

The result of inadequate sanitation and hygiene then, is that children are prevented from attending school or do not achieve their full educational potential.

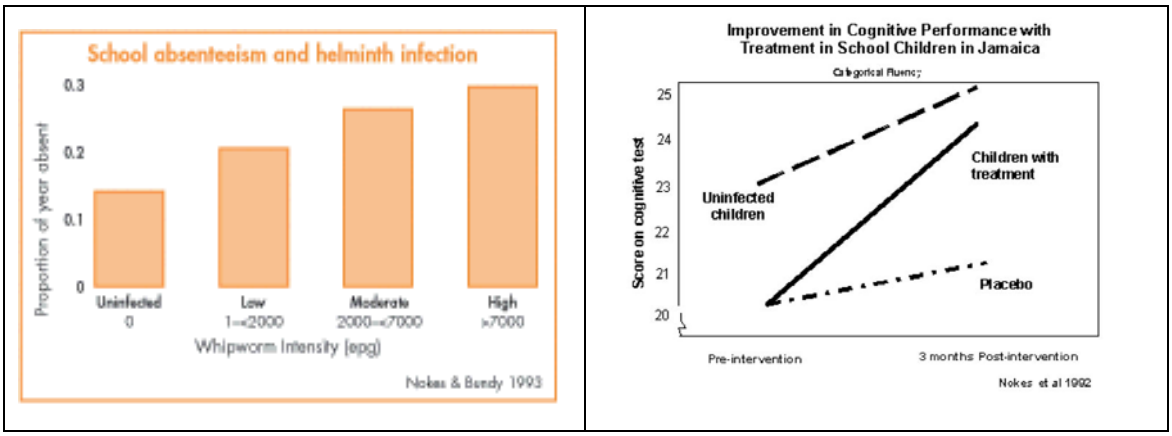

Figure 1: Effects of poor sanitation of school absenteeism and performance

- The impact of worm (helminth) reduction programmes in schools is remarkable. A study in Jamaica found that children treated against a helminth infection perform much better in school than children who do not receive treatment[8]; (Figure 1).
- In another study, the improvement was found to be greatest among children with the poorest nutritional status[9];
- In the middle 1990s, UNICEF found that school sanitation in Bangladesh boosted girls' attendance by 11%[10]; *this is likely to be as significant an impact as major educational reform.*

[6] The figures shown are for the central case (Intervention 3)
[7] Based on Hutton and Haller's central case "Intervention 3" yielding a benefit to cost ratio of nearly seven to one, depending on the region and assumptions made.
[8] Nokes C, Bundy DAP (1993), Compliance and absenteeism in school children implications for helminth control. *Trans R Soc Trop Med Hyg* 87(2):148-52.
[9] Simeon DT, *et al.* (1995) Treatment of Trichuris trichiura infections improves growth, spelling scores and school attendance in some children. *J Nutr*. 1995 Jul;125(7):1875-83.
[10] Unicef (1999) Sanitation and Hygiene: a right for every child. New York: Unicef

Improving access to sanitation and hygiene is an effective means of empowering women and girls
Sanitation, hygiene and gender (MDG 3)

- Sanitation frees women from imprisonment by daylight; in many cultures, the only time when women or girls can defecate, if they have no latrine, is after dark. Apart from the discomfort caused by the long wait until evening, this can cause serious illness;
- It also offers protection from harassment and rape; the walk to the defecation field, often in the dark, is when millions of women run the greatest risk of sexual harassment and assault or animal attack;
- The role of adequate, separate sanitary facilities in schools in enabling girls to attend school, particularly when menstruating, has been mentioned above.

Better sanitation and hygiene is important for child health and survival
Sanitation, hygiene and child health (MDG 4)

- Sanitation and hygiene reduce the occurrence of diarrhoea and other diseases. Diarrhoea causes nearly 2 million deaths per year, mostly among young children. WHO estimates that more than 90% of these deaths can be prevented by environmental interventions;
- Figure 2 below shows how diarrhoeal diseases are placed amongst the leading infectious causes of death, globally;
- It has emerged recently that hygiene, particularly handwashing with soap, could prevent as much as half of the acute respiratory infections (also in Figure 2) which are the leading infectious killer of children worldwide by interrupting the route of infection from contaminated hands[11].

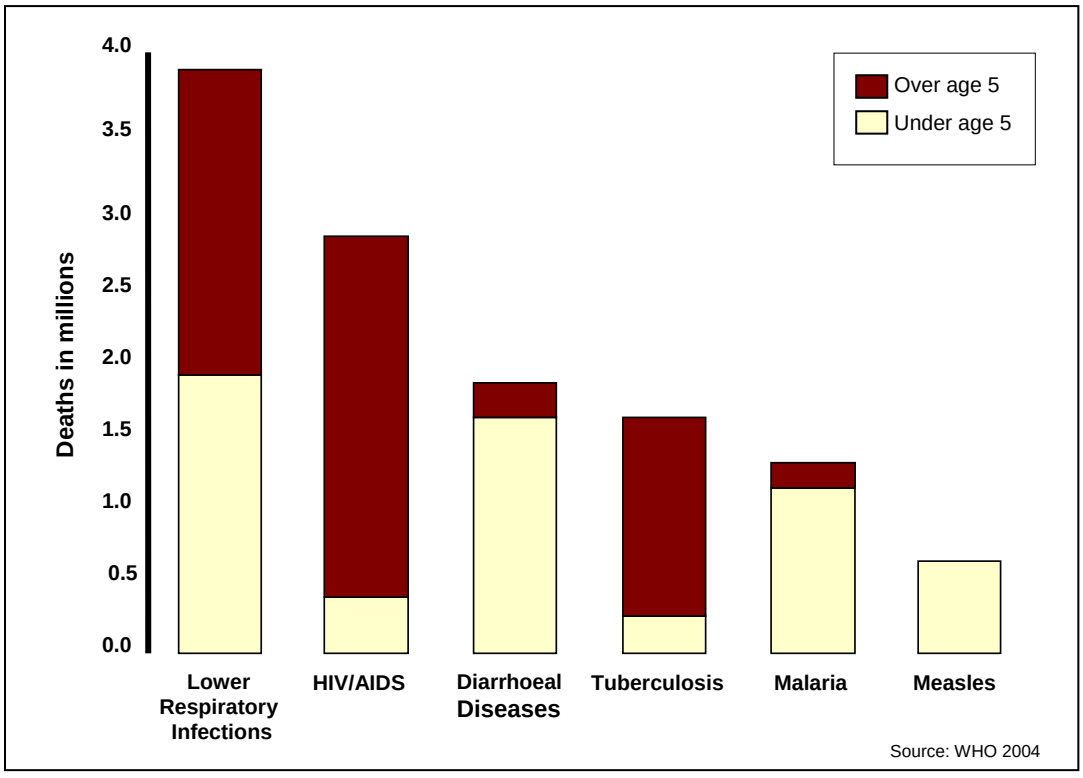

Figure 2: The leading infectious causes of death; global estimates for 2002

- Oral rehydration therapy (ORT) has more than halved the global toll of deaths due to acute watery diarrhoea in the last 20 years. The remaining deaths are increasingly due to persistent and bloody diarrhoeas, which are not amenable to ORT. For these, the best response is prevention – by hygiene and sanitation.

[11] Luby SP, Agboatwalla M, Feikin DR, *et al.*. (2005) Effect of handwashing on child health: a randomised controlled trial. *Lancet*. 366(9481):225-33.

- Indeed, an authoritative World Bank analysis[12] found that hygiene promotion was the most cost-effective of all interventions to control high-burden diseases in the developing world. Sanitation promotion was not far behind it.
- As if these contributions to child survival were not enough, hygiene and sanitation also help to control many non-fatal diseases which afflict young children, such as intestinal parasites, blinding trachoma and impetigo.
- Last but not least, hygiene and sanitation have important impacts on the quality of life enjoyed by children, not least of which is to be part of a household which has greater productivity, offering a way out of poverty.

Improved hygiene practices and more accessible sanitation are a major factor in maternal health and survival

Sanitation, hygiene and maternal health (MDG 5)

- Since Semmelweiss showed the importance of handwashing in the prevention of puerperal fever[13] a century and a half ago, hygiene has been central to midwifery.
- Hygiene during delivery is also the cornerstone of neonatal tetanus prevention in a number of countries, particularly China.
- The need to walk long distances to a convenient defecation site, or to wait until nightfall (see MDG 3 above) is particularly onerous in the later months of pregnancy and leads to urinary infections. Sanitation makes it possible for mothers-to-be to relieve themselves when convenient, and close to home where help is at hand.

