Chapter 1

INTRODUCTION AND BACKGROUND INFORMATION

1.1 Introduction

1.1.1 Background to SACOSAN

About 2.4 billion people globally still lack adequate sanitation, of which 1.5 billion live in Asia. A range of stakeholders, including governments, civil society, resource centers and individuals, has been struggling for decades to promote improved sanitation and hygiene. In recognition of some of the challenges that these actors have faced, the Millennium Development Goals (MDGs), with their focus on reducing child mortality, combating diseases, and ensuring environmental sustainability, appeared to be aptly timed. Even the first MDG – reducing extreme poverty – had an obvious link to sanitation, with poor people spending an increasing share of their income on medical expenses, due to water and sanitation-related diseases and loss of productive time.

In August 2002, Government of South Africa, in partnership with WSSCC and WSP-Africa Region, hosted AFRICASAN, the first regional conference dedicated to sanitation and hygiene on a policy (as opposed to technical) level. AFRICASAN achieved a number of remarkable successes, with Governments from across the region sharing and incorporating ideas, and taking them forward by adopting sub regional action plans into policy and practice.

However, South Asia has its own specific challenges, with only 39% of the population in the region having access to adequate sanitation facilities (HDR, 2002). Despite this bleak outlook, the region has been able to demonstrate a variety of shining examples of excellence. For example, a number of communities have achieved total sanitation (every household having access to a hygienic latrine) without any subsidy. Yet, these successes have usually been on a small scale, and their large-scale replication needs careful consideration. The challenge is to identify the determinants of success from these small-scale programmes, and scale them up to national level with necessary adaptations. To achieve this, new institutional, technical and financial approaches might be needed. But first of all, governments have to recognize the sanitation problem, and make a commitment to resolving it.

The Government of Bangladesh wanted to share the successes of its own, and other actors', programmes, as well as learning from the experiences of other countries in the region, with their similar problems, histories and trajectories. It felt that by initiating a process, such as the one instigated by AFRICASAN, it would not only be able to raise the profile of sanitation and hygiene across the region, but also go a step further by strengthening leadership and advocacy and generating marked improvements in the health and socio-economic conditions of the millions living in poverty across the region.

SACOSAN was thus born out of a shared desire (expressed by the Government of Bangladesh, in partnership with WSSCC, UNICEF, WSP, WHO, DANIDA, DFID, ADB, UNDP, WaterAid, Plan Bangladesh) to prioritise sanitation and hygiene amongst the political and technical target groups working in the region. In many respects, the conference therefore represented an alignment of programme goals for these many organizations. A further important aspect was the timing of the

conference, corresponding with the first ever Bangladesh National Sanitation Month in October 2003. This was deliberate: the conference timing providing maximum exposure within Bangladesh, and more broadly in the region.

1.1.2 Overall Goal

To accelerate the progress of sanitation and hygiene work in South Asia so as to enhance people's quality of life, in fulfillment of the Millennium Development Goals and the commitments made in the World Summit on Sustainable Development (WSSD) in Johannesburg.

1.1.3 Conference Objectives

- To raise the profile of sanitation, health and hygiene in South Asia after the WSSD;
- To generate political commitments through a joint declaration that prioritizes and facilitates a regional policy and strategy for sanitation and hygiene including national targets;
- To strengthen leadership/advocacy for improved sanitation and hygiene in South Asia;
- To assess the state of sanitation and hygiene in South Asia, sharing experiences and lessons by people and organisations working in the field;and
- To explore the possibility for SACOSAN to become an annual event to be hosted in turn by each South Asian country.

1.1.4 Conference Structure

The programme for the conference was designed to enable the engagement of both politicians and senior technical professionals from all sectors, focusing on the formulation of policy and mechanisms to implement policy (rather than getting involved in the minutiae of technical details). In this way, the conference retained a strategic, rather than operational focus.

1.1.5 Conference Outcomes

Draft Country Papers were completed before the conference. Country Delegations have since reviewed these Papers. The resultant Country Papers look at what is being done to counter the problems arising from inadequate sanitation coverage, both in terms of the approaches (people-centred, awareness-raising, subsidy-free), and the processes (facilitative, demand-responsive, participatory, etc) being undertaken, as well as outlining a Plan of Action that represents a series of stretching, measurable, achievable, realistic and time-bound commitments to formulating and implementing policy. All Country Papers are included in these Proceedings.

A draft Declaration was circulated to Governments prior to the Conference. Government officials, political representatives and conference participants as a whole were able to discuss and finalize the Declaration during the Conference. The resulting Dhaka Declaration on Sanitation is included in these Proceedings.

1.1.6 Host

The Local Government Division, Ministry of Local Government, Rural Development and Co-operatives, Government of the People’s Republic of Bangladesh hosted the Conference.

