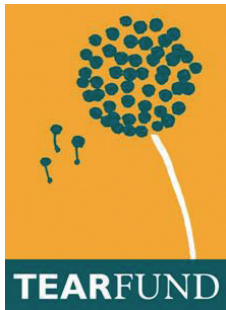


Sanitation and Hygiene: knocking on new doors

If poor households in developing countries are to be better served, the case for increased investment in sanitation and hygiene should be taken beyond just water circles, to make new policy linkages.



Key points

- The dynamics of sanitation and hygiene are, in many respects, different from water supply; yet, promotion of S&H currently revolves around water institutions and water policies.
- Opportunities exist to take the case for more investments in S&H to a wider development audience.
- Needs for basic S&H services in poor areas are best viewed within broader contexts of poverty.

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Globally, diarrhoea kills more young children than malaria and tuberculosis combined. Alongside poor water quality, lack of sanitation and poor hygiene are the main culprits. Yet, the 'sanitation gap' is twice as large as that of water supply – an estimated 2.6 billion people lack access to basic sanitation – while sanitation and hygiene (S&H) investments lag far behind those in water and other 'social' sectors such as health and education. What can be done to change this?

Recent research* in francophone sub-Saharan Africa has examined the factors hindering, or helping, development of effective S&H policies, and implementation of programmes on the ground.

The study raises questions as to the conventional wisdom of allying S&H so closely with water policy, and as to how well adapted to the cause of S&H are the common rallying calls of that alliance: 'WSS', 'WES' and 'WASH' ('water supply and sanitation', 'water and environmental sanitation' and 'water, sanitation and hygiene'). The case for improvement of basic S&H services for poor populations can be taken to a wider development audience, in education, health, urban planning, and elsewhere.

The current policy dilemma

Sanitation has been incorporated alongside water supply in Target 10 of the Millennium Development Goals, and this signalled a greater recognition internationally. The WASH concept, promoted by the Water Supply and Sanitation Collaborative Council, argues for combining



Well sited beside watercourse acting as drain and waste dump, Bobo-Dioulasso, Burkina Faso.

improved water sources with better household handling and storage of water, and management of human excreta. Epidemiologists have shown how safe sanitation and good hygiene practices combat the main killers of children under five years, particularly diarrhoea. Their evidence also points to improved hygiene (e.g. hand washing at critical times) as a factor in reduction of acute respiratory infections (Cairncross, 2003). Given the international spotlight directed at these destructive health problems why is it that, nationally, in many developing countries, S&H still receive little policy and budgetary priority?

Comparative research

Madagascar, Burkina Faso and the Democratic Republic of Congo (DRC) all rank low in human development, with high levels of child mortality and low levels of basic sanitation (only 1 in 7 and 1 in 10 people have access in Burkina and

DRC respectively). ODI and Tearfund’s recent studies brought together researchers and ‘field’ implementing organisations in desk review of international literature, in-country interviews and focus groups, and a questionnaire in one locality (in Madagascar), to take comparative snap-shots of S&H policy-making.

The studies recorded the views of a range of actors in considering whether S&H programmes were succeeding or failing. Some positive features highlighted were:

- S&H policy documents being drawn up (and likely to be approved soon) in Burkina and Madagascar;
- stakeholder dialogue in Madagascar led by the national WASH platform; and
- leadership of certain individuals and organisations, including in the difficult conditions of DRC.

Principal concerns regarding hindrances to progress turned around the following areas:

- Confusion as to what ‘sanitation’ is, and how hygiene fits in;
- The split of S&H responsibilities at national level (‘institutional fragmentation’);
- Major capacity gaps at local level;
- The low budgetary priority accorded to S&H relative to other needs, including water supply;
- Doubts as to levels of household demand;
- The complexity of promoting changes in behaviour.

Policy debate – taking stock

The research has provided the opportunity to examine these perceived problems.

What is ‘sanitation and hygiene’?

The first challenge in development of S&H policies is to define ‘sanitation’ and ‘hygiene’. Interpretations vary and the tendency is for every stakeholder to have a different ‘take’ on S&H. The danger is that those differences remain unnoticed and unexplored. The best starting point is to assume each interlocutor may be talking a substantially different S&H ‘dialect’.

As Box 1 shows, the range of activities included in S&H services is wide, especially since different contexts (e.g. urban/rural) involve different means

of delivering them. To complicate matters, the term ‘sanitation’ (on its own), ‘water supply and sanitation’ (WSS) and ‘water and environmental sanitation’ (WES) are commonly used to include activities in the right as well as left-hand column(s) of Box 1.