Sanitation and hygiene is an important complement to HIV/AIDS interventions

Sanitation, hygiene and HIV/AIDS, malaria and other diseases (MDG 6)

- Babies born to HIV positive mothers have a 10-20% chance of contracting the virus through breast milk. However, if they are not breastfed they are six times more likely than breastfed babies to die from diarrhoea or respiratory infections, mostly because of poor hygiene;
- Hygiene and sanitation protects babies, and also those who are already infected with HIV from opportunistic diseases. Diarrhoea (such as *Cryptosporidium*) and skin disease are among the most common of these;
- Appropriate sanitation facilities make home-based care of HIV/AIDS patients, and the task of ensuring their dignity, much easier.
- Defective sanitation facilities in many slums, such as flooded pit latrines and blocked drains, are the main source of the *Culex* nuisance mosquitoes which bite the poor hundreds of times each night, which in some cities transmit filariasis, and the control of which costs poor households more than they can afford. In Dar es Salaam, Tanzania, an average household spends of the order of 50% of its rent - or 10% of its income - on domestic mosquito control[14].

Improvements in sanitation and hygiene are essential elements of environmental sustainability

Sanitation, hygiene and environmental sustainability (MDG7)

- The seventh Millennium Development Goal includes two targets – to halve the proportion of the population lacking access to safe water supply and basic sanitation, respectively – which are explicitly related to hygiene and sanitation; without hygiene, the full benefits of water supply cannot be realised; it is axiomatic that "doing more sanitation" delivers against this target.
- A further target under this Goal is to improve the lives of at least 100 million slum dwellers. A slum is defined largely in terms of its environment, so the improvements envisaged are essentially environmental – such as drainage, excreta disposal and solid waste management, which contribute to hygiene and sanitation in the broad sense;
- Slum dwellers are especially vulnerable to the ill effects of a lack of hygiene and sanitation; high population density facilitates the spread of faecal contamination and disease.

Sanitation and hygiene interventions contribute to the global partnership for development

Sanitation, hygiene and global partnership for development (MDG8)

- Public and private: sanitation promotion needs a partnership between the private (often informal) sector, which mainly builds the facilities, and the public sector, including local government, which has the responsibility to create the enabling environment, through regulation, advocacy, hygiene promotion and support to sanitation marketing.

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[12] Laxminarayan R, Chow J, and Shahid–Salles SA, (2006) "Intervention Cost–Effectiveness: Overview of Main Messages." *Disease Control Priorities in Developing Countries (2nd Edition),ed.* , 35-86. New York: Oxford University Press. DOI: 10.1596/978-0-821-36179-5/Chpt-2. http://www.dcp2.org/pubs/DCP

[13] Semmelweiss I. (1861) Die Aetiologie, der Begriff und die Prophylaxis des Kindbettfiebers. Pest, Wien und Leizig: CA Hartlebens Verlags-Expedition. Murphy FP trans. The aetiology, the concept and the prophylaxis of childbed fever. Birmingham, Ala: Classics of Medicine Library, 1981.

[14] Stephens C (1995) The urban environment, poverty and health in developing countries. *Health Policy and Planning,* 10 (2): 109-121.

- Donors and governments: external support agencies are also needed in this partnership, though they should avoid pressing for subsidies for hardware (e.g. latrine slabs and other latrine parts), which are in most cases counter-productive[15].
- Cross-sectoral collaboration: partnership across the sectoral divide, in government and within donor agencies, is also essential.

In summary, sanitation and hygiene are relevant to the achievement of all of the MDGs. By investing in and promoting sanitation and hygiene, governments and development agencies will contribute to a wide range of development domains: not only water and environment, but also health, education, housing, urban and rural development.

However, politicians remain strangely reluctant to engage with and act on sanitation and hygiene. Sanitation and hygiene clearly have political dimensions which make it hard for government to match public funding to the obvious public benefits of the investment. Box 2 explores the political reality a little further and suggests that governments not only have an obligation to act but also could benefit in political terms both from increased public funding and increased accountability.

Box 2: Arguing the Case for Political Leadership

Action is politically feasible and constructive

In many countries, overcoming indifference to sanitation and hygiene among politicians is still a challenge, as recent studies have confirmed[16] . Yet, the degree of political risk associated with prioritising sanitation and hygiene is less than many politicians consider. Instead of large capital outlays on infrastructure (hardware), public investment in sanitation and hygiene may generally be targeted towards strengthening human resources (software). Jobs and incomes may be created for health extension workers and community promoters of sanitation and hygiene. So recedes a civil servant's nightmare – diarying a latrine block opening ceremony for the Minister

With such apprehensions put aside, politicians wishing to strengthen their constituencies will see they are missing a trick. Studies have shown that low levels of expressed demand for sanitation and hygiene, relative to other needs (water supply), are misleading: where women have an opportunity to voice their views, they commonly value improved sanitation facilities and better hygiene in and around the household. Motivations of privacy and individual dignity are important, commonly more so - than public health. Political leadership can help convert this common desire for better sanitation and hygiene into perceptible demand.

Inaction is not a viable political option

Internationally, reviews of the MDGs have noted that progress towards the sanitation target lags behind other MDGs. The interconnections between sanitation, hygiene and other development domains (observed above) are such that, if disregarded, will slow other policies down. It is a mistake for policy-makers to ignore standards of hygiene: efforts to stimulate economic growth will be undermined by chronic illness amongst the working population. The success of education and other social programmes depends on inclusion of sanitation and hygiene components. Progress towards development is achieved by a combination of key elements, each of which requires championing, or at least protection, politically. The inclusion by DFID of sanitation and hygiene as one of several basic services, alongside health, education and social protection, is recognition of this.

Promotion of public health is an integral part of the role of governments and the public agencies for which governments are responsible. Outbreaks of cholera are a consequence of poor conditions of hygiene in e.g. slums in and around major cities in developing countries. The deaths and suffering caused, including to young children, are *avoidable*. Populations of more affluent areas of those cities are not immune from infection. Failure to prevent epidemics which are preventable is damaging to the government's image and reputation

The challenge of promoting behaviour change is not unique to sanitation and hygiene. It is present in other development domains, such as HIV/AIDS. Sanitation and hygiene is capable of illustrating how the challenge of changing existing practices of individuals and communities may be tackled. Success stories suggest that communities *can* be mobilised to stop open defecation and adopt latrine use: for example, the 'community-led total sanitation' approach as it has operated successfully in some locations in South Asia.

[15] Jenkins MW, Sugden S. (2006) *Rethinking Sanitation: Lessons and Innovation for Sustainability and Success in the New Millennium.* Human Development Report Office Occasional Paper. New York: United Nations. http://hdr.undp.org/hdr2006/background_docs.cfm

[16] Tearfund/ODI (2006): 'Sanitation & Hygiene in developing countries: identifying and responding to barriers: case studies from three francophone countries: Madagascar, Burkina Faso and Democratic Republic of Congo: www.odi.org.uk/rpgg/areas/sanitation.html

Local government can potentially play a significant role in bringing together sanitation and hygiene's different elements. Where, however, capacity gaps, in human and other resources, exist at local government level and are likely to remain for the foreseeable future, the role of line ministries of central government will remain important.

Accountability

Ensuring that populations have access to basic services, including sanitation, is the responsibility of government – not necessarily to implement services themselves, but to ensure access through creating policy, allocating resources, and facilitating an enabling environment. Halving the proportion of people without safe sanitation is an MDG target that has been signed up to by over 190 governments.

All governments should be held to account by their citizens for the state of sanitation in their countries, and so local people should be helped and encouraged in efforts to do so. Efforts to provide institutionalised mechanisms to increase accountability, both at a local and national level, should be carefully nurtured, and for example, initiatives such as the Citizens Action work being conducted by WaterAid's partners in increasing numbers of countries should form a basis of learning and creating the widespread accountability that is vital for success in this sector.

KEY ISSUES AND PRINCIPLES

The positive and compelling arguments about the role and place of sanitation and hygiene in development are based on lessons – "truths" - that have been learned from long experience in the sector, with respect to what works well and what doesn't. Underlying everything is the fact that sanitation is about taking private decisions within the household that impact in a substantive way as a public good in the wider environment.

Truth 1 – Only wanted latrines get used

- *Standardised subsidised latrines are not always wanted:* Despite numerous sanitation projects and programmes, there are remarkably few instances of success at anything like the scale required to fully realise the range of positive outcomes described above. The last few decades have seen hundreds of thousands of toilets built in the developing world, often with considerable subsidy and therefore at high cost, by government and non-governmental organizations. The impact of such programmes has usually been very limited, because most of the toilets were not properly used or maintained. A major problem with many such sanitation programmes is that they have focused on the delivery of hardware without attention to changing behaviours or effectively targeting households who really *want* a latrine.

- *Tailored locally-appropriate and affordable latrines are needed:* A different approach is needed to ensure that every latrine is a wanted latrine and will therefore be used. The starting point is to identify and address the particular sanitation and hygiene-related problems and to define appropriate actions within that context, rather than impose a pre-ordained technical solution in the form of a particular design of latrine as "cure-all" for sanitation (Box 3).

> **Box 3: One size does not fit all**
> The state of Maharashtra, India, had managed a rural sanitation programme based on very high subsidies; it was found that people used latrines as tool sheds or as storage, but the programme failed to spark a demand for sanitation. The state learned from that lesson and has now embarked on a new approach which reflects more closely what users want and can afford. [17].