1.1.7 Co-hosts

The co-hosts of the conference were

United Nations Children’s Fund (UNICEF)
Water Supply and Sanitation Collaborative Council (WSSCC)

Water and Sanitation Program (WSP) – South Asia, (World Bank)
World Health Organization (WHO)
Danish International Development Assistance (DANIDA)
Department for International Development (DFID)-UK
Asian Development Bank (ADB)
United Nations Development Programme (UNDP)
Water Aid
Plan Bangladesh

1.1.8 Roles and Responsibilities

Conference Chair
Mr. Abdul Mannan Bhuiyan : Hon'able Minister, Ministry of Local Government, Rural Development and Cooperatives (MLGRD&C)

Conference Director
Mr. A Y B I Siddiqi : Secretary, Local Government Division, MLGRD&C

Member Secretary
Dr. Dibalok Singha : National Coordinator, WSSCC-B & Executive Director DSK

Conference Coordinator
Mr. Ryan Knox : Verulam Associates Ltd.

Deputy Conference Coordinator
Mr. Waled Mahmud : Verulam Associates Ltd.

SACOSAN Secretariat
Mr. Md. Shariful Alam : Secretariat Coordinator, WES, UNICEF
Mr. Golam Morshed : Programme Officer, WHO

Invitation Subcommittee Chair
Mr M Sayeed ur Rahman : Joint Secretary, Local Government Division, MLGRD&C

Reception, Accommodation, Food and Logistics Subcommittee Chair
Mr. Fazlul Haque : Joint Secretary, Local Government Division, MLGRD&C

Technical Subcommittee Chair
Dr. M. Feroze Ahmed : Professor of Civil/Environmental Engineering, BUET

Programme and Drafting Subcommittee Chair
Mr. Alok Majumder : Programme Officer, DANIDA

Media Campaign and Cultural Activities Subcommittee Chair
Mr. Naseem ur Rahman : Chief, Media and Information, UNICEF

Dinner and Printing and Publications Subcommittees Chair
Mr. ASM Rashidul Hye : Deputy Secretary, Local Government Division, MLGRD&C

Conference Advisory Group
Mr. Han A. Heijnen Environmental Health Advisor, WHO
Dr. M. Feroze Ahmed Professor of Civil/Environmental Engineering, BUET
Mr. K. M. Minnatullah Sr. Water and Sanitation Specialist, WSP-WB
Dr. S. Saywell Programme Manager, WSSCC
Mr. Sk. A. Jafar Shamsuddin Centre Manager, ITN Centre, BUET

1.2 Sanitation in South Asian Countries

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1.2.1 Introduction

Access to water supply and sanitation is a basic need and a human right. The Global Water Supply and Sanitation Assessment by World Health Organization (WHO), United Nations Children Fund (UNICEF), Water Supply and Sanitation Collaborative Council (WSSCC) reported that at the beginning in 2000 two-fifths (2.4 billion) of the world's population was without access to improved sanitation. Approximately 4 billion cases of diarrhoea each year cause 2.2 million deaths, mostly among children under the age of five and intestinal worm infect affecting about 10% of the population in developing countries (WHO, UNICEF and WSSCC, 2000). The World Summit on Sustainable Development in Johannesburg, South Africa, in September 2002, brought the sanitation issue in the fore-front and urged that the population without access to improved sanitation in developing countries be reduced to half by the year 2015.

1.2.2 Sanitation Situation

The WHO, UNICEF and WSSCC, 2000 report showed that the percentage of global population with access to excreta disposal facilities increased from 55% (2.9 billion people served) in 1990 to 60% (3.6 billion) in the year 2000. The majority of the unserved people live in Asia and Africa where fewer than one-half (48%) of all Asians have access to improved sanitation. The global unserved populations by region are shown in Figurer 1.1. It may be observed that 80% of the global unserved population in Asia.

The population coverage by proper sanitation in South Asian regional countries is even worst. The sanitation coverage in nine South Asian countries participating in the South Asian Conference on Sanitation (SACOSAN) increased from 25% in 1990 to only about 37% in 2000 as compared to 48% in all Asian countries. The percentage of population in each of these countries having improved sanitation in 2000 is shown in Figure 1.2. Although about 230 million additional people gained access to sanitation between 1990 and 2000, the number of people who lack in access to sanitation services practically remained the same at about 875 million throughout the decade.