The result is that a typical view of the S&H ‘sector’ extends from investment in large and costly items of infrastructure, such as trunk sewers, via simple ‘on-site’ latrines for households, to provision of ‘soft’ items, e.g. support to women’s groups seeking to change defecation practices in the community.

Not all elements in Box 1 have the same effect for reducing under-five child mortality. This project has paid particular attention to safe disposal of human excreta and safe hygiene practices – elements of basic S&H lacking in many poor areas in Africa and other developing countries (listed in italics in Box 1).

While a logic of preventative health brings together the three components of WASH, like ‘siblings’, the country studies raise the question of how the WASH concept is translating into institutions and policies. The concept reminds water specialists to consider the three elements. But, as institutional and policy siblings, are the three elements well matched? Is it useful for S&H to be so closely associated to water management policy at national level? What is the role of WASH, and WSS and WES, in promoting basic S&H services for poor populations?

Institutional fragmentation?

In each of the three study countries there are four or five ministries which share responsibility for S&H. No two institutional arrangements are the same, except that, in each case, sanitation is placed in whichever ministry is responsible for water. Meanwhile, hygiene allies itself with ‘health’. That is, at national level, institutional oversight of WASH functions is indeed split.

But how far is this the real problem? Several ministries commonly have responsibilities for water issues without preventing investments in water supply from being more prioritised than S&H.

At national level, the country surveys revealed that a key weakness of each particular institutional ‘design’ is that it brings to the fore some elements of S&H, while downplaying others, including other aspects generally recognised to be of significance

Box 1: Broad elements encompassing sanitation, hygiene, and ‘water management’

Sanitation	Hygiene	‘Water Management’
<ul style="list-style-type: none"> • <i>Safe collection, storage, treatment and disposal/re-use/recycling of human excreta (faeces and urine)</i> • Management/re-use/recycling of solid waste (rubbish) • Collection and management of industrial waste products • Management of hazardous wastes (including hospital wastes, chemical/radio-active and other dangerous substances). 	<ul style="list-style-type: none"> • <i>Safe water storage</i> • <i>Safe hand washing practices</i> • Safe treatment of food stuffs. 	<ul style="list-style-type: none"> • Drainage and disposal/re-use/recycling of household wastewater (also referred to as ‘grey water’) • Drainage of stormwater • Treatment and disposal/re-use/recycling of sewage effluents.

Source: Evans (2005) – elements particularly studied in this project in italics. Note that the usual order of presentation of WASH has been adjusted. The key feature of the WASH approach is that it promotes the three components in combination.

to S&H. In Madagascar, for example, the education ministry is a secondary player in S&H policy-making, despite benefits of targeting children because of their receptivity.

Gaps in local governance

Local governments can potentially play a significant role in bringing together S&H's different elements. The research showed, however, that, while decentralisation exists on paper, in practice it is only beginning. In Madagascar, the current development planning system is centralised and cumbersome. In Burkina and DRC, there are no structures with responsibility for sanitation in rural areas, as yet. In all three countries, there are major capacity gaps at local government level, in human and other resources, which translate into (very) weak state provision of S&H.

At the same time, small private suppliers providing S&H services (in latrine design and construction, pit emptying etc) are few and far between, less visible than in other countries in Africa. Despite the important contribution of NGOs, interviewees commented on lack of NGO coordination.

Insufficient funds?

S&H is accorded low investment priority by governments in all three countries. External agencies are also reticent, except for the multilaterals with remits which include S&H, plus the occasional bilateral. A number of reasons are mooted, but, as well as any intrinsic features of S&H, the lack of external and national funds is evidence of weak advocacy on behalf of S&H.

The key issue is how funds may be well spent, taking into account constraints in 'absorptive capacity' (ODI, 2005). In each country it was noted that health officials were more likely to be present at local level than staff of water agencies with responsibility for S&H. In the short/medium term, health structures offer a better route for channeling funding increases.

Lack of expressed demand?

The local study in DRC illustrates how women often have greater enthusiasm for improvement in S&H facilities than men. It seems that, in the metaphor of the 'siblings', S&H are the younger sisters. Continued efforts to combat exclusion of women will, therefore, be important. Policy linkages on gender may be made with a number of national and local agencies.

Promoting behaviour change

Key to improvement of S&H are changes in behaviour. The research confirms the complex challenges of influencing practices which may be ingrained. That involves both stopping doing something (e.g. open defecation), and switching to something else (e.g. latrine use). These changes can be promoted by incentives or sanctions (enforcement). International commentators talk much less of the second, 'push' aspect, than the first 'pull' element. That may be because enforcement has become associated

with technical or environmental standards seen as inappropriate in developing countries. But, despite issues of enforceability, the draft malagasy 'National Policy and Strategy on Sanitation', for example, does not shy away from talking of enforcement, *la police sanitaire*, to reduce nuisances. The word 'nuisance' in English has the same root as the French word '*nuire*' (to harm): i.e. as well as promoting public health, a public good, improvement of S&H involves tackling a public 'bad'. The picture in relation to changes of water supply is different. Pull issues are operative, more than a combination of push and pull.

