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INVESTMENT PRIORITIES FOR SANITATION IN RURAL AREAS

EXECUTIVE SUMMARY

Sanitation differs from many other spheres of development in that the primary barrier to success is often not the availability of adequate facilities, but rather the level of demand for improved sanitation practices. In rural communities where the practice of open defecation has long prevailed, investment priorities for sanitation must be applied with a view to ending this practice and fostering community demand for sanitation. This means investing primarily in people – helping to change behaviours and create social norms that prohibit open defecation – rather than just in sanitation equipment and infrastructure.

UNICEF experience demonstrates that this approach to investment yields the greatest and most sustainable improvements in sanitation access for the most people, and encourages community ownership and self-reliance. Subsidies – whether funds or equipment – should not be given directly to households. Doing so risks undermining demand for sanitation, sense of ownership and sustainability of structures. Instead, investment should focus on creating demand for sanitation; this may be accomplished through community engagement and behaviour change, or through market-based approaches involving the private sector.

The practice of open defecation, still widespread in many regions, imposes an unacceptable burden of dis-

ease and death on children and families through faecal contamination of drinking water and of the environment, and inflicts significant economic and social costs. The poorest children are disproportionately vulnerable to its harmful effects. Elimination of this practice, through changes in behaviour and social norms that foster use of sanitation facilities, is fundamental to progress on improved sanitation.

In rural areas and small communities, UNICEF supports Community Approaches to Total Sanitation (CATS), a programmatic framework founded on principles of broad community participation and engagement in understanding and acknowledging the vital importance of sanitation; behaviour change to introduce new social norms prohibiting open defecation; and community self-reliance to leverage local skills and materials for construction of sanitation facilities. The goal of CATS is to achieve open-defecation-free (ODF) status for entire communities.

Using the CATS methodology, by 2012 UNICEF had directly supported more than 40,000 communities globally, with a population of over 25 million, to be certified as ODF. UNICEF has also lent technical and policy support to CATS programmes for many more communities that have been certified ODF, impacting an additional 88 million people in 54 countries. ■

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Sanitation is essential for child survival, growth and development

Sanitation – the arrangements for protecting health through the safe disposal of human waste – is essential in every community. The sad reality, however, is that many communities around the world lack any sanitation: Open defecation (defecation in fields, forests, bodies of water or other open areas) is still practised by an estimated 1.1 billion people, mainly in rural areas, including 41% of the population in Southern Asia and 25% of the population in sub-Saharan Africa. An estimated 2.5 billion people still lack access to improved sanitation facilities, defined by the UNICEF-World Health Organization Joint Monitoring Programme as facilities that hygienically separate human excreta from human contact.

Inadequate or non-existent sanitation causes tremendous harm. Diarrhoeal disease, mostly caused by faecal contamination of water supplies or by contact with faeces in a child's environment, kills about 700,000 children under age 5 annually. Each episode of diarrhoea increases a child's risk of stunting, which inflicts largely irreversible damage to the child's physical and mental development. Evidence is emerging that rates of open defecation have a higher impact on child stunting in poor countries than per capita income. Poor sanitation keeps children out of school, imposes financial costs for treatment of diarrhoeal disease, harms economic productivity, and contributes to outbreaks of other serious diseases such as cholera.

There are often significant differences between rich and poor populations in access to, and utilization of, sanitation. In many countries, the poorest groups have barely benefited from any sanitation improvements. For example, in 35 countries of sub-Saharan Africa, 59% of the poorest quintile (fifth) of the population still practices open defecation; in the richest quintile, the rate is only 3%. Children in the poorest communities consequently have far higher rates of diseases originating in exposure to human waste, reflected in higher mortality rates in this quintile.

Elimination of open defecation is essential for human health. Success entails focusing sanitation interventions on poor communities where this practice remains prevalent. Experience around the world confirms that it can be done: Communities previously hard-hit by diarrhoeal and other diseases from contaminated water or poor sanitation have managed to dramatically reduce or even eliminate such diseases by eradicating open defecation and introducing the use of adequate, locally-supported sanitation. The Conven-

tion on the Rights of the Child affirms every child's right to the highest attainable standard of health, and underlines the need for sanitation to realize this right. Growing international recognition of the rights to water and sanitation is increasing the momentum for implementation of sanitation solutions in all communities. (For further information, see the UNICEF position paper on *The rights to safe drinking water and sanitation*.)