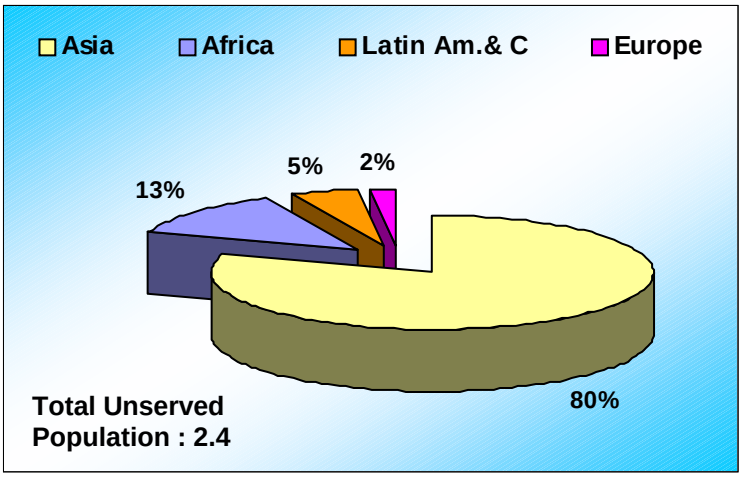

Figure 1.1: Distribution of Global Population by Region not having Improved Sanitation (WHO, UNICEF and WSSCC, 2000)

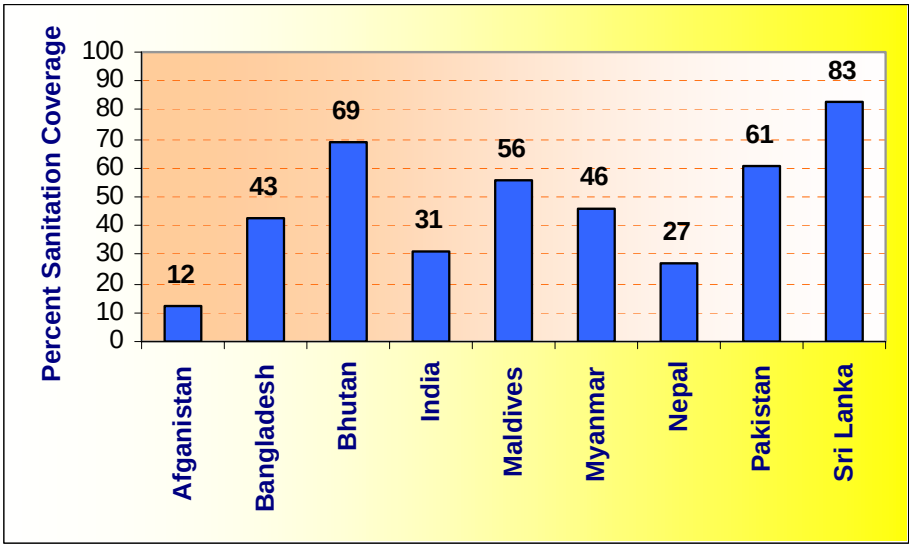

Figure 1.2 : Percent Population Coverage by Sanitation in the South Asian Regional Countries (data from WHO, UNICEF and WSSCC, 2000).

The South-East Asia region bears the disproportionate share of global diarrhoea-related deaths, accounting for 40.8 per cent of world's total . The number of deaths per year due to diarrhoeal illness, exceeds the number of deaths per year due to all other infectious diseases, except respiratory infections, and remains unacceptably high at 802,000. Similarly, the burden of diseases due to diarrhoea in this region exceeds all other infectious diseases except respiratory infections (WHO, 2003)

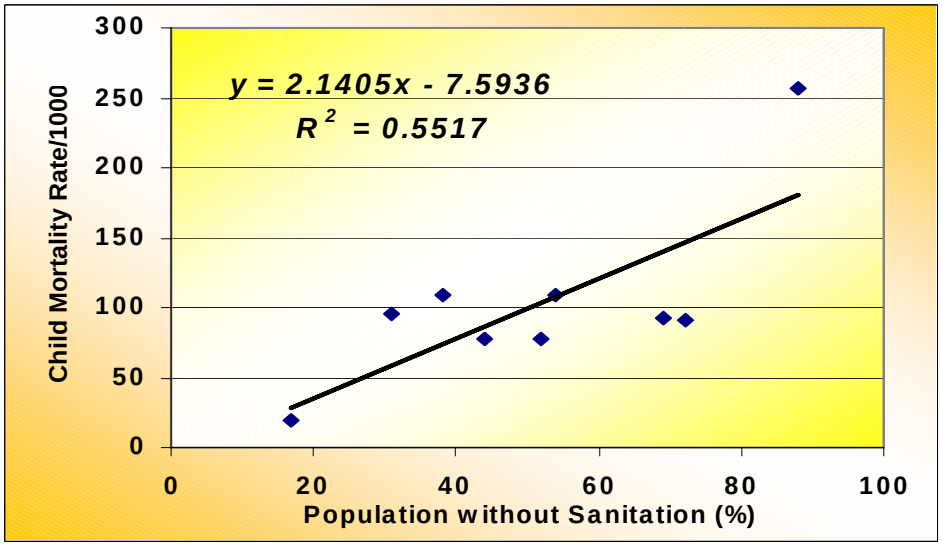

Figure 1.3 : Correlation between Population without Sanitation and Child Mortality Rate (Date from The World Bank, 2003)