Truth 2 - Desire for better sanitation exists but needs to be converted into demand

- *Ensuring each latrine is wanted.* The demand for an improved water supply is usually expressed clearly and powerfully by users, to the extent that demand may exceed supply and is effectively rationed through price mechanisms. By contrast, demand for sanitation is often suppressed by lack of knowledge of the advantages that better sanitation could bring. Peoples' awareness of the health and hygiene implications of sanitation can be very low and the convenience and other benefits of sanitation that are highly valued by households are often not the focus of latrine building programmes. Starting to use a latrine may involve significant changes in attitudes and behaviour (many people for example find the idea of defecating indoors unattractive). Investing in this type of behaviour change can be justified in public policy (see Truth 5) but has not tended to feature in sanitation programmes historically.

- *Getting people to want sanitation: health is usually not a good selling point*: Improved health is a crucial outcome of sanitation, but evidence from both rural and urban areas suggests that this is not the best way to sell the concept to households and other users. Awareness about environmental health issues, including sanitation and hygiene is low: the key objective should be to find ways – "messages" – that raise awareness about sanitation, promote hygiene behaviour change and so increase the demand for improved sanitation. Examples of reasons people give for wanting sanitation, based on case studies from the Philippines and Benin, are shown below.

  Table 1: Why do people want sanitation?

Rank	Philippines	Benin
1	Lack of smell and flies	Avoid discomforts of the bush
2	Cleaner surroundings	Gain prestige from visitors
3	Privacy	Avoid dangers at night
4	Less embarrassment when friends visit	Avoid snakes
5	Less gastrointestinal disease	Reduce flies in compound

  Note that health considerations are 5th on the Philippines list, and even further below – 13th place, not shown – on the list from rural Benin[18]. This shows that in many situations it is not a good idea to promote sanitation by using the

[17] P Kolsky, Latrines as tool sheds, reported in "Water, Sanitation-Related Diseases among Most Significant Global Health Problems". http://www.unis.unvienna.org/unis/pressrels/2004/envdev768.html

[18] Jenkins, Marion W., and Steven Sugden. 2006. "Rethinking Sanitation: Lessons and Innovation for Sustainability and Success in the New Millennium."

argument that it will improve health alone. It is essential to carry out initial studies and market research to identify what factors particular users identify as being the key benefits and then use these as the "selling points" for sanitation.

- *Differing perceptions of priorities: the household as the centre of attention*. Users and professionals often have very different perceptions of what is important. Households in urban areas typically place a clean household as their first environmental priority. This is followed by a better environment in the street, then the neighbourhood, and finally the city and beyond. Professionals in the water and sanitation sector tend to take a diametrically opposite view; overall improvements to the environment of the city through, for example, centralised wastewater treatment works, are their perceived priority[19]. Engineers and Health Officers typically emphasize high engineering standards, physical outputs, and health impacts; end-users may have quite different perspectives (see Table 1). Effort is needed to balance these shared and highly visible public benefits with household and community benefits.

Truth 3 – Those who 'sell' sanitation are often best at marketing it

- *Working with the people who really build (and empty!) latrines.* Few conventional sanitation programmes have built more than 10,000 latrines; and yet that is the minimum requirement for almost any major city in the developing world. This statistic shows that, with an average household size of six people, Kampala alone still needs ten times that number. In fact most progress in improving access to sanitation has been achieved by small scale providers, usually local masons and builders building latrines for individual households. All over the world there are local markets that work for local people in both providing latrines and managing pit wastes. The small scale local private sector was the key suppliers in the Community Led Total Sanitation (CLTS) programme in Bangladesh for example. A key feature of CLTS was the design and construction of latrines to a *price* rather than a specification. In this way, the poorer in society gained access to better sanitation. Research in Africa confirms that the role of the small scale private sector in sanitation provision is significant. Importantly, many households already invest in sanitation facilities themselves, outside of government or donor funded programmes. This does not imply that the existing market will always be perfect. Public sector support may be needed to change incentives and improve the services on offer, public interventions may also be needed to create the right environment for small providers to develop and grow their businesses. Public funding may be required to create incentives for proper disposal of pit waste in urban areas and so on. Nonetheless appreciating that this market exists and allowing public policy to support it, rather than trying to suppress it, may be one of the best ways to bring sanitation programmes to scale. .

- *Adopting a marketing approach* - that is, using marketing principles and techniques to influence a target group to voluntarily accept, modify or abandon a behaviour for the benefits of individuals, households, groups or society as a whole - has been more successful than anything else in changing the behaviour of people by showing them direct personal benefits (See Box 3). The approach builds upon marketing principles to identify the "messages" that will convince people to buy sanitation (see Truth 2)[20]. The local private sector, who need to earn a living selling sanitation products and services and therefore tend to have a good sense of what consumers value and will pay for. Using them to promote sanitation can thus lead to good outcomes that are financially sustainable. Public funds can then be used more effectively for product development, market research, training, promotion and other forms of facilitation, as well as for the provision of latrines in public places.

- *Using marketing improves the odds of achieving behaviour changes too.* Of course marketing and provision of hardware is not enough. Sanitation facilities will bring few benefits unless they are used correctly, and this requires changes in behaviour. With a marketing approach however, sanitation only goes to those who purchase it, which makes it much more likely that consumers will understand its purpose and will value, use and maintain it. While this constrains the pace at which take-up will proceed it is much more likely to result in sustained changes.

Box 4: Applications of social marketing approaches[21]
Central to the social marketing approach is an understanding of the target audience, how and why they behave and what drives and prevents adoption of the product or new behaviour

- Large-scale social marketing of treated bednets in rural Tanzania showed an increase in the number of infants sleeping under bednets from under 10% at baseline to over 50% three years later. This was further associated with a 27% increase in child survival among the 1mth-4yr olds.

[19] WELL 1998 Guidance Manual on Water and Sanitation Programmes chapter 2
[20] For a fuller outline of the approach see WELL 1998 Guidance Manual on Water and Sanitation Programmes chapter 2 and WSSCC and WHO (2005) Sanitation and Hygiene Promotion: Programming Guide chapter 10
[21] WELL Factsheet: Social marketing: a consumer-based approach to promote safe hygiene behaviours
http://www.lboro.ac.uk/well//resources/fact-sheets/fact-sheets-htm/Social%20marketing.htm

- In Zambia, the Safe Water Systems social marketing programme has shown a similar success, with the use of Chlorine for household drinking water treatment rising from 13.5% in 2001 to 42% in 2004

- In Ghana the first phase of a national handwashing with soap marketing programme has yielded promising results. Among mothers, reports of handwashing with soap before eating have risen by over 40%, and among children (at home) by over 60%.

Box 5: Households are the real sanitation investors

Recent research in India indicates that of the household sanitation which does exist, only a tiny proportion has been financed by governments. In the six years from 1985/86 to 1991/ 92 the Government of India constructed 2.26 million latrines in rural areas, raising coverage from 0.5% to 2.7% overall. In 1988 /89 the 44th round of the National Sample Survey found that just under 11% of the rural population had a latrine, suggesting that as many as 8% of rural households across the country had invested their own money and used small private providers to construct their latrines.

Truth 4 – Some subsidies are smarter than others[22]:

- *The logic of sanitation subsidies:* Sanitation is both a merit and a public good[23]; it is therefore economically justified to spend public money to change individual behaviours. The use of subsidies can also be justified on the grounds of equity –public funds can be used to enable poorer households to access the benefits of sanitation.

- *Not reaching the right parts.* However, these economic arguments break down if the mechanisms used to deliver the subsidy fail. Thus, while most sector professionals agree that subsidies in the sector make sense, many feel that conventional approaches which provide a direct subsidy for the latrine itself are not justified *because they have limited reach (constrained by the absolute size of the budget available and the tendency to support higher-cost latrines), they don't significantly increase use of latrines and they have usually failed to reach the poor*[24]. In India, for example, the Government's Total Sanitation Campaign provides subsidized latrines to poor households. Yet due to limited participation of communities and lack of information about the campaign in remote villages, many poor and vulnerable households have been overlooked[25]. In reality it has been the rich rather than poor people who have capitalized on and benefited from the subsidies that have been made available to a minority (see Box 4).

- *So what should be subsidised?* Households, not public agencies, are responsible for the vast bulk of spending on sanitation; this ratio is typically in the range of 10:1 (for example, see Box 5). Recognising this, many of the better-known successful sanitation programmes have used their limited amounts of money to *influence household investment decisions* rather than subsidising that household investment directly. The Orangi Pilot Project in Karachi Pakistan, mobilized communities to invest in sewers, while in Midnapore West Bengal India, households were supported to invest in on-plot latrines. The common feature of these two well-known cases was that, while external funding was used to support technical innovation, participatory research, hygiene education and social marketing, direct funding of hardware (for example latrine components) was not included; households were responsible for the local investment themselves. The more recent experience of the Community-Led Total Sanitation campaign approach adopted in rural areas of Bangladesh also takes the same approach. Public interventions to *develop supply and demand* can generate public benefits and address equity questions, even if the direct impact is initially on the behaviour of relatively well off people in communities, because indiscriminate defecation by individuals impacts upon *everyone* in the community. As the current sanitation campaign in Uganda is asking: *Is your neighbour killing you*? Compared to hardware subsidies these types of 'software' subsidies appear to be more effective. What is more they make public money go a lot further because they are geared to leveraging rather than substituting for household investment.

