Sanitation

1. Background

1.1 DFID deserves credit for leading the international community in 2002 in securing a firm target for sanitation provision in line with the Millennium Development Goals, at the Johannesburg World Summit on Sustainable Development.

1.2 Disaggregated data on DFID's spending on sanitation is not easily accessible. Nor has the department published a specific strategy to guide its interventions. The Target Strategy1 states a commitment to give 'high priority to sanitation, hygiene promotion and environmental health', and proposes a two-pronged approach. At policy level, the stated focus is on creating demand for improved sanitation through hygiene promotion and social marketing. At a programme level, DFID has made a commitment to 'integrate hygiene promotion in all appropriate interventions and to support household-centred approaches'.

1.3 The latest WHO/UNICEF JMP report2 reveals that 2.6 billion people, more than 40% of the world's population do not have access to basic sanitation. The world is not on track to meet the Millennium Development Goal target for sanitation. Sub-Saharan Africa causes particular concern. Between 1990 and 2004, the number of people without access to sanitation actually increased by 30%. If current trends continue, by 2015, Sub-Saharan Africa will end up with 91 million more un-served than in 2004. This is one of the few MDG targets where the trend is regressive.

1.4 The un-served are obliged to defecate in the open or in unsanitary conditions, exposing them to the risk of serious illness, and for women, the risk of sexual abuse. Diarrhoeal diseases are the single biggest killer of children under 5 in poor countries. Providing basic sanitation would save lives. It would also reduce the burden of disease, boost attendance at school and increase economic productivity. The WHO has estimated that $84 billion worth of benefits are being lost annually in the developing world because of failure to meet the MDG targets.3 Universal coverage in sanitation is as vital as it is for water.

2. Inadequate prioritisation

2.1 Governments in developing countries have failed to give adequate attention to sanitation in national development plans. Sanitation is often considered to be a household responsibility and outside the public domain. Very few countries in Africa have developed National Sanitation Policies and because sanitation is not featured in development plans, this has not been considered for funding by governments or by donor agencies. WaterAid research in 14 countries found that only one country had a dedicated budget4. Instead most funding is lumped together with allocations for water, which is then spent mainly on water supply projects.

2.2 Most efforts to finance the sector are also frustrated by lack of coordination within the sector. Frequently responsibility for sanitation is spread across a number of government ministries. In Madagascar, for example, sanitation is the primary responsibility of the Ministry of Health, with the Ministry

1DFID, Addressing the Water Crisis: healthier and more productive lives for people (2001) http://www.DFID.gov.uk/pubs/files/tspwater.pdf#search=%22DFID%20target%20strategy%20water%

2 WHO/UNICEF, Joint Monitoring Report for Water Supply and Sanitation. Meeting the MDG Drinking Water and Sanitation Target, The Urban and Rural challenge of the Decade. (2006)

3 WHO, Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level (2004) http://www.who.int/water_sanitation_health/wsh0404/en/

4 WaterAid, Getting to Boiling Point, Turning up the heat on water and sanitation (2005), http://www.wateraid.org/documents/plugin_documents/getting_to_boiling_point_1web.pdf

of Town and Country Planning, the Ministry of Industry and Handicrafts and the Ministry of the Environment also taking some responsibility. This piecemeal approach to the sector leads to duplication and confusion and makes it difficult to access reliable data, essential to the monitoring of progress. DFID could give support to the establishment of sector coordination mechanisms that bring together a range of stakeholders to contribute to policy design and planning investments, and reviewing progress.