Poor sanitation lead to degraded environment, poor health and quality of life, increased malnutrition, debility, death and poverty. The children are more susceptible to unhygienic

conditions resulting from poor sanitation. The countries having poor sanitation coverage have high under-five child mortality rate. The child mortality rates of the 9 South Asian regional countries have been plotted against population not covered by proper sanitation and presented in Figure 1.3. The fair correlation between sanitation and child mortality rate indicates the need for improvement of sanitation in the regional countries.

1.2.3 International Development Targets

Considering the importance of water supply and sanitation, targets were set during the International Drinking Water Supply and Sanitation Decade (DWSSD) for 1980-1990 and beyond the decade. Although access to water supply and sanitation increased during the decade, the targets were never achieved. Later, indicative targets for water supply and sanitation coverage were developed by Water Supply and Sanitation Collaborative Council as part of the process leading up to the Second World Water Forum, in the Hague, in March 2000. The targets were presented in the report, "VISION 21 : A shared vision for hygiene, sanitation and water supply and a framework for action (WSSCC, 2000)". Some of these targets have been endorsed in United Nations Millenium Declaration and World Summit on Sustainable Development in Johannesburg. The international development targets for sanitation as presented in VISION 21 along with subsequent endorsements are:

1. *By 2015 to reduce by one-half the proportion of people without access to hygienic sanitation facilities, which was endorsed by Second World Water Forum, 2000 and adopted in World Summit on Sustainable Development (WSSD) Declaration, 2002,*

2. *By 2025 to provide sanitation to all.*

The 3rd World Water Forum in Kyoto, Japan, in March 2003 declared to implement the international targets and goals including MDGs and recognized the need for enormous amount of investment in water supply and sanitation to achieve these targets. The forum called on each country to develop strategies to achieve the targets established in the MDGs and WSSD declaration and agreed to redouble their collective efforts to mobilize financial and technical resources both public and private.

The population of these South Asian Countries increased from 1170 million in 1990 to 1410 million in 2000 at an exponential rate of 1.88 percent per year. The population of these countries is expected to be 1830 million in 2015 and 2120 in 2025 at modest growth rate. The rate of increase in sanitation to meet the international targets of 2015 and 2025 are shown in Figures 4. The steeper slopes of the trend line indicate that the rates of increase in sanitation have to be accelerated during the projected periods to achieve the targets. In order the achieve the international target by these South Asian countries additional population to be brought under improved sanitation is 850 million by 2015 and 1595 million by 2025 as shown in Figure 1.4. It will require an increase in the rate of sanitation coverage to an average value of 3.75% per annum as compared the achievement of 1.8% per annum during 1990-2000. The sanitation sector will face enormous challenge to achieve these development targets. This will require intensive social mobilization and huge resources. The south Asian countries are required to allocate additional resources depending on present sanitation situation to achieve these international targets.

1.2.4 The SACOSAN

The South Asian Conference on Sanitation (SACOSAN) has been organized with the overall goal to accelerate the progress of sanitation and hygiene practices in South Asia in fulfillment of Millenium Development Goals, declaration of the World Summit on Sustainable Development and the commitments of the 3rd World Water Forum. The definite objectives of the conference are to:

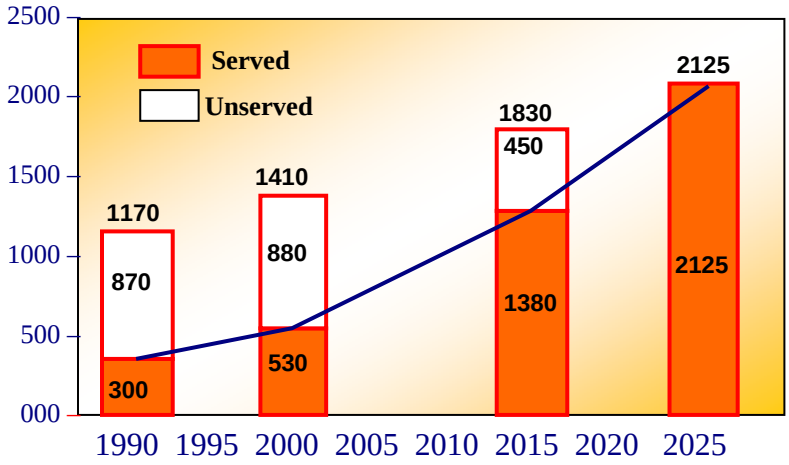

Figure 1. 4: Actual (1990-2000) and Projected Sanitation Coverage to Achieve International Development Targets

- assess the state of sanitation and hygiene in South Asia, sharing experience and lessons by people and organizations working in the field of sanitation;
- raise the profile of sanitation, health and hygiene in South Asia;
- generate political commitment through joint declaration that prioritize and facilitate a regional policy and strategy for sanitation and hygiene including national targets; and
- strengthen leadership/advocacy for improved sanitation and hygiene in South Asia.