- *What are the implications?* A sound general principle emerged at AfricaSan, the African Conference on Sanitation in 2002: namely "subsidise only that for which nobody else will pay". Taken together with the above lessons from experience, this can help in terms of setting priorities. For example, in general:

[22] For a full discussion see WSSCC and WHO (2005) Sanitation and Hygiene Promotion: Programming Guide chapter 5 and DFID (2007) Background Paper on Financing of Water and Sanitation

[23] Sanitation is a merit good because society thinks that everyone ought to have it, irrespective of whether the individual wants it or not, and is a public good because the benefits of the individual using a latrine and practicing good hygiene accrue to others as well as to that individual D. Begg, Fischer, S. and Dornbrusch R. *Economics* McGraw Hill, UK 1984.

[24] WaterAid *Submission to the International Development Committee* (January 2006):

[25] For more details, see WaterAid India *Total Sanitation in South Asia : the challenges ahead,* 2006 http://www.wateraid.org.uk/documents/sacosan_2_reginal_wa_paper.pdf

- avoid direct subsidies for the construction of household latrines
- subsidise the generation of demand and sanitation promotion
- subsidise capacity building of small scale sanitation service suppliers and the development of an environment conducive to their operation
- finance institutional sanitation provision in schools, government offices and public buildings
- finance downstream infrastructure and sludge management in urban areas because household sanitation may depend on city-wide networks

- In addition to direct subsidies *provision of appropriate financial services* including savings and credit at the local level play an important role in breaking down household barriers to accessing services (see for example Box 6). Amongst the factors to be considered is minimising the risk of "crowding out" (particularly in micro-credit); this implies applying grants to subsidise the initial set up costs of schemes, equity, seed capital, or creating a reserve or guarantee funds, rather than subsidizing loan terms which undercut potential local lenders[26]

Box 6: Community-Led Infrastructure Finance Facility (CLIFF)

DFID contributes to the funding of CLIFF (established in 2002) to provide finance to organisations of the urban poor for infrastructure and housing demonstration projects that will improve living conditions in low-income areas, and have the potential to impact on policy and practice and be scaled up. CLIFF has helped establish a fund to assist community based organizations to access commercial and public sector finance to help improve slum dwellers housing and sanitation. It has increased local investments in slum upgrading; and changed the banking and municipal policies to promote slum upgrading, particularly in India. CLIFF continues to progress in Kenya and has recently expanded to the Philippines. To date, around £5.3m has been disbursed to local partners to provide the finance required for enabling the construction of safe, secure homes for over 7,000 families and access to sanitation for over two million slum dwellers

Truth 5 - Sanitation is different from water

- *The differences:* Whilst sanitation commonly falls within the sectoral remit of water institutions, the systematic linking of water and sanitation in policy-making is often unhelpful to the cause of sanitation[27]. Sanitation differs from water in a number of critical ways notably; the timeframe required to generate legitimate and informed demand; the need for the entire community to change behaviours to ensure benefits accrue to everyone; the most effective delivery mechanisms (with a much stronger emphasis on small scale private providers for sanitation compared to water in many contexts); the focus on household behaviour rather than communal use of a resource; the balance of capital and operational costs for the household; and the long term operational requirements (which at least in rural areas fall more heavily on the household for sanitation as compared to the community for water supply). The situation is somewhat different in large urban areas where the need for a whole-city approach to sanitation may justify combining responsibilities for water supply and sanitation through a unified utility or a city-coordinating mechanism of some kind (this is true even where on-site sanitation is the norm; sludge management is still usually a city-wide problem).

- *The priorities:* Further, sanitation is frequently seen to lose out to water in policy and budgetary priorities particularly within water ministries; sanitation often lacks champions amongst the hydraulic engineers.

- *Strong links to other sectors:* As we have seen, sanitation and hygiene can also be considered within broader contexts of poverty, so it seems appropriate that several ministries take responsibility. Entry points may be found in ministries other than just water, including those whose resources are larger. Selective arguments for better basic sanitation and hygiene services in poor areas can be made proactively, for example, to officials responsible for:-

    - education: that school curricula adequately incorporate hygiene education;
    - health: that more resources are allocated to the district health officers for preventative work on hygiene, to avoid outbreaks of cholera;

[26] DFID (2007) Background Paper on Financing of Water and Sanitation
[27] ODI/Tearfund (2006), 'Sanitation and Hygiene: knocking on new doors', Briefing Paper, Overseas Development Institute, December 2006 (based on studies in three countries in sub-Saharan Africa): www.odi.org.uk/wpp/Publications.html

- in some very specific situations housing: access to housing finance can be linked to the presence of an adequate latrine as was successfully done in the Million Houses Programme[28] (both rural and urban) of the Government of Sri Lanka in the mid 1980's;
- policy linkages on gender issues may be made with a number of public agencies, at national and local level. Continued efforts will be required to help combat exclusion of women who commonly voice their desire to improve conditions of hygiene in poor areas.

Truth 6 - Sanitation needs institutional leadership at national level

- *A sound policy and institutional framework is essential:* Because of its multi-sectoral nature, sanitation is not usually organised as a single sector, yet policy and institutional issues such as regulations, norms, institutional incentives, and behaviour change have to be addressed. Policy also provides the framework within which improved sanitation services can move from isolated projects to national programmes. Lack of sound institutional frameworks and institutional fragmentation of responsibilities is an important cause of failed sanitation provision. Definition of responsibilities between public agencies and between public and private agencies/households is a key facet of policy; such has been developed in South Africa[29] (Box 7). Experience shows that effective policy is developed as an outcome of a *process* that engages with a wide range of stakeholders and addresses what works at field level within the capacity of the current institutional set up[30]. Broad stakeholder involvement also serves to generate more widespread interest and support for sanitation and hygiene.

Box 7: Sanitation finds a home in South Africa

South Africa has pioneered "joined-up thinking" through its innovative national sanitation policy; a particularly striking feature is the multi-sectoral approach to sanitation provision. Whilst overall responsibility for sanitation rests with a specific department, the programme development and implementation is actually achieved by multi-sectoral partnership involving the household, local government, NGOs, private sector, provincial government and the central government. The institutional and organisational framework clearly defines the roles and responsibilities of these stakeholders[31].

- *A focus on outcomes and budgets:* Viewing sanitation and hygiene interventions through the lens of *development outcomes*, instead of sectoral inputs, may transform the cross-cutting nature of sanitation and hygiene into an advantage. Creating and linking budget lines across several responsible agencies is an effective way of achieving coordinated policies. Fundamental to this is to insert sanitation budget lines into the medium term budgetary or expenditure frameworks which grow out of the PRSP process. Sanitation too often falls out of national priorities because no ministry takes care to ensure that it is represented and funded. Ministries of planning and finance have a responsibility here; see Box 8.

Box 8 The Government of Ethiopia (GoE) coordinates donor funding mechanisms

GoE has decided to shift all current and planned donor funding onto the "Channel 1" financing mechanism which sees funds pass from the national Ministry of Finance to Regional Bureaus of Finance to District (Woreda) Finance Offices. This puts finances in the hands of the Woredas who can/should allocate resources to health sector activity (focusing on hygiene and sanitation) as well as water supply. Up to now it has been virtually impossible to get a donor project which channels funds to the water sector Ministry to pass on a proportion to either another sector ministry (health) and certainly not to a regional bureau of health

Truth 7 – Sanitation and hygiene require the right people doing the right jobs

- *Establishing outcomes:* the type of outcome-based planning described above can also be used to establish what activities are needed in different organisations. Recently in other sectors this type of outcome-based budgeting has been effective in translating commitments in the PRSP, via the MTEF to funded mandates in a range of ministries. The same is possible in sanitation – even outside the framework of a PRSP – and can provide the basis for assigning roles and responsibilities across a range of ministries, and sectors (public, private, civil society) with a focus on results (see for example Box 9 and Box 10).

