Sanitation and Hygiene
A right for every child

A summary of lessons learned and new approaches from the UNICEF Workshop on Environmental Sanitation and Hygiene, New York, 10-12 June 1998

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Environmental Sanitation and Hygiene –
A Right for Every Child

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Environmental Sanitation and Hygiene - A Right for Every Child

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Introduction

This document summarises key points from the UNICEF Workshop on Environmental Sanitation and Hygiene held in New York from 10 to 13 June 1998, organised by UNICEF's Programme Division Over seventy people participated in the workshop including thirty UNICEF country and regional office staff, twelve UNICEF headquarters staff and thirty people from partner agencies, governments and NGOs

The Workshop focused on integrated approaches to sanitation and hygiene, sanitation promotion, school sanitation and urban sanitation. Its specific objectives were:

- To review and reflect on successful field experiences in sanitation;
- To distil from these field experiences lessons and best practices that can be replicated and adapted,
- To improve collaboration with UNICEF partners through this process;
- To examine the role and approaches of UNICEF in the area of sanitation, in the light of the field experiences and best practices presented and lessons learned, and
- To recommend short-term and longer-term priority actions for field-level follow up and/or adaptation, after further regional consultations

In the context of this document sanitation is defined as 'a process whereby people demand, effect and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of disease agents' (UNICEF/USAID, 1997).

As the 21st century approaches the global challenge of sanitation is increasing as the number of people without adequate sanitation rises. Some of the questions that should be asked are

- What are the major policy measures needed to achieve the 'Sanitation for All' goal?
- How can the urban environment be improved?
- What actions are needed to strengthen partnerships with donors, governments and UN organisations?

The global efforts in the field of water supply have increased throughout the International Drinking Water Supply and Sanitation Decade of the 1980s and additional efforts in the 1990s have resulted in approximately 75% of the world population having access to safe water supply. Sanitation coverage, however, has decreased continuously over the past two decades The total population without access to sanitation increased from about 1.7 billion in 1980 to almost 3 billion in 1994 and is projected to reach as much as 3 3 billion by the year 2000. Diarrhoeal diseases remain a major killer of children resulting in over 3 million children dying each year. In addition, a rapid deterioration of environmental sanitation in rural and urban areas contributes to millions more child deaths every year. Even more children are malnourished, physically stunted and mentally retarded, as a result of excreta-related diseases and intestinal worm infections It is now clear that the 'Sanitation for All by the year 2000' goal will not be reached. It will therefore be a major challenge for the 21st century to achieve access to sanitation for all.

In the past, the most common failure of sanitation efforts has been too narrow a focus on latrine construction alone. It is now recognised that a supplementary process of behavioural change is of critical importance. Only behavioural change will create a real demand for sanitation services, which will in turn lead to improved health. Improved sanitation programmes now focus on techniques to promote behavioural change, such as targeted hygiene education.

Article 3 of the Universal Declaration of Human Rights states that 'Everyone has the right to life, liberty and security of person'. It also declares the concept of the 'right to live', i e 'the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions', as stated in Article 11 of the International Covenant on Economic, Social and Cultural Rights.

In June 1998 the UN Economic and Social Council's Commission on Human Rights, published a working paper on the right of access of everyone to drinking water supply and sanitation services. This paper also addresses other important issues such as potential regional shortages of drinking water and the division of available fresh water resources between human consumption, agricultural and industrial use

Sanitation is also crucial to UNICEF's mandate to promote the survival, protection and development of children. The Convention on the Rights of the Child was adopted by the United Nations General Assembly in 1989. Article 24 of the Convention requires State Parties to recognise children's rights to the highest attainable standard of health through the provision of adequate nutritious foods, safe drinking water and adequate sanitation. In Article 29 the State Parties agree that the education of the child shall be directed to, inter alia, the development of respect for the natural environment.