2.3 Donors do not prioritise sanitation within their aid programmes either. The JMP has found that donor spending on sanitation is as little as one-eighth of spending on water while the Global Water Partnership estimated in 2000 that only $1 billion was being spent on sanitation compared with $13 billion on water. 5

2.4 DFID has supported the recent South Asian Conference on Sanitation (SACOSAN) in Pakistan. This is a regional, ministerial level conference with participation of governments, donors and civil society. The first SACOSAN was held in Bangladesh in 2003. These conferences appear to be raising the political profile of sanitation and are creating a healthy sense of competition between countries as well as a supportive environment for learning and sharing experiences. DFID should support the continuation and deepening (through the inter country working group on SACOSAN) of this process and its expansion into East Asia. Similarly, DFID should look to supporting and strengthening the AFRICASAN initiative on generating high-level political support for sanitation in Africa.

3. Encouraging and supporting demand for sanitation

3.1 Demand for sanitation services is generally lower than for water. This is because people do not associate improved sanitation with improved health. In some cases, when people explain their desire for improved sanitation, health concerns rank lower than privacy, dignity, status and safety. Hygiene education is essential to the creation of sanitation awareness and action. Yet this activity receives little serious attention or funding.

3.2 In Bangladesh, WaterAid and partners have developed a successful approach to rural sanitation, which seeks to recognise the skills, abilities and knowledge of local communities. In Asia, experience of the Community Led Total Sanitation (CLTS) approach – which seeks to stimulate community action and local government support for an end to open defecation - has been promising. Initial attempts to replicate CLTS in an African context are also showing promise. Government and donor funding can be well used to set up incentives for stimulating community action to achieve open defecation free and total sanitation status. In some cases, DFID has financed these experiments. DFID is currently review these experiences. It should consider mainstreaming this approach in its programme design and monitoring and evaluation systems.

4. Inequitable Coverage

4.1 Sanitation services often fail to reach the poorest and most vulnerable people, in particular women, children and disabled people. In Nepal, the National Living Standard Survey, 2004 reported that the richest quintiles are eight times more likely to have improved sanitation (79% versus 10%) than poor. Expanding services to those living in urban slums or in remote rural areas can be costly and offers low or no returns.

4.2 Rural communities are less likely to have access to sanitation than urban areas. The JMP notes that there are three rural dwellers unserved for every urban dweller unserved. However, rapid urbanisation and population growth mean that more and more people are living in informal settlements with few opportunities to build toilets or connect to sewerage networks, and few incentives for tenants, who make up the majority of the urban poor - to invest in on-site latrines.

5 Global Water Partnership (2000), Towards Water Security: A Framework for Action http://www.gwpforum.org/gwp/library/Execeng.pdf

4.3 Different approaches are needed for urban and rural sanitation. The challenge for urban areas is arguably more complex. In urban areas, sanitation has reached crisis point in urban slums and illegal settlements – areas where most residents do not have property rights to their dwellings and where space (eg, for building latrine and bathing blocks) are at a premium. Lack of sewerage connectivity affects as high as 72% of the Indian urban population.6 Where sanitation infrastructure exists, the poor and vulnerable are rarely connected. And yet, most donors are not interested in investment in urban sanitation especially to poor slum and squatter settlements. In Nepal, squatters are not given access to sanitation because they do not have legal land ownership. Donors and civil society are reluctant to invest if squatters are likely to be evicted from their temporary holdings. Where there has been a donor response, it has been in the form of large and unsustainable infrastructure projects financed by loans from bilateral agencies.

4.4 Another obstacle to reaching the poorest people is cost recovery principles in urban centres. Research by a Nepalese NGO Forum7 found that service providers were ignoring the poorest people when providing water and sanitation services because these people would not be able to afford the cost of loan repayment and on-lending loan interest.

4.5 In some cases, subsidy approaches have failed to actually reach the poor. In India, 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 overlooked8. 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. In Nepal, there has been a mix of experiences and programmes, ranging from the subsidy approach to targeted subsidy and graded subsidy, and recently no subsidy. A combination of different approaches needs to be explored for reaching the poorest, vulnerable and excluded communities.