  Thus for example –to achieve significant behaviour change might require:

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[28] DPU and WEDC (1987) for the National Housing Development Authority (NHDA) of Sri Lanka: Galle Urban Project Manual, Enclosure 3
[29] WEDC *Application of Tools to support national sanitation policies :Comparing national sanitation policy content, an initial review of nine countries*
[30] WASH programming guide section 3
[31] WEDC Applications of tools to support national sanitation policies Briefing Note review: Comparing national sanitation policy content http://wedc.lboro.ac.uk/projects/new_projects3.php?id=142

- Ministry of Education to invest in hardware (latrines in schools), curriculum changes and staff training;
- Ministry of Health to invest in hardware (latrines in health centres) and staff training as well as running ongoing hygiene promotion programmes (see Box 10);
- Ministry of Finance to allocate sufficient funds for software (hygiene promotion and sanitation marketing) and establish performance benchmarks for these inputs against which future budgets can be allocated;

The point here is not that there is a blueprint for how sanitation can be effectively organised but rather to acknowledge that it will always be complex and require collaboration across many 'sectors'. One of the most effective drivers for achieving such collaboration is a centrally organised budgeting process which shows how inputs in each sector contribute to a combined goal.

- *Expertise Required:* Sanitation requires the short-term delivery of hardware (toilets and taps), the long-term delivery of software (support to behaviour change) and the creation of an environment which facilitates both. While it is impossible to generalise who does what best, it is possible to say that in any given situation there will be a range of actors with useful skills. Crucially, new approaches to sanitation do require skills which have not traditionally been found within water ministries or utilities. Such skills include marketing, business development, public finance and commercial finance, micro-finance and social mobilisation. Furthermore such expertise may need to be spread through several ministries (as above) and coordinated through horizontal lines of communication.

- *Melding the public and private sectors:* Finally it is important to clearly articulate general roles and responsibilities (or expectations) between the public and small-scale private sectors, to create a framework for specific policy interventions. Such a division is also predicated on a sense that each 'sector' can work in close partnership and provide support to others. Such a division might include:

  - Public: getting the policy environment right and regulating for externalities such as public health and environmental protection; investments in public hardware (public and institutional latrines, urban networks, wastewater treatment and sludge management; business development support to small scale providers, long term delivery of software activities through organisations with an active and widespread field based presence (candidates may include the Ministry of Health, with health outreach workers (see Box 10), ministries which do regular extension work such as Agriculture and Social Affairs);

  - Private: delivery of hardware, some marketing activities, outsourcing of some public functions. ;

  - Community: beyond the motivations of individual households, communities can often play a driving role in setting collective objectives (e.g. open defecation free villages) and creating incentives or sanctions for compliance by all households, e.g. *[CLTS]*

  - Civil Society: supporting collective community action, sanitation marketing and hygiene promotion.

Box 9 Government Coordination moves ahead in Ethiopia

The Ministries of Water Resources, Health and Education signed a Memorandum of Understanding on "The Integrated Implementation Modality of Water Supply, Sanitation and Hygiene Education (WASH) Programs in Ethiopia" in March 2006. This sets out the responsibilities of each sector Ministry with regard to WASH programs and, most importantly, establishes inter-Ministry bodies for collaboration (policy, planning, financing, capacity building, implementing, monitoring and reporting) - a Federal Steering Committee of Ministers, a Technical Team of Heads of Department and a Coordination Unit comprising units from each Ministry. These structures are mirrored at regional and district level. In practice it is proving easier to bring the three sectors together in districts and communities. More recently it has been agreed to open up these Federal inter-Ministry bodies to donor, civil society and private sector representation. The most important feature of these arrangements was the launching of the National Sanitation Forum in April 2007. It is too early to see any impact: initially, transaction costs are high, but it is expected that the WASH sector will see better and shared outcomes at household and community level and be able to report progress jointly. These will be considerable achievements

Box 10 Health Service Extension Programme (HSEP) in Ethiopia[32]

The HSEP, a component of a strategy to institutionalise village health service delivery, targets 15,000 communities throughout the country by assigning two health extension workers (HEWs) to each.

[32] http://www.alertnet.org/thenews/newsdesk/IRIN/40cd1cde6dc19294566777e1e6313ed0.htm

So far, 15,527 workers have been appointed in 10 regional states and 7,268 more are in training. The HEW's already deliver a number of messages about hygiene and sanitation to families, thereby providing a national outreach mechanism. The development of a national sector capacity building strategy will provide the opportunity to reinforce this[33]

Box 11: Working through a sector-wide approach in Uganda

The sector-wide approach for water and sanitation in Uganda has developed over a four year period. Initially, sanitation was given little attention and was largely confined to a department of the Ministry of Health and approaches were not effective in being "sector wide". However, in the most recent Joint Sector Review, sanitation has received much higher prominence. Key factors are the development of an enabling environment with political support from the very top and the direct involvement of the Ministry of Finance exerting influence through the allocation of budgets to line Ministries. This resulted in part from the Government's realisation that national goals and targets for Infant Mortality and Maternal Mortality were at best static, and that the necessary preventative measures such as hygiene and sanitation were being neglected through over-emphasis on curative approaches. This is being fixed by reviewing budget allocations in the light of this monitoring data. The national Joint Sector Review processes for both Health and Water are increasingly aligning to the benefit of sanitation and hygiene[34]. DFID supported the development of this process, initially through placement of a water and sanitation sector adviser in the Ministry of Finance; further specific support to sanitation and hygiene is under consideration.

Truth 8 - Sanitation has special requirements in urban areas

- *An urbanising world*. Notwithstanding the important challenges of rural sanitation, which remain significant, we live in a rapidly urbanising world with almost one billion people residing in slums. The scale of the change is unprecedented and there is an urgent need for more learning and testing of approaches in slums and small towns – such as the work carried out on condominial sewerage in Latin America and community latrines in south Asia.
- *Urban settings differ from rural ones* although the lessons outlined in the above "truths" apply in general to both. However certain factors are important in urban areas:
    - the economy is primarily monetary in nature
    - population densities are higher and settlements often larger
    - latrine-based solutions for households cannot work without the need to consider "downstream" networks. These could be either physical networks, where a household latrine is connected to a sewer network leading to a final disposal point at which appropriate waste treatment should be provided; or service-based networks for the emptying of pits and the transport of their contents to a suitable disposal site that may involve treatment of the faecal sludge.
    - Thus, there are important overall planning considerations in urban areas[35] to ensure that individual sanitation solutions are linked in to city networks.
- *Financing Behaviour change and infrastructure.* Just as in rural areas *sustainable* changes in behaviour and community action can be achieved but usually require support and financing. There are widespread examples where community-based sanitary blocks, community condominial and small local networks have been implemented by urban communities on very low incomes –who are willing to pay for the capital and recurring costs of a hygienic sanitation service. However few utilities in developing countries recover the full costs of sewerage and wastewater treatment services even from their wealthy customers; since the benefits of these services are public in nature, and tariffs are usually suppressed. In these situations subsidies can be justified and are normally required. These public-good subsidies may well be required to enable communities to invest in local solutions. Regrettably many urban systems are in poor repair and systematic financial planning may not occur – this leaves communities at risk that downstream services will break down even where they make effective local investments. The implication is that interventions to support communities need to be embedded in an understanding of the city-wide system as a whole.

Truth 9 - Sanitation needs support in all regions of the world

- *Focus on the right geographies:* The prospects for achieving the MDG target depends most clearly on those countries with least coverage; Asia, sub-saharan Africa and fragile states. South and East Asia is "where most toilets aren't", with India and China predominating due to their large populations. However, the rate of progress to improve sanitation in the

[33] WEDC (2007) for the National WASH Task Force Ethiopia: A stock take of capacity building for WASH in Ethiopia - towards a pooled fund for capacity development"

[34] Personal Communication, Anthony Waterkeyn to Andrew Cotton, 17 May 2007

[35] IWA (2006) Sanitation 21: Simple approaches to complex sanitation: a draft framework for analysis

region has doubled since 1990. In Sub Saharan Africa, the trend is of much greater concern, it is going backwards. Coverage has only risen by 5% since 1990 and this has been outstripped by population growth such that the number of people unserved has actually increased by 111 million over the period[36].

- In sub-Saharan Africa, coverage in 2004 was only 37%. In order to be on track in 2002, the coverage needed to be 49% and this rises to 66% to achieve the target in 2015. There are 463 million people without access to improved sanitation – this is exceeded only in South Asia and East Asia combined. Sanitation is on track in three of the sixteen DFID PSA countries (Table 2), off track in six and seriously off track in seven. Due to their large populations, progress in Nigeria, Ethiopia and DRC is critical to achieving the MDG targets for the region.

Table 2: Improved Sanitation Coverage (%) in DFID's Africa PSA target countries[37]

Country	Sanitation	Sanitation tracking*
Ethiopia	13	XX
Nigeria	44	XX
Mozambique	32	XX
DRC	30	XX
Sierra Leone	39	XX
Lesotho	37	XX
South Africa	65	√
Uganda	43	X
Malawi	61	X
Kenya	43	X
Tanzania	47	X
Ghana	18	√
Rwanda	42	X
Zambia	55	X
Zimbabwe	53	√
Sudan	34	XX

* Key: XX seriously off track; X off track √ on track

End point - sustaining change

- *Sustaining change*. If low levels of demand are addressed through interventions to promote sanitation concepts (whether based on status, dignity, women's safety, or health) then people will spend their own money to construct facilities to a level that they can afford. They will also be sufficiently motivated to maintain and then replace them as the need arises. The number one desired outcome – sustainability – is achieved through effective promotion, not through reduced price hardware. A wanted latrine is a clean and well-maintained latrine – a latrine for life.