Public investment is required

Introduction and use of improved sanitation benefits not only the individuals using the facilities, but also the entire community. When a family begins using a safe, well-constructed latrine, the health of all family members stands to benefit – as does the health of their neighbours who would otherwise have been potentially exposed to disease pathogens. Conversely, any significant incidence of open defecation places the entire community at risk. Improved sanitation is therefore an example of what economists call a good with significant positive externalities. Governments seeking to ensure the best health and development outcomes for their populations have an incentive to invest in supporting the adoption of improved sanitation practices by all.

In some countries, there are still very large populations without improved sanitation or practising open defecation. Governments and development agents seeking to support sanitation programmes are looking for the most effective ways to leverage their investments.

Ignoring the problem does not work, nor does investing exclusively in sanitation hardware

In the past, two solutions were commonly applied to the problem of open defecation in rural areas. One was to ignore the problem in the hope that economic and social progress would naturally lead to improved sanitation wherever needed. The other was to undertake sanitation programmes involving major subsidies for equipment and technical infrastructure (the 'hardware').

In many communities, however, UNICEF experience confirms that neither approach works. Economic progress will lead to the provision of sanitation services only in the event of adequate demand for them. Where open defecation has been the norm, demand for sanitation is often weak, as community members may not be fully aware of the health benefits offered by improved sanitation. Furthermore, these benefits will necessarily be limited so long as even a few



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members of the community practise open defecation. Lack of community demand, perpetuated by social norms that permit open defecation, condemns children and families to living under conditions of poor sanitation and all of the associated threats to their health and well-being.

Investing large sums in sanitation hardware without addressing behaviour change, or without ensuring local capacity to sustain what is built, is often equally futile. Such top-down approaches frequently do not consider what kind of facilities community members actually want. The result is facilities that go unused, or that are often unusable by persons with disabilities or others with special needs. Maintenance of hardware may cease abruptly once external funding ends, allowing facilities to break down. Moreover, building toilets while leaving in place social norms permitting open defecation means that even good facilities may be ignored.

Success can be achieved through a community approach to building demand

Recent approaches to community sanitation programming are very different. The key ingredients of success are now understood to be the release of latent demand for sanitation services, followed by the creation of sustainable supply of these services. UNICEF's view of the most effective approach for the realization of these objectives in rural and small community settings is encapsulated in its Community Approaches to Total Sanitation (CATS), a framework that forms the basis of the organization's sanitation programmes globally.

CATS focuses primarily on supporting rural communities in making and fulfilling the commitment to abandon open defecation. The term 'total sanitation' refers to the goal of 100% open defecation-free (ODF) communities, and 100% of excreta hygienically contained. Total solutions are important because even a single family practising open defecation can endanger a community.

Developed from experience on the ground over decades of sanitation work, CATS aims to stimulate coordinated action by members of a community to improve their own standard of sanitation. Demand is fostered by engaging a broad cross-section of the target community; informing community members through participatory demonstrations, educational materials, and selection and training of community change leaders; and encouraging development of new social norms that exclude open defecation. The required community response can normally be triggered

within a 6-month period.

Community involvement and education help ensure sustainability of supply by empowering the community to determine which sanitation options are appropriate for it, and which costs it is able to bear for maintenance. With appropriate support and facilitation provided, communities lead the change process and assume responsibility for meeting the sanitation needs of all members, including children, women, persons with disabilities, and other vulnerable groups. Locally-appropriate designs, constructed by artisans and technicians using locally-sourced materials, encourage a sense of ownership, self-reliance and pride.

Adequate sanitation can be provided even by simple designs that represent a tremendous improvement over open defecation. Communities also have the option to 'climb the sanitation ladder' at a later time by adopting more sophisticated technologies. Other forms of support typically offered for the supply side include building up supply chains, capacity-building of sanitation service providers, and project management support for community decision-making and monitoring of progress.