In the conference, the possibility of SACOSAN to become an annual, bi-annual or broader regional events to be hosted in turns by each south Asian country will be explored. It is expected that the each participating country will set a realistic target based on the country situation and international targets and outline an action plan to achieve the target. Government of the People's Republic of Bangladesh based on the response of the renewed sanitation campaign in the country has set the target to achieve the total sanitation by 2010, far ahead of international development goal of achieving sanitation for all in the year 2025. Total sanitation is the most desirable approach to maximize health benefits but achievement of total sanitation by 2010 for all and sustainability of achieved coverage are big challenges for Bangladesh.

1.2.5 References

WHO (2003), Regional Committee Document, September, 2003.

WHO,UNICEF, WSSCC (2000) Global Water Supply and Sanitation Assessment 2000 Report, World Health Organization and United Nations Children's Fund .

The World Bank (2003), World Development Report, 2004, Making Services Work for the Poor.

WSSCC (2000) *Vision 21 : A Shared Vision for Hygiene, Sanitation and Water Supply and A framework for Action*, Proceedings of the Second World Water Forum, The Hague, 17-22 March, 2000.

1.3 Briefing Paper for SACOSAN

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1.3.1 Purpose of this Paper

This paper is the main briefing document for SACOSAN. It is suggested that participants make reference to the document because it:

- Provides a background to the conference, and its position within the context of other global and regional meetings on water, sanitation and development; and
- Outlines key issues for consideration in sanitation and hygiene in Asia, and provides ideas to generate discussion and thinking at the conference.

1.3.2 The Current Situation

1.3.2.1 Numbers and targets

The WHO/UNICEF Global Assessment 2000 report indicates that over 1,916 million people in Asia do not have access to adequate sanitation. It is impossible to estimate the numbers who experience the risks of poor hygiene, but they are likely to be far higher. The report reflects a mixed story of success and failure over the last decade. On the one hand, the numbers with access have increased by more than 67% over the last ten years(Table 1.1)

Table 1.1 : Population Coverage by Sanitation in Asia in 1990 and 2000.

Areas	1990 Population in millions				2000 Population in millions			
	Total Popn.	Popn. Served	Popn. Unserved	% Popn. Served	Total Popn.	Popn. Served	Popn. Unserved	% Popn. Served
Urban Sanitation	1,029	693	336	**67**	1,352	1,054	298	**78**
Rural Sanitation	2,151	506	1,645	**24**	2,330	712	1,618	**31**
Total Sanitation	3,180	1,199	1,981	**38**	3,682	1,766	1,916	**48**

Sanitation problems are different in rural areas, small towns, and large cities of Asia; all are grave, but the problems of densely-settled informal urban areas are the fastest growing and the most severe. On the other hand, hygiene promotion may be easier in urban areas, where mass communications and sanitation are more widespread, and people may be more open to rapid change.

1.3.2.2 Sanitation and hygiene policies

Several Asian countries have recently developed sanitation policies, while others are undergoing such a process. Interest in policy of this sort illustrates the importance given to the 'enabling environment', rather than simply to issue of hardware or software.

The Environmental Health Project of USAID issued a guide to sanitation policy development that helps in our understanding of this important issue. "Policy is the set of procedures, rules, and allocation mechanisms that provide the basis for programs and services. Policies set priorities and often allocate resources for their implementation. Policies are implemented through four types of policy instruments:

- Laws and regulations
- Economic incentives.
- Information and education programs.
- Assignment of rights and responsibilities for providing services."

Sanitation policy documents thus generally include some or all of the following features:

- Decentralisation to local government level
- Allocation of ministerial responsibilities for sanitation and hygiene promotion
- Technology selection
- By-laws and their enforcement
- School sanitation improvement
- Policy for subsidy in relation to sanitation constructions

1.3.3 Issues in Sanitation and Hygiene

The paper provides a review of key issues in sanitation and hygiene promotion, which SACOSAN will need to address appropriately. The paper does not give a lengthy review, but a short narrative followed by questions to promote and provoke thinking. In this sense, the paper is intended for active use during the conference itself.