[36] UNICEF WHO Joint Monitoring Programme (2006) *Meeting the MDG Drinking Water and Sanitation Target*

[37] WELL Task 2514 Water in Africa: an overview (internal DFID paper)

PRIORITIES FOR MAKING PROGRESS: PROGRAMMING PRINCIPLES

Sanitation, as we have seen in "Making the Case", is fundamental to realising each and every one of the MDGs. It remains a puzzle then why sanitation so often gets 'left behind'. Why is it that schools and health centres are still built without toilets, that access to toilets lags behind access to improved water sources in every region of the world and that sanitation has failed to be translated from commitments in national policy and PRSPs into budget headlines in the Medium Term Expenditure Framework (MTEF) in any country? The answer lies partly in the apparent complexity of getting sanitation right; years of less-than-effective latrine-building programmes have rendered some policy makers and development professionals wary. At the same time, in most countries sanitation is everybody's and nobody's business; few politicians can see an opportunity to register significant success on the basis of sanitation programming; they are all too focused on the 'core business' of their departments; water, health, urban development or education. In the worst case, the lack of money in the sector further mitigates any political interest. Into this unpromising situation, the beleaguered national programme officer seeks to launch a well-focused and effective intervention which can bring sanitation up the agenda and start a revolution of sorts. The question though is "where to start?"

Step 1 - be opportunistic: identify and work with key opportunities

Perhaps the most important thing to do is to be opportunistic; in most countries there are individuals and organisations that do recognise the importance of sanitation. This recognition may manifest itself in many ways. For example, as a willingness to support policy change by a senior official or city manager, a commitment to introduce hygiene promotion into the work plans of health extensionists by a district health officer or as a small practical project implemented by an NGO. Wherever such opportunities can be found they can be supported – they may provide DFID with an entry point into sanitation and can help to put sanitation 'on the map' particularly where they can demonstrate visible success. The best way to respond depends on the opportunity itself and the country context. Often the first response is relatively low key and low cost; country programmes can support these islands of excellence by providing a platform for dissemination of experience, building linkages between successful practitioners and would-be policy makers or by steering other donors in the right direction. Ultimately however, these key opportunities can also form the basis for a successful and appropriate project or programme.

Box 12 Islands of excellence

In Bangladesh in the late 1990s / early 2000s a local NGO, VERC, started working with rural communities to generate improvements in sanitation. VERC decided to focus on eliminating open defecation and deployed a range of approaches which mobilised the collective energy of the community to promote safe sanitary practices. Over time various other actors including WaterAid, WSP and DFID have taken note of VERCs approach and have channelled support into a process of scaling up. In 2003, the first SACOSAN conference was hosted in Bangladesh. With support from various agencies, the experience of Community Led Total Sanitation (CLTS) as the VERC approach was by now called, was profiled in front of an audience from across South Asia and is now widely known and replicated.

A similar story comes from Ethiopia where a District Health Officer in the Southern .Nations and Nationalities Region decided to take action to tackle the recurrent threat of cholera epidemics by developing effective local support programs to promote sanitation. By utilising existing capacity in the Department of Health and a well focused promotion campaign, significant gains were achieved. The District Health Officer has since become influential in Ethiopia as a member of the government, but the experience has also informed DFID's programs and its research Program, RiPPLE, based in Ethiopia.

Step 2 - be realistic: base interventions on a thorough situational analysis

Even where such islands of excellence exist, and particularly where they do not, another practical and critical entry level activity is to carry out a thorough analysis of the situation on the ground. This needs to cover both the situation at household level (the demand side), the situation on the supply side (small scale and institutional providers) and the policy environment. Various tools exist to provide the base of information on which such an analysis can be built. These include:

- Formative (market) research (household surveys, focus groups etc.) to provide information on demand and the drivers of demand;
- Market surveys to provide information on the potential suppliers of sanitation goods and services (i.e. toilets, pit emptying etc) and the market in which they operate;
- Institutional analysis – assessing the roles and responsibilities, norms and practices which govern decision making and service delivery in sanitation;
- Political economy analysis exploring the drivers and constraints to effective service delivery based on existing political and social power-relations (Box 13);
- Public Expenditure Reviews examining financial decision making, priority setting, budgeting and expenditures relating to sanitation across all departments of government;
- Impact evaluations of previous sanitation projects and programmes.

Box 13
In Bangladesh, a DFID-supported political-economy analysis has been applied to the rural water supply sector with a particular focus on decision making relating to protecting communities from arsenic –affected water. This analysis helped to create momentum within DFID to work with the Ministry of Finance to develop a multi-sector budget support instrument with leverage to achieve significant reforms across a number of sectors, including in the area of sanitation and water supply in the slums of Dhaka. The analysis had helped to prove that maintaining a focus solely on sectoral projects would not achieve significant gains.

Step 3 - be effective: respect the three legged stool

After building up a reasonable understanding of the realities and opportunities for sanitation service delivery, the next step is to identify effective interventions. The key here is to ensure that there is a balanced intervention which can support and build:

- local demand;
- appropriate local supply;
- an enabling environment which will allow both demand and supply to grow sustainably[13]

Naturally, a DFID programme does not have to address each of these 'three legs' but it does need to acknowledge and respond to other actors in identifying where the best interventions are. For example, in a situation where local NGOs are doing excellent work in promoting behaviour change, interventions might be focused on building a responsive supply chain of goods and services and lobbying for policy changes which enable public funding for hygiene promotion to be channelled through civil society or private sector organisations. In other situations where government has worked on supply chains, DFID might focus its efforts on building appropriate capacity for hygiene promotion and sanitation marketing.

Step 4 - get the right people in place: build or support professional cadres

Despite the range of ways in which the sector can be organised there is still a fundamental need for a cadre of professionals who can drive the hygiene promotion and sanitation agenda. Successful sanitation programmes generally have this in common – a long term commitment of staff with the right skills to 'sell' sanitation and hygiene. They may be found in a number of places including NGOs, the private sector and in government at all levels. The skills needed are both technical, but perhaps more importantly related to behaviour change and marketing.

Given that many public sector bodies are focused on down-sizing their permanent staff it seems likely that these cadres of professionals will increasingly be found *outside* government. Two notable exceptions to this may remain for many years; the cadre of health or other extensionists who can do so much to support long term behaviour change in rural areas and technician-managers in urban utilities and local government who will retain an important role in urban sanitation service delivery. For these existing cadres the key may be less about retraining and more about realigning incentives so that promoting and achieving substantial change in sanitation results in clear rewards. (Re-aligning incentives and building professional cadres go hand in hand – the slow adoption of the concept of appropriate-use-of-technology which was first seriously discussed in the water sector in the early 1980s but which has now become 'received wisdom' illustrates both the potential and the long-time frame required to realign professional practice.)

Outside government there is a pool of people who can play a key role in sanitation – these include small businesses and individuals who work as masons or plumbers - here specific training and business development support may have a significant impact as well as publicly-funded market research to identify niche markets and develop appropriate products. Staff of NGOs and other civil society bodies could also benefit from simple training interventions reinforced by clear policy signals that indicate government's willingness and interest to support sanitation programmes.

Step 5 - spend time getting it right: build a programme that will work beyond 2015.

Finally it is important not to expect a quick fix. Sanitation is complex and political. It is doable but only with a long term commitment that can match the long timescale needed to change private behaviours in the household. With only eight years to go before 2015 this is perhaps the last moment at which to put in place effective programmes which may begin to show real results by then.

PRIORITIES FOR DFID: GETTING STARTED

The purpose of this section is to illustrate by example the different possibilities that exist for DFID and its development partners to support sanitation and hygiene. Whilst the institutional fragmentation around sanitation creates certain problems in national policy development and implementation (see "Home Truths"), the plus-side of this characteristic is that it offers an unusually wide range of opportunities for aid programme managers and advisers to develop interventions to support sanitation within Country Assistance Plans.

Options for Engagement

Sanitation and hygiene can be supported through:

- The available range of programme-based and other aid instruments; and
- Different service delivery sectors, for example: health; education; governance improvement; water; general infrastructure.

In fact the lack of a "sanitation sector" offers more opportunity rather than less. As this paper shows, sanitation delivers against a whole range of different development objectives and is not locked into any specific sector. So in order to "do sanitation" it is not necessary to have a bespoke sanitation and hygiene programme as a separate entity in a country strategy. Sanitation and hygiene fits with current trends towards larger scale programmatic funding, thereby offering a number of potential "hooks" for Country Assistance Programmes.