'Sanitation marketing' refers to market-based approaches to stimulate demand for sanitation, and also to build up private sector supply of affordable sanitation solutions. Sanitation marketing is complementary to CATS and has a particular role in helping fill supply-side gaps. By involving local governments in facilitating, regulating and monitoring new sanitation markets, sanitation marketing helps suppliers to continue to grow their businesses and reach consumers long after initial market facilitation activities are finished.

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Public investment should be directed towards supporting communal action for total sanitation

Government support is essential: CATS cannot be scaled up without it. UNICEF considers that the government role is to ensure the adoption of sanitation-friendly social norms, by supporting and encouraging social and behavioural change. Once such norms are in place, government and the



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local private sector have a key role in ensuring that sanitation infrastructure matches community needs, supporting local development of facilities, and helping communities to ‘climb the ladder’ to a higher standard of infrastructure.

Political support from national and local governments reinforces demand by spurring community mobilization and providing publicity. Planning, capacity building, sourcing of technology options, supply market development and monitoring often require government assistance.

Public financial support is also imperative. Financial arrangements deserve careful attention, because they are often decisive in determining whether a sanitation project succeeds, and to what degree. Public investments (including subsidies, rewards and incentives) must be structured in such a way as to encourage, not harm, the development of community demand and supply for sanitation. This essentially means **investing in people first** by supporting behaviour change and creation of social norms that render open defecation unacceptable. If demand should fade – as occasionally happens when financial support for community mobilization, monitoring and follow-up is withdrawn – then project success and community health are at risk.

Experiences in sub-Saharan Africa, South Asia and elsewhere indicate that directing public financing towards building demand through community mobilization, rather than towards provision of hardware, maximizes the number of households gaining access to sanitation per unit of investment. This approach also results in greatly improved financial stability of solutions over the long term.

UNICEF considers that public financing should **not** be given directly to households as hardware subsidies. Such approaches are expensive. They also tend to generate negative incentives, as households not receiving such subsidies will be reluctant to participate in programmes offering a lower level of subsidy – thus hardware subsidies can suppress demand for sanitation. They may also undermine households’ sense of ownership of their sanitation facilities, putting maintenance at risk once the subsidy stops. Project experience shows that once demand is mobilized, it is possible to encourage household investment in hardware, thereby ensuring better financial sustainability and scalability, and enhanced ownership and commitment to maintenance.

Only a few situations justify the provision of hardware subsidies. The very poorest or most disadvantaged members of a community, such as persons in child-headed households

or persons with disabilities, may be in need of hardware subsidies administered as social protection through various social safety net schemes. UNICEF supports the use of community-based selection of subsidy recipients, with the community itself identifying the neediest members for subsidy support. Community mobilization, behaviour change and effective monitoring are preconditions for this to work effectively. Community members should understand that achievement of ODF status requires all members to have adequate sanitation. Even the poorest households have to invest time and energy into maintaining sanitation solutions. Once these conditions are met, experience confirms that communities will work together to ensure no one is left out.

Hardware subsidies and funds offered as community rewards upon achievement of defined targets are sometimes used to celebrate joint achievements and promote community pride. However, such rewards are really useful only if they are managed by the community, are not provided to individual households, are effectively monitored and are provided in such a way as to encourage sustainable construction and use of facilities.

Sanitation for the long term

UNICEF continues to actively examine the impact of CATS through ongoing evaluations. Additional studies on the issue are also being undertaken by others. As community approaches are applied and evaluated, further lessons will be learned on optimal implementation in specific circumstances. However, the available evidence shows that once the initial demand barrier has been surmounted and new social norms are in place, communities will maintain sanitation infrastructure in good working order for years. Rural users are often interested in upgrading facilities over time, and ‘sanitation marketing’ approaches can strengthen the private sector to help meet this demand, while still ensuring that local government remains a key partner. (Sanitation marketing is also an important means of building demand and strengthening the private sector in urban areas, where its relevance is underscored by the fact that urban sanitation infrastructure is typically built by private providers.) Appreciation of the convenience and health benefits of improved sanitation means that there is little or no reversion to open defecation in communities that have jointly implemented their own sanitation solutions. ■



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This paper was prepared by the Policy Advocacy and Coordination Unit in UNICEF's Division of Policy and Strategy.