The Collaborative Council for Water Supply and Sanitation, at its meeting in Manila in November 1997, unanimously endorsed the Global Environmental Sanitation Initiative (GESI) proposed by UNICEF. The participants representing donors, UN agencies, NGOs and over eighty developing countries called for world-wide efforts to promote sanitation and hygiene. The objectives of GESI are: to help agencies to exchange information and harmonise their activities, to formulate and carry out a common advocacy programme, to establish common indicators for monitoring and evaluation, to agree on the sharing of responsibilities and tasks, and to agree on a schedule and strategy for assessing progress.

The intention of GESI is to obtain the best results through exchange and collaboration, not to intervene in the agendas of individual agencies. As a follow-up, several consultations on GESI were held between UNICEF, WHO, World Bank, USAID, IRC and WEDC. This Workshop was seen as an important step to further stimulate action around the GESI Initiative. It provided the foundation stone for an integrated approach towards UNICEF's 1998-2000 goals. Its outcome is be used as a tool to achieve the ultimate global objective of reduction of child mortality and morbidity, better health and development and above all to promote the rights of the child.

Why promote sanitation and hygiene? They are essential for health

Thanks largely to UNICEF's efforts to promote good case management of diarrhoea, these diseases cause fewer deaths than they used to. Now that ORT has helped to bring the total down, it has become increasingly true that only the prevention of diarrhoea, particularly by improved sanitation and hygiene, can reduce the toll any further. The role of sanitation is obvious; the chief source of infection is other people's excreta.

Hygiene is important too. For example, one diarrhoeal disease unaffected by ORT is bacillary dysentery, causing persistent, bloody diarrhoea which, though not dehydrating, can be lethal to children and is also a major cause of adult deaths. Sixteen years ago in Bangladesh, Dr M U Khan showed that the simple measure of washing one's hands with soap could prevent six out of seven cases of dysentery transmitted in the home.

Studies have shown that improvements in water supply, sanitation and hygiene were associated with a reduction of 22% in diarrhoea incidence, and of 65% in deaths due to diarrhoea Research tells us that the health benefit from water supply is mainly due to the hygiene improvements which water supply makes possible, so that practically the entire improvement was due to sanitation and hygiene. And to reaffirm the point, more recent studies have shown that hygienic disposal of children's stools is associated with 30-40% less risk of serious diarrhoea.

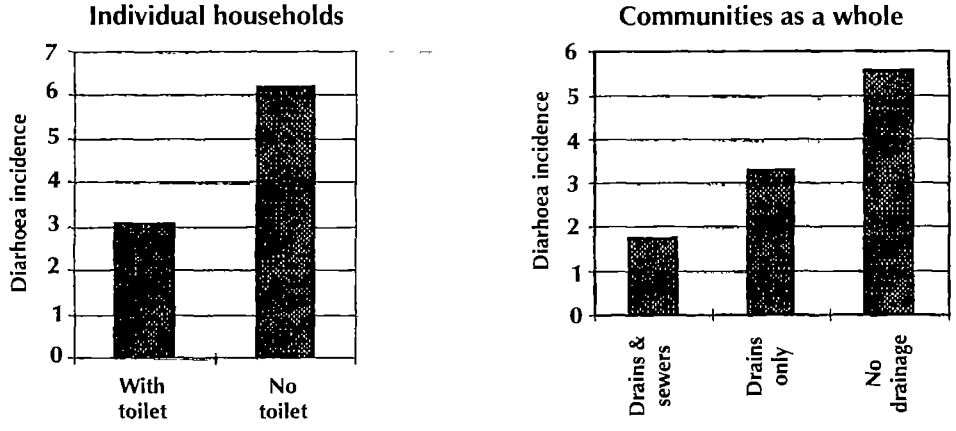
Recent studies in Brazil and the Philippines have found that, once community sanitation had reduced the level of faecal contamination in the general environment, this increased the impact on child health of other measures such as improved water supply.