1.3.4 Policy Formulation

Sanitation and hygiene in development and poverty reduction

The existing of current approaches to development priority setting (e.g. Poverty Reduction Strategies, Agenda 21 and the Millennium Development Goals (MDGs), has seen the shift towards poverty elimination rather than emphasis on sector planning and implementation. Sanitation and hygiene must therefore be viewed in relation to these processes and objectives. If we fail to do so, sanitation and hygiene will continue to be marginalized during policy formulation and the necessary resources will not be found.

The most obvious impacts of sanitation and hygiene are in terms of improved health and environmental protection, but economic productivity, education, the empowerment of women, and basic human dignity are all powerful arguments that need to be better advocated.

- Proper sanitation facilities and emphasis on hygiene practices would contribute greatly add to the reduction of infant mortality.
- Poor sanitation leads to stunted growth, increased morbidity and infections that enhance malnutrition rates.

- Improved sanitation and hygiene enhance economic productivity in various ways: increasing productivity through reallocation of time; enhancing productive activities through reduction of time lost from illness.
- Sanitation and hygiene are neglected parts of public health and have received far less attention than drinking water quality.
- Basic dignity, privacy, and personal safety are among the most frequently cited reasons for the adoption of sanitation, and become increasingly important as urbanisation increases.
- School sanitation programmes can have significant impact on girls' school enrolment, attendance and retention.

In order to be stronger advocates for sanitation and hygiene promotion, we should consider:

- *What are the links and overlaps between sanitation, hygiene promotion and water supply?* How can investments in water supply lead to concomitant improvements in public health without adequate provision for sanitation? Yet how seriously are sanitation and hygiene considered when investment decisions are made in water supply?
- *What will the Asian sub-continent, particularly urban areas, look like in 25 years' time if we the sanitation challenge is not addressed?*
- *What is the cost of not investing in sanitation?* What will it be in 25 years' time if we act to provide access to sanitation and hygiene? What will it be if we *don't* act?

1.3.5 Institutional Arrangements

In many countries, government level service provision frequently serves only a small part of the population, and the poor, or marginalized communities are neglected. Moreover, such systems (especially wastewater treatment) suffer from inadequate levels of operation and maintenance. In this context, the gaps in public service provision tend to fall with householders, civil society groups and others.

Further development of the sanitation and hygiene sector is constrained by a series of institutional constraints. The constraints include:

- *Changing roles* – In many spheres of development, governments are increasingly seen as facilitators rather than the primary driver of service provision; concentrating efforts instead on financial and technical management and support. This brings about a shift in thinking and doing that requires some dramatic reorientation of roles, responsibilities and the capacity to cope with the change.
- *Lack of appropriate legislation and regulation* – Legal and regulatory frameworks to minimize waste, ensure quality standards and bring about cost recovery are frequently not present or poorly enforced.
- *Fragmentation* - Sanitation and hygiene suffer from severe institutional fragmentation. Within a given country, sanitation responsibilities may be typically split between the Ministry of Health, the Ministry of Public Works, the Ministry of Water and/or the Ministry of the Environment. Such a context makes sector policy difficult to co-ordinate and manages, and creates problems in formulating, implementing and monitoring projects. This fragmentation also means that sanitation is low on the individual agenda of each ministry, and no individual institution can be held responsible for under-performance.

Expanding sanitation and hygiene practices requires these and other constraints to be addressed. Moreover, addressing these issues will require the input of all stakeholders. Some important issues to consider include:

- *What are the most effective channels for long-term supporting services?*
- *Can we create appropriate incentives for institutions to fulfil their responsibilities?*
- *What is an appropriate role for multilateral and bilateral External Support Agencies* in the framework of developing hygiene and sanitation institutions?
- *How can private and public utilities best contribute to solving the sanitation & hygiene problems in their service areas?*
- *Are there appropriate public-private partnerships for demand promotion and marketing?* At what levels? National campaigns about the sale of soap, local co-operation between health inspectors and masons?
- *What institutional relationships are most appropriate between sanitation hardware and hygiene promotion activities?* And, in addition to the promotion of demand through marketing and public information, what is the role to be played by enforcement of existing or new legal sanctions?
- *How can national government, local government structures, the private sector, civil society and households be constructively engaged in hygiene and sanitation?*
- *What is the role to be played by enforcement of existing or new legal sanctions?*

1.3.6 Finance, Economics and Equity

Sanitation has always tended to be a "lumpy" investment, that requires commitment of substantial resources at a single point in time, and which does not generate obvious or immediate financial benefits. Thus, paying for sanitation has always been viewed as a difficult issue in the sector. Yet to be realistic, policy must address how the sector can be financed in an equitable and sustainable manner.

