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CSD NGO Consortium

Sanitation and Hygiene Promotion

CSD-13: Good governance, adequate funding, and lasting behaviour change are needed

The sanitation target is off-track in every region. CSD-13 must promote concrete actions that each stakeholder can take to address this urgent situation:

- Poor governance in sanitation and hygiene must be addressed through effective national-level planning
- Lasting behavioural change in hygiene must be the aim of sanitation interventions
- Adequate funding must be allocated to promoting sanitation and hygiene

The Millennium Project's Taskforce 7 on Water and Sanitation states that '[t]he international community is dangerously off track from its goal of halving the proportion of people lacking even basic sanitation services by 2015'. Meeting the Millennium Development target on sanitation demands that 1.4 billion people gain access to basic sanitation over the next ten years.

Sanitation and hygiene are keys to reducing poverty. Lack of progress on this target will jeopardise the chances of meeting other MDG targets:

- Goal 1 Eradicate extreme poverty and hunger: Half
 of the developing world's population have diarrhoea at
 any one time¹ and cannot be fully economically
 productive whilst chronically ill.
- Goal 3 Promote gender equality and empower women: Girls in particular are put off attending schools that do not have sanitation facilities. Women are stripped of dignity by not having a private and safe place in which to defecate.
- Goal 4 Reduce child mortality: Of the 1.8 million deaths from diarrhoea annually, 90% are children under 5 years old.² Infant mortality cannot be tackled without access to basic sanitation and hygiene.
- Goal 7 Ensure environmental sustainability: Polluted water being returned to ecosystems has a negative effect on the environment. Sanitation facilities are vital to maintaining healthy ecosystems.

There is also a strong economic argument for increasing access to sanitation. The WHO estimates that meeting the

MDG target on sanitation would produce economic benefits of US\$3 – 34 for every US\$1 invested.³

Poor governance must be addressed

Sanitation and hygiene as a sub-sector suffers from poor governance. It is common that the responsibility for sanitation cuts across a number of government ministries or departments, such as water, health, and education, and, therefore, lacks an effective political champion. Consequently, many developing countries do not have national sanitation and hygiene plans. Donors and NGOs may operate without coordinating with local government, or each other.

All developing country governments should have national sanitation plans in place by 2007. Sanitation should have an institutional home. A designated government ministry should coordinate with other ministries, donors, civil society and the private sector on the formulation of the plan, and they should monitor progress. Donors and NGOs should align their work with the plans and commit to funding shortfalls.

Insufficient attention has been paid to the effect of poor sanitation practices on the wider environment. Waterborne sewage uses scarce freshwater resources and may contaminate surface waters when it is discharged into the environment without adequate treatment — thus endangering downstream users, aquatic resources, and the wider ecosystem.

Governments should make sure that Integrated Water Resource Management (IWRM) processes are established, to protect the wider water resource from harmful sanitary practices and to ensure a fair share of safe water for communities and ecosystems. Governments must put in place regulation and legislation to promote the rights of the poor to sanitation.

<u>Lasting behavioural change is needed on the part of individuals</u>

Sanitation is both a right and responsibility and it is both a private and public matter. Individuals have a right to lead lives free of indignity and easily preventable ill health. Yet, having sanitation hardware and good hygiene practices at a household level do not guarantee good health, as

¹ See Water Supply and Sanitation Collaborative Council, at .

See WHO, found at http://www.who.int/entity/water_sanitation_health/en/factsfigures20 05.pdf>.

³ G. Hutton and L. Haller, Evaluation of the costs and benefits of water and sanitation improvements at the global level (WHO, 2004).

neighbours' poor sanitation and hygiene will affect those around them. Households have a right to external support and awareness raising to tackle this public health problem, yet households also have a responsibility to change their behaviour and be part of the solution.

Simple behavioural change is very effective. Hand washing with soap could reduce incidences of diarrhoea by 47% and save at least one million lives per year. It is substantially more effective than access to safe water in preventing disease.

Governments must prioritise hygiene education and awareness raising through media, schools, and partnerships with the private sector.

Adequate funding must be allocated

More money needs to go to sanitation and hygiene promotion.

Public funds: Few developing country poverty reduction strategies (PRSs) have allocated separate funds for sanitation, and sanitation often does not even have a distinct budget line that can be tracked. Scarce resources that do exist often are not spent on selecting technologies and programmes that provide maximum health benefits to the greatest number of people at the lowest cost.

Governments should allocate earmarked funds for sanitation in PRSs, particularly for promotion and training.

Governments should view sanitation spending as an economic investment, and be regular and strategic in funding.

Donor funds: Only one-eighth of donor water supply and sanitation (WSS) sector spending to Africa is on sanitation, despite the fact that twice as many Africans are without sanitation as are without water. Donors sometimes reduce the effectiveness of the money that is given, by promoting inappropriately expensive technologies, or delivering subsidies out of line with government strategies.

Donors should increase the amount they give to sanitation and hygiene promotion.

Donors should ensure that this money is used effectively by promoting low-cost and locally suitable technologies, and by aligning with government (often local government) strategies on subsidies.

Private funds: About 8% of Indians in rural households have invested their own money on latrines, using small-scale private providers. Research in Africa confirms that small-scale providers are making a significant contribution there as well. Given the right impetus, households will invest their own money on sanitation hardware, and the small-scale private sector can deliver their needs very effectively.

Governments, donors and NGOs should put in place micro-credit to enable households to invest in sanitation.

⁴ N. Foxwood and J. Green, *Making Every Drop Count* (Tearfund, 2004).

Governments, donors and NGOs should not be too prescriptive about sanitation technologies, allowing households to develop low-cost and appropriate solutions to their needs.

Governments, donors, and NGOs should be strategic in creating subsidies, coordinating policies when working in the same area, and targeting strategically to catalyse demand and to support the poorest.

Lesotho has increased sanitation coverage from 20% to 53% over 20 years. Policies during this time have shifted from subsidising latrines to more money being channelled towards promotion and training and funds are regular and earmarked for this purpose. In rural areas government funds are used to provide basic latrine components 'at cost', but there is no direct subsidy to households. School sanitation is supported with a 50% subsidy to schools. The total investments made by households are estimated to range between 3 and 6 times the government's contribution. 1

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