Talking at cross-purposes

Behaviour change is one example of a mismatch between the 'WS' and 'S' of WSS. S&H experts point out that the dynamics of S&H are special – in many respects different from water supply. Failure to recognise the extent of this is a common obstacle to S&H, especially basic S&H in poor areas.

In water circles, the interaction of public and private elements has been lengthily debated. Initial analysis indicates that the terms of the water debate are not transferable to the different realities of S&H where the private-public configuration is different.

A further distinction between the siblings relates to planning and implementation time-lines. Changes in S&H practices lag after awareness, as the study in rural villages in Madagascar illustrates. This means that a target to install latrines may be accomplished long before the latrines is regularly used and maintained. As alluded above, markets for small S&H providers may also be slow to emerge. S&H programmes need to be significantly longer than water supply projects.

The above considerations cast doubt on the wisdom of systematically attaching the S&H components of WASH, WSS and WES to the policy 'bandwagon' of water supply. The S&H elements, the younger sisters, are politically weaker, when compared with their elder brother. The downside

Figure 1: Basic services and safe practices



of this is illustrated by the preparation of the new S&H policy in Madagascar. The process was led by the water department, took nearly two years and has clarified the policy debate. But, it has still left S&H with only 0.3% of the budget allocated to water – itself only 3% of the national budget in the current year – a remarkably low proportion.

Policy debate – future opportunities

What, then, could be an alternative strategy for positioning S&H in national policy debates? Since the pace of decentralisation in the three countries surveyed is slow, waiting for local government capacity to be strengthened is not an adequate option.

The solution lies in exploiting the essential nature of S&H, and placing the need for basic S&H services within a wider context.

The S&H siblings are made up of multiple elements. This means that no single institutional ‘home’ can cover disparate S&H activities, whether a water or other ministry. The diversity of S&H can be turned into an opportunity. Entry points may be found in ministries other than just water, including those whose resources are larger. Selective arguments for better basic S&H 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 district health officers for preventative work on hygiene e.g. to avoid outbreaks of cholera.

The three components of WASH do not anyway cover all elements of what is required to improve young children’s health, including incidence of diarrhoea: for example, what of better nutrition, alongside ‘safe treatment of food stuffs’? The country studies suggest that the case for S&H is better expressed within a wider contextual analysis of poverty, and responses to it. In Figure 1, the needs for S&H services are shown as part of a bigger picture. WASH services for poor populations (in the centre circle) are here portrayed alongside access to a range of other basic services, and safe practices accompanying them. The case for S&H can be made part of, for example, urban planning/slum upgrading. For urban specialists, a broad vision of a range of services is not new (Hardoy and Satterthwaite, 1998). The outer circle in Figure 1 reflects this.

Note and References

- * ‘Identifying and Responding to Barriers to Sanitation and Hygiene Promotion in developing countries’, a project sponsored by Tearfund and carried out by the ODI Water Policy Programme in collaboration with Tearfund and its partners in the three countries, whose names and contributions are set out in the country reports. see: www.odi.org.uk/wpp/publications/

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Research agenda

Issues which merit further research are:

- **Public-private:** the configuration of public-private aspects of S&H, including the nature of the public sector’s enabling role and the most effective use of public funds;
- **Push-pull:** the lessons which ‘total sanitation’ approaches have to teach in mobilising communities to change habits;
- **Increased voice for women:** is there correlation with increased investment levels in S&H?
- **Political economy:** the issues raised above suggest that the political economy of S&H is still poorly understood.

When applying a holistic view of poverty, it is not always the case that all three elements of WASH will be priorities. The study in rural Madagascar has illustrated how slow take-up of improved S&H practices may be associated with remoteness from town and markets (*enclavement*) and raised the issue of choice and sequencing of development interventions. Improvement of hygiene, alongside food security measures, may in some cases be priorities above latrine construction. The three siblings do not always go hand in hand – WASH is a guide.

The policy case to support improvement of basic S&H in poor areas may now be adjusted to take in the bigger picture, beyond the centre circle in Figure 1. There is a danger of separating WASH issues from other problems faced by poor populations, for example lack of safe dwellings/housing, which may be due to insecure land tenure. S&H specialists should refocus their efforts on mainstreaming basic S&H services within policies and programmes for urban and rural development. This is a familiar challenge, for example, in relation to food security and environment. Further research could usefully learn lessons from those experiences.

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