Although lack of willingness to pay is often associated with a failure to invest in facilities, this rule is not always true. The problem is very often limited cash flow - with some flexibility over timing, some families may be willing to invest more than at present. While micro-credit has been successful in some sectors, its application to sanitation has been limited. In other regions, expanding micro-credit to include other supporting services (e.g. insurance, technical assistance) has proved more effective than simple credit provision.

- *Where can the resources for sanitation and hygiene promotion be found?* Hygiene is a set of individual behaviours that can be promoted or discouraged through various techniques, rather than a product to be sold. While some components (such as soap for hand washing) may be actively promoted (by the private sector), the public sector must finance a major portion of the investment in hygiene promotion. While hygiene promotion can be cost effective in saving lives and reducing illness, will still require major resources to work at scale.
- *Subsidies, demand-responsive approaches and decentralised government finances?* The issue of well-designed subsidies or cross-subsidies deserves a closer look. How can such subsidies or cross-payments be designed efficiently, so that the subsidy works for those who most need it? Most current water and sewerage subsidies work for those who need it *least*, not those who

need it *most*. How can we design sustainable subsidies that are not dependent upon political whims.

1.3.7 Demand and Choice

While demand for sanitation may exist, it is frequently limited. By comparison, direct demand for hygiene promotion is virtually non-existent. The principle is that it is ineffective to try to sell, or give, people services they do not want. The implication therefore is the need to understand what drives demand for sanitation and hygiene, and then how to respond to this demand through promotion. A structural problem is that programmes have been dominated by engineers and other professionals whose normal training and experience is limited in relation to assessing demand. Policy-makers need to consider the following basic questions in developing a framework for service delivery:

- *Why do people want and invest in sanitation?* It is well established that health is *rarely* the main reason why people build latrines or connect to sewers. Social and cultural reasons tend to dominate - privacy, dignity, convenience, freedom from smell, a cleaner household and immediate environment. All are often cited by householders as higher priorities for adoption. To make greater progress, we need to learn to think about sanitation as a product, and sell it as a product, based on an understanding of the demand, and the reasons why people adopt new practices.
- *Why don't people invest in the sanitation options that exist?* We also need to understand why efforts to promote sanitation have not succeeded. In some cases, this may be due to technical norms and standards that are too high, raising the cost of sanitation above what can be afforded locally. Sanitation progress in West Bengal, India improved dramatically when households reduced their costs by buying only the most basic components with which to build their own latrines. While price is an obvious reason for not investing in sanitation, we need to understand the inhibitors to this investment.
- *Can demand for hygiene be developed?* Although it is unreasonable to expect people to pay to attend meetings on hygiene promotion, demand for and use of hygiene products can be promoted, such as soap for hand-washing.
- *What is the appropriate role of law in stimulating demand?* There are strong arguments for government policy to strengthen demand for sanitation and hygiene. Local by-laws, building codes and other legal norms can have significant impact on demand in many countries and communities, but little impact in others. What determines an appropriate style for the development and enforcement of environmental health by-laws? How can they constructively and realistically contribute to demand?

1.3.8 Implementing policy

Hygiene improvement

Although much has been learned about the importance of hygiene interventions in support of water supply and sanitation in achieving greater health gains, there are still important questions to be asked. This is despite the more widespread use and adoption of participatory techniques that lead to a better understanding of behaviour, behaviour change and sustaining change.

- *What is effective and what isn't?* The impact of improved hygiene upon health is more clearly understood than the impact of hygiene promotion upon behaviour. While work has been undertaking in developing techniques for hygiene promotion, the evaluation of these

approaches has been lacking. Understanding those approaches which work best under what conditions and constraints is a key to more effective and sustainable interventions.

- *How can impact of promotion approaches be demonstrated on key hygiene behaviours?* What is the relative cost-effectiveness of different approaches to hygiene promotion? In a given campaign, how many people can we expect to change their hygiene behaviour, and at what cost?
- *How can we scale up coverage and sustainability?* Pilot initiatives do not always succeed at a large scale, because their success is context specific to those piloting the approach and the intensity of commitment. What changes to existing approaches might be necessary in order to achieve impact on a larger scale? Or more simply, what methods are simply impossible to apply at a large scale?
- *Given an environment of limited resources for hygiene promotion, how do we split them* between participatory techniques of hygiene promotion (such as PHAST), social marketing approaches, public-private sector initiatives (e.g. marketing soap for hand washing), mass media and other techniques?
- *What is the experience of others, and how can we learn from them?* Other sectors have worked for years to promote healthy behaviour change, with some partial successes (e.g. HIV/AIDS) and some comparative failures (e.g. smoking). How can hygiene promoters learn from these successes and failures?