Using the International System. To date, DFID's key partnerships have been with the World Bank (Box 15) and UNICEF[38]. The World Bank's work is more focused on urban sanitation and UNICEF on rural (Box 14 & 15). However, both have identified urban slums as a key gap both in knowledge of best practices and implementation. A particular strength of UNICEF is its commitment to a Child-centred approach through School Sanitation and Hygiene Education (SSHE) and this offers valuable opportunities to support the generational change that is required in order to tackle the sanitation crisis.[39] The Water and Sanitation Programme (WSP)[40], is an external partnership programme of the World Bank; it does not have a lending programme but supports a number of country level, regional and global initiatives at the cutting edge of hygiene and sanitation. These are supported by DFID. WSP is an important source of sector knowledge and experience. (Boxes 14 and 20).

Working with other donors. Improved donor coordination related to sanitation and hygiene is taking place in different ways. Whilst the situation in Ethiopia is at a very early stage, improved inter-ministerial coordination for WASH (Box 8) is linked to the broad donor support for a WASH sector Task Force under the auspices of the EU Water Initiative. There is also broad support in Ethiopia for a pooled fund for (WASH) capacity development; this clearly has the potential, if successful, to pave the way towards more general sector-wide financing. In Ghana, there is a particularly interesting case of bilateral donor programme co-funding (Box 14).

Budget support environment: The degree of institutional fragmentation around sanitation that exists in many countries implies that Sector-wide approaches would be particularly challenging. However, recent initiatives in Uganda (Box 11) in response to poor performance against certain health targets have mobilised resources for sanitation in a sector-wide way. In Ethiopia, government intends to channel donor funds for WASH through the Ministry of Finance to local government, rather than through specific line ministries (Box 8).

Meeting the health MDGs: there are good examples of where sanitation has been included as part of the health sector programmes in order to boost the achievement of desired outcomes (See Boxes 15 and 17). For this reason sanitation has also been identified as an opportunity by DFID in Ghana and is likely to be part of the next health sector programme. The case of Uganda (Box 11) shows how sanitation has been prioritised by government partners as a means to boost two key health targets that were under-performing. However, it is important to recognise that whilst desirable, it is by no means always straightforward. Clearly the health sector has strong and competing priorities and in many cases the emphasis is on curative rather than preventative approaches; ensuring support for household sanitation will remain a challenge.

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[38] DFID (2007) Background Paper on Financing of Water Supply and Sanitation deals with the specific issues of financing through IFI's and the UN

[39] Sanitation takes time: it took over 100 years to complete the sanitary revolution in Britain. See WELL Briefing Note 10: Learning from the past – delivery of water and sanitation services to the poor in 19th century Britain http://www.lboro.ac.uk/well//resources/Publications/Briefing%20Notes/WELL%20Briefing%20Note%2010%20A4%202no%20crops.pdf

40 See http://www.wsp.org/

Some example of sanitation and aid instruments

In the context of the Paris Declaration on Donor Alignment and Harmonisation, sanitation and hygiene offer important opportunities for programming within a range of aid delivery mechanisms that "score positively" – in a broad sense - against the Paris Declaration indicators, and also support DFID's Public Service Agreement targets. In fact, sanitation does not lend itself to stand-alone bilateral projects as is clear from the "Making the Case" and "Home Truths" sections of this paper.

Boxes 14 to 22 illustrate the different and innovative ways that sanitation and hygiene can be programmed in order to deliver specific development objectives. These are principally concerned with programme-based aid. It is important to note that the *status of the examples shown varies* from those that are currently being implemented to those that are not yet approved but are being explored. These latter are included as they demonstrate the innovative ways that can be adopted to support work in sanitation.

Harmonisation and alignment: Box 14 shows how DFID's support for sanitation, hygiene and water in Ghana moves beyond improved coordination to promote harmonisation and alignment.

Box 14: Co-funding with other bilateral donors in Ghana[41]

DFID has co-funded existing programmes of Danida and KfW with the Government of Ghana, in support of their priority to eradicate guinea worm through health, hygiene and sanitation promotion and provision of technical support to the District Water Supply and Sanitation Teams in Volta and Upper West regions. In addition to the direct benefits to poor rural people, this approach is significant in the context of the Multi Donor Budget Support (MDBS) approach, increasing aid flows and the need for government to identify and budget for capacity building Technical Assistance.

Working with multilateral development partners. There are important opportunities through sanitation to work with IFI's and UN agencies both to deliver improvements on the ground and assist with and influence the development of policy through the influence and "seat at the table" that this provides. This is the case with DFID support to both Bangladesh (Box 15) and China (Box 16)

Box 15: Working with UNICEF in Bangladesh[42]

DFID is supporting the implementation of a hygiene promotion, sanitation and water supply project implemented by the Department of Public Health Engineering, Government of Bangladesh, in partnership with UNICEF. The proposed $75m support programme addresses two of the four results areas of the DFID interim Country Assistance Plan. These include: better quality basic services for poor people helping Bangladesh to meet or exceed MDG targets for education, health, and water and sanitation by 2015; measurably better governance and security; and a significant reduction in extreme poverty (especially for women and girls), and less vulnerability to disasters and climate change.

Box 16: Co-funding with World Bank and National Government in China

DFID is supporting the Government of China's rural water supply and sanitation programme, which incorporates a major component to promote improved hygiene behaviours and affordable latrine options for rural people in two of China's poorest provinces by working in partnerships with World Bank and UNICEF. DFID's support of £15m will form part of a wider package of financing that includes $25 million of WB loan financing and $25 million from provincial government funds. The proposed DFID grant will enable the GoC to access the World Bank funding as part of its financing strategy in the water sector. The Water and Sanitation Programme (WSP), through its global programme on handwashing, provided important knowledge and experience.

Cutting across sectors: health, education and governance. "Making the Case" demonstrates the effectiveness of sanitation in delivering outcomes across different sectors. Examples of mechanisms for achieving this are provided by: working with the health sector in India (Box 17); technical assistance to school sanitation and hygiene education in Kenya (Box 18); and supporting governance reform through the decentralisation programme of the Government of North West Frontier Province in Pakistan (Box 19)

Box 17: Working through DFID's support to the health sector in India[43]

DFID is funding a District Health Management and Sector Reform programme to support the State Government of Madhya Pradesh to develop a medium term health strategy. Technical Assistance was provided to build the capacity to incorporate environmental health into health care management through developing action plans for 15 villages. It is now proposed that a component for environmental health improvements for rural communities is incorporated into DFID's forthcoming Health

[41] DFID Draft Project Memorandum: DFID support to Ghana Water Sector, October 2005

[42] DFID Draft Project Memorandum: Sanitation, Hygiene Education and Water Supply in Bangladesh 2006-2010, October 2005

[43] WELL Task 2794 Village Environmental hygiene and sanitation planning (Summary Report, 2007)

Sector Support Programme. The focus (of the environmental health component) will be to improve the State Government's Total Sanitation Campaign through a comprehensive hygiene education and promotion strategy and implementation plan.

Box 18: Working through DFID's support to the education sector in Kenya[44]
DFID supported the Ministry of Education of the Government of Kenya in the Primary Schools Infrastructure Design Programme through providing detailed approaches for school sanitation that are appropriate for the rural environment and meet the needs of children of varying age, gender and ability. This includes a link at the beginning of the process to ensure that the importance of school hygiene is raised and that proper hygiene education takes place when sanitation and water facilities are to be provided. This programme supported schools in making informed choices about how resources are to be allocated.

Box 19: Working through DFID's governance reform programme in Pakistan[45]
DFID is working with the Government of North West Frontier Province in Pakistan to support the devolution and local government reform programme. The Rural Water Supply and Sanitation Project focuses on the wider devolution programme to reduce poverty by providing increased access to services. This includes an integrating sanitation and hygiene promotion and an increased mandatory role for women in decision making.

Sector-wide support. The lack of a distinct "sanitation sector" may argue against a sector-wide approach in cases where sanitation is lumped with water unless there is a genuinely enabling environment, including political support (Box 11). As described in "Home Truths", the opportunities may be complex, requiring analysis of, for example, Medium Term Budget Frameworks (MTBFs) to align different budget lines that make reference to sanitation around a national policy framework for sanitation. The case from Uganda notes the importance of alignment between the Health and Water sectors at national level – this is also illustrated by a proposal for multi-sector support in Sierra Leone (Box 20)

Box 20 Multi-sector approach in a fragile state
DFID is proposing to support sanitation in Sierra Leone through a multi-sector approach between health, water and sanitation. This is particularly innovative as it offers the chance to develop programme support in the context of a fragile state, which is a significant advance on the historically more project-orientated[46] development paradigm for fragile states

Knowledge and Research as an entry point. DFID has an enviable track record in many disciplinary fields of development research and this appears to be an area that has yet to be fully explored as a potential entry point, certainly where both water supply and sanitation are concerned. The proposed research-into-use programme in the Mekong region illustrates the potential for sanitation research to take the lead (Box 21)

Box 21 Using the outcomes of research to stimulate policy development [47]
DFID proposes to support a regional partnership with the Water and Sanitation Programme (WSP) and the Swedish International Development Co-operation Agency to turn sanitation and water-related research and knowledge into action in the Mekong Delta. This sanitation, water and hygiene programme will promote multi-country and multi-level partnerships, technical assistance, skills development, research and learning between key stakeholders in the Mekong region. It will focus on country goal attainment with particular emphasis on sanitation in Vietnam, Cambodia, Lao, and two provinces in China through research into use – including applying key sanitation–related research findings from a major DFID knowledge and research programme (EngKar).