5. Women and sanitation

5.1 Women are deeply affected by the lack of adequate sanitation facilities. In many cultural settings, it is not acceptable for women to defecate in the open air. As a result, they are often forced to control their bodies until darkness affords them some privacy. This, however, exposes them to risks of sexual attacks, and in the rural areas, to animal attacks as well. For many girls menstruation means interruptions to their attendance at school where school does not have sanitation facilities. Any improvement in the appalling statistics regarding women's access to sanitation will depend on bringing women into the centre of planning and decision-making. All sanitation programmes need to take account of menstrual hygiene. The importance of provision of adequate sanitation, especially for grils at schools can not be over-stated.

5.2 Women are responsible for family health and can be a driver of change. Yet their voice is often un-heard or suppressed when household, community and national decisions are made about investment in infrastructure. Women's access and participation in decision making is seriously constrained by cultural norms and institutional barriers. The latter can be addressed in part by a concerted attempt to mainstream gender perspectives in government policy documents and legislation and in donor policies towards the sector.

6. Integrating sanitation into Health and Education programmes

6 Government of India(1997), Mid term review of 9th Plan

7 NGO Forum case study of a small town (2005)

8 WaterAid, Total Sanitation in South Asia : the challenges ahead (2006) http://www.wateraid.org.uk/documents/sacosan_2_reginal_wa_paper.pdf

6.1 The success of education and health programmes is frequently undermined by lack of investment in water and sanitation. Hygiene, sanitation, and water in schools can contribute to improved child health, welfare, higher attendance of girl children and improved learning capacity. In India, cross-sectoral working has also provided an opportunity to strengthen essential institutional partnerships and synergies between education and child welfare authorities.

6.2 WaterAid research shows that a school sanitation project in Bangladesh has increased the enrolment of girls by 11% per year since it began in 1990. Separate budgets for the construction of facilities for girls in schools can ensure that gender sensitive sanitation becomes a reality.

6.3 Hygiene education in schools can be a catalyst for the kind of awareness and behaviour change that the sector so urgently requires. At the same time, it is essential to think more broadly than the education programme. Providing hygiene education without providing safe water and good sanitation facilities in the schools' catchment communities is unproductive.

7. Sustainability and Accountability of Sanitation Services

7.1 Evidence shows that latrines constructed with improper awareness and community mobilization has led to high drop out rate in the use of sanitation facilities9. Inappropriate technical design, which communities cannot afford to operate and maintain is the main reason cited for discontinued use. DFID needs to increase its support for community-based initiatives that are context specific and appropriate for users.

7.2 Service providers are not held to account for non-sustainability. Service providers consider their responsibility to be limited to the construction of latrines. Very few projects are monitored or reviewed at regular intervals. WaterAid India has found public hearings are an effective form of reviewing progress of rural sanitation and water projects and programmes and ensuring that financing and planning is transparent and participatory. There is a need to support projects which improve community knowledge of rights, entitlements and responsibilities under government water and sanitation programmes.

Key Recommendations to DFID

- Ensure that the new DFID Target Strategy paper gives adequate prominence to sanitation and sets out a separate funding strategy for this sector.
- Invest resources in raising the political profile of sanitation and on stimulating research and thinking within DFID and internationally on how best to support the sanitation and hygiene education provision, eg, through health and education programmes.
- Encourage recipient governments to prioritise sanitation in national development strategies, ensure sufficient resources are allocated and that committed funds are fully disbursed.
- Support recipient governments to develop coordinated plans for investment, implementation and monitoring. This should be done in a participatory manner with a view to ensuring that national sanitation programmes are actually reaching the poorest.
- Ensure programme strategies and plans give sufficient consideration to the needs and interests of women.

9 World Development Report, Making services work for poor people (2004) http://econ.worldbank.org/WBSITE/EXTERNAL/EXTMODELSITE/EXTWDRMODEL/0,,ImgPagePK:64202988~entityID:000090341_20031007150121~pagePK:64217930~piPK:64217936~theSitePK:477688,00.html

- Strengthen the links between sanitation and interventions in the health and education sectors both at policy and programme level.