1.3.9 Demand Promotion and Social Marketing

Beyond defining what demand is, it must be triggered, stimulated or promoted. To do, the sector must embrace a different skills mix and techniques, such as marketing.

- *How can technology choice best support social marketing***?** Some programmes standardise latrine types in order to promote consistent messages, simplify quality assurance, and reduce overall costs. Others seek to provide a range of technology choices, leaving the overall decision to the householder; this may result a natural evolution of designs into more marketable products.
- *What is the overlap and relationship between hygiene promotion and sanitation marketing?* How and where do these two approaches work together? How effectively to do they overlap? What are the human resource and programme planning implications for each of the two types of promotion? How can hygiene promotion be effectively integrated into hardware projects, rather than being an after thought?
- *How is sanitation hardware most effectively sold?* What sells sanitation best to which segments of society under what circumstances? What makes “demonstrations” convincing or unconvincing?
- *Why and how do households make investment decisions (or not) in sanitation and hygiene?* Those designing and implementing local programmes need to understand how such decisions are practically made; identify the target audience within the household; selling to those who understand and know its importance, yet who do not control the purse strings.

But while sanitation and hygiene promotion are related, they are quite different, and should not be viewed as a single activity. The diffence between hygiene promotion and markeing sanitation is shown in Table 1.2

Table 1.2 : Hygiene Promotion and Marketing Sanitation

	Hygiene Promotion	**Marketing Sanitation**
What's being promoted?	Personal behaviour	Hardware
Are you trying to sell it for money?	No	Yes
Does it cost a lot of cash?	No	Yes
Does it involve credit?	No	Often
Does it need *constant* attention?	Yes	No
Prime audiences?	*Every* family member	The family purse holder
Who is likely to do it?	Social/health workers	Masons

1.3.10 Responding to Demand

If opportunities can be identified by people to make a living by selling sanitation and hygiene services, they will have an interest in marketing them, and will do what they can to promote those services. Without such a mind set, then we can only expect a bad situation to grow worse over time.

Increasing attention is now focused on small scale entrepreneurial activities as a response to demand created through social marketing of sanitation and hygiene services. While part of the informal economy, these artisans play essential roles in provision of services in normally neglected areas such as informal settlements, where formal sanitation agencies do not operate.

- *What are the business environment issues (cash flow, legal recognition) facing small scale entrepreneurial activity?* How can these best be addressed? What do small scale businesses see as the major constraints?
- *How can we finance the promotion and training required to respond to demand?* Promotion costs are significant, and represent over half the cost of more successful sanitation and hygiene programmes. Yes, although households understand the costs and benefits of bricks and cement, they are reluctant to buy "promotion" services directly. Capacity building costs are equally difficult to recover – so what are the options to pay for these costs in the long term?
- *Is a subsidy necessary to increase demand among the poor, and if so, how is it most effectively designed?* What is the scope for cross-subsidy *within* the sanitation sector? Or from the water sub-sector to the sanitation sub-sector?

1.3.11 Advocacy, Communications and Mobilization

Stakeholder analysis involves identifying the types of audiences/groups to be involved and determining how to approach them. Effective policy discussions can help legitimize the process of learning, programming, and policy development —not only establishing sanitation as a priority but, more importantly, also helping stakeholders put into place the specific programme strategies and policies that move the sector forward. Effective communications help extend participation in new programme directions/policies by a wider range of stakeholders, from community to local government, NGO to line agency and central government, and ultimately, to policymakers and national leadership. Designing a strategy to build political will requires a detailed understanding of the issues, current situation, constraints, and promising strategies.

The involvement of the government remains critical in sanitation and hygiene. The financial involvement of government may vary over time in response to demand creation, but this can only happen if government takes a lead now. Unfortunately, sanitation and hygiene been dominated for too long by technical professionals without the skills of political advocacy and public communications. Learning how to talk more effectively to Ministers, politicians and senior officials becomes a priority of change is to be achieved in the sector.

- *How can a future strategy for advocacy within the sector be developed***?** Some important starting points include:
- Learn from others who have already engaged in campaigning experiences; these experiences may not necessarily be within the water and sanitation sector.
- Identify the communications value of evidence-based research and orientate this information in a language and style that decision makers will respond to.
- Identify and build high-level allies across the sectors and disciplines to develop and convey coherent advocacy messages and arguments.
- *How can we improve what already exists in terms of knowledge networks that address the sanitation challenge?* Experience elsewhere suggests that we should improve communication and create appropriate fora for discussion, debate, and the exchange of experience between practitioners and decision-makers. Many of the "water and sanitation" meetings are dominated by water, with an occasional reference to sanitation, and hardly a mention of hygiene. The issues of sanitation and hygiene are even more complex than those of water supply, yet there are few regional fora or networks at which these topics are given their due priority.