The Humanitarian Dimension

Provision of sanitation facilities is an essential part of humanitarian interventions. The key principles outlined in this paper still apply: for example "only wanted latrines get used" applies equally to emergency relief situations, fragile states and long term programmes in more stable environments. It is crucial to carry out full consultation with affected communities as part of the assessment process, even in an acute emergency. This is important to ensure that excreta disposal facilities are used and maintained.

[44] WELL Task 2653 Kenya Primary School Infrastructure Programme Design: Strategic analysis and recommendations for water, sanitation and hygiene education (2005)

[45] WELL Briefing Note 21: Lessons from DFID water and sanitation programmes in Pakistan (2006) http://www.lboro.ac.uk/well//resources/Publications/Briefing%20Notes/WELL%20BN21%206pages%20amended.pdf

[46] Leader N & Colanso P (2005) Aid instruments in fragile states. DFID Working Paper http://www.dfid.gov.uk/pubs/files/fragile-states/aid-instruments.pdf

[47] DFID Draft Project Memorandum: Mekong Water and Sanitation Partnership

Box 22 The importance of consulting communities[48]

Latrines provided in a refugee camp in Eastern Chad in 2004 were not used by the camp population as they were not happy with the design or location of facilities. Simple dry pit latrines provided for Kosovan refugees in Albania in 1999 and for communities affected by the Asian tsunami in 2004, were not used by either population due to a common desire to use water-based (pour-flush) latrines only. Such low levels of acceptability and non-use of latrines can be avoided through thorough consultation with communities, both to determine their existing practices and preferences, and to involve them in the planning and implementation process for excreta disposal and related hygiene promotion activities.

Box 23 outlines the programming process and Box 24 illustrates the importance of working with civil society in a fragile state – that is, working with people who are already there and understand the complex operating environment.

Box 23 Outline programme process in emergencies: a brief summary

- *Rapid assessment* gathers relevant information and analyzes it quickly in order to prioritize interventions. This approach is designed to identify the need for immediate action as well as longer-term intervention.
- *Outline programme* design rapidly produces an outline action plan identifying key actions that need to be implemented immediately to protect public health and stabilize the situation, as well as longer-term interventions.
- *Immediate action* is the implementation of first-phase emergency measures to stabilize the current situation and minimize the spread of excreta related disease. This may involve simple actions such as cleaning up after open defecation and providing basic separation and disposal facilities. It is important that immediate actions do not have any negative effect on future interventions.
- *Follow-up assessment* and consultation is a more detailed stage of data collection, analysis and consultation that should be carried out once the outline design has been approved. This should adopt a more participative approach involving all affected groups in the decision-making process.
- *Detailed programme design* is a comprehensive plan of action for longer-term intervention based on the follow-up assessment and consultation process.
- *Implementation of* the 2nd phase longer-term excreta disposal programme can now be conducted. This should include management and implementation of construction, hygiene promotion, and operation and maintenance activities.
- *Monitoring and evaluation* is the final stage in the assessment and planning process and is an ongoing process.

Box 24: Coordinating actions in fragile states

Interaction between public, private and the voluntary sector can be complex, particularly in fragile states. In Eastern DRC, local NGO "Programme for the Promotion of Primary Health Care" supports workers in schools, clinics and other public bodies to promote sanitation and hygiene. They train teachers and provide educational materials (quiz cards, books, song lyrics etc) for use in schools. They also attend antenatal classes to educate mothers about sanitation and hygiene issues, and have provided latrines, incinerators and water butts for many local clinics, hospitals and schools. On top of this they have supported community groups to develop income generating activities including soap making. Testimonies from teachers and health workers in the region indicate that this support to their work has been extremely helpful, particularly due to the insecurity in the region and the fact that their own resources tend to be very limited

[48] Boxes 22 and 23 are quoted from material in Harvey P.A (2007) *Excreta Disposal in Emergencies: A Field Manual* – an Inter-Agency Publication supported by Oxfam, UNICEF, UNHCR and WEDC, and published by WEDC

PART 5: ANNEXES

Target audiences for this paper

The paper is primarily intended for use by DFID programme managers and by education and health advisers. The authors had in mind someone:

- with formal responsibility for programming projects in the field;
- who is a 'sceptical optimist', intuitively understanding the importance of sanitation to development;
- who is overloaded with competing policy issues and priorities for spending;
- who is engaged on the subject of sanitation but who is unsure of what principles should govern programming,

Externally, the paper will be of interest to similar individuals with similar responsibility in other institutional settings – government, international organizations, and large international NGOs.

The Sanitation Policy Paper aims to:

- Articulate the rationale for raising the profile of sanitation and investing further in it
- Outlining practical and achievable actions
- Making the case of 'should do, can do, must do' for sanitation

Motivation/rationale for document and reference group

DFID is preparing a Water Policy update during 2007; an important contribution to this will be a Sanitation Policy Paper that maps out what DFID can do in sanitation over the coming 5 years. A Reference Group has been convened for the development of a Sanitation Paper that will support this policy input. The overall context for the Sanitation Policy Paper is provided by the recent third White Paper *Making Governance Work for the Poor* [49], the *Call for Global Action*[50] and the *Human Development Report 2006*[51].

The reference group is a representative group of practitioners chosen to assist the Department in articulating the case for sanitation. It interacts with a wider group of UK development stakeholders for consultation purposes. Its current role is time limited and will finish with submission of a final report to DFID by mid- 2007.

Genesis of reference group thinking

During the preparation of the Sanitation Policy Paper it was determined that:

- DFID needs documentation that supports its own personnel and internal processes with regard to raising the profile of sanitation – the document is not a generic advocacy piece;
- The policy paper should not 'reinvent the wheel', but rather draw on the existing corpus of work relating to sanitation
- It must be practical, usable and valuable for the target audience/s identified
- Sections in the document should allow the user to rebut typical arguments about why it may not be feasible to prioritise sanitation and offer practical guidance on how sanitation can be successfully programmed
- The paper should be based on the most credible and authoritative evidence available – supported in large part by field based experience.

During the above mentioned discussions, the reference group agreed that certain 'unifying threads' need to flow through the Sanitation Paper. Key messages included:

- Cross cutting connections that make sanitation valuable to other sectors
- Innovative approaches
- Sanitation as a development issue – the building block for broader development

Policy trends of relevance to DFID in relation to sanitation

Since the publication of DFID's Target Strategy Paper for water 'Addressing the Water Crisis' there have been a number of events and advances in development policy thinking that affect the way that aid for water and sanitation is delivered by DFID.

[49] http://www.dfid.gov.uk/wp2006/default.asp
[50] http://www.dfid.gov.uk/pubs/files/global-action-plan-water.pdf
[51] http://hdr.undp.org/hdr2006/report.cfm

Among these developments are:

- Confirmation of the MDG target for sanitation that was first agreed at the World Summit for Sustainable Development in Johannesburg in 2002;

- Launch of the EU water Initiative to enhance coordination and harmonisation of donors, followed by the launch of the ACP-EU Water Facility that provides funding at regional, national and sub-national level;

- Establishment of DFID's Policy and Research Division that has changed the professional cadres with policy teams around specific development themes;

- Increased use of both General Budget Support and Sector Budget Support;

- Move towards the establishment of Sector Wide Approaches in the water sector;

- AfricaSan and SACOSAN (Africa and South Asia Sanitation Conferences), first held in 2003, that have successfully engaged senior government officials and Ministers in the debate on the importance of sanitation for development;

- CSD 12 and 13 that focused on water, sanitation and human settlements. UK led on sanitation for the EU at CSD 13. Meetings to take place in 2008 and 2012 to follow up on CSD 13 commitments;

- World Development Report 2004 Making Services Work for Poor People and the 'Accountability Framework';

- Strong and consistent drive from March 2005 (World Water Day speech 22 March 2005) by the Secretary of State for International Development for DFID and others, including the World Bank, to be more engaged and allocate (and spend) more aid for water and sanitation;

- DFID's third White Paper *"Making Governance Work for the Poor"* established that DFID would consider water and sanitation service delivery as part of four Essential Public Services or Basic Services along with health, education and social protection and that 50% of DFID's bilateral budget would be allocated to these basic services. WP3 also developed the Capability, Accountability and Responsiveness framework for the delivery of government services;

- DFID's Call for a Global Action Plan that established the five ones (one annual global monitoring report; one high level global Ministerial Meeting on water; at country level, one national plan for water and sanitation; one coordinating body; and activities of the UN agencies in water and sanitation to be coordinated by one lead UN body under the UNDP country plan.

- UN Human Development Report 2006; "Beyond Scarcity; Power, Poverty and the Global Water Crisis".