Sanitation is a public good

When a family installs a latrine, it not only protects them from their own excreta; it also helps to protect their neighbours. Indeed, there is an impact on the health of the community as a whole from the overall level of sanitation (see example below). For advocates of sanitation this is good news, as it means that sanitation is not only a private good, but also a public good, and that there is therefore a case for public measures (subsidy or regulation) to promote it. Individuals cannot be expected to pay voluntarily for a benefit which others will enjoy

In a study of over 1,000 children in nine *favelas* (shantytowns) in the city of Salvador, Brazil, children in households without a latrine suffered from diarrhoea twice as often as those with sanitation On the other hand, those whose communities had no drainage had diarrhoea three times more frequently than those in neighbourhoods with drains and sewers. Statistical analysis showed that these were independent effects; even in the unsewered neighbourhoods, three out of four households had a latrine of some sort. Similar patterns were found for each of the three types of intestinal worms

This example shows that there are health benefits for individual families who improve their sanitation, but even greater benefits when a whole community does so



Source: L R S Moraes, PhD thesis, London School of Hygiene & Tropical Medicine, 1996

Intestinal worms are the most common infections of humanity; they too come from human faeces, and they tend to affect children more than adults. In poor communities without sanitation, it is typical to find well over half the children infected with intestinal worms. Their nutritional effect is evident from cases where stunted children have been treated with de-worming drugs, producing an immediate spurt in growth. Treatment, however, is not a sustainable option as the children are quickly reinfected, the sustainable option is sanitation

Other health benefits are less well known, such as the impact of hygiene and sanitation on trachoma Trachoma is the second most important cause of blindness world-wide, largely a result of infections suffered during childhood. Studies from Mexico and Malawi have shown the importance of washing children's faces to prevent this disease One study from Indonesia suggests that hand-washing helps to prevent conjunctivitis. Even latrines can help to control trachoma; where much of the infection is carried by flies, latrines can prevent this by depriving the flies of their breeding sites in scattered human faeces.

HARDWARE IS NOT ENOUGH

To provide sanitation hardware alone is not enough; changes in behaviour are required for the full health benefits to be achieved. An example illustrates this. Nine out of ten households in the town of Bobo Dioulasso in Burkina Faso had a latrine, and half had a tap or well in the yard. Nevertheless, diarrhoeal diseases were identified as a major local health problem. Researchers found that basic hygiene practices, such as hand washing and children's excreta disposal, showed room for improvement.

Sanitation is a priority for women

There are at least three reasons why sanitation is a feminist issue:

(i) Freedom from imprisonment by daylight

In many cultures, the only time when women or girls can defecate, if they have no latrine, is after dark. Apart from the discomfort caused by the long wait until evening, this can cause serious illness.

(ii) Protection from harassment and rape

The walk to the defecation field, often in the dark, is when millions of women run the greatest risk of sexual harassment and assault.

(iii) School enrolment and attendance

The lack of adequate, separate sanitary facilities in schools is one of the main factors preventing girls from attending school, particularly when menstruating.In Bangladesh, a school sanitation programme increased girls' enrolment by 11%; what educational reform could achieve that?

SANITATION IS ABOUT MORE THAN HEALTH

Impacts are good reasons to promote sanitation and hygiene, but they are by no means the only benefits, and not even the most important factor for most users. For example, latrine owners in the rural Philippines gave the following responses when asked why they were satisfied with their new facilities. Note the order:

1. Lack of smell and flies
2. Cleaner surroundings
3. Privacy
4. Less embarrassment when friends visit
5. Less gastrointestinal disease

The benefits people rate most highly (cleanliness, privacy, convenience, self-respect and so on) are not just selling points. Poor people are willing to pay cash for them, so they have a money value.

Children have a right to it!

As noted above the Convention on the Rights of the Child requires governments to take appropriate measures:

- to diminish infant and child mortality
- to combat disease and malnutrition, and
- to ensure that parents and children are supported in the use of basic knowledge of hygiene and environmental sanitation

Why promote sanitation and hygiene? It is an obligation on us all, for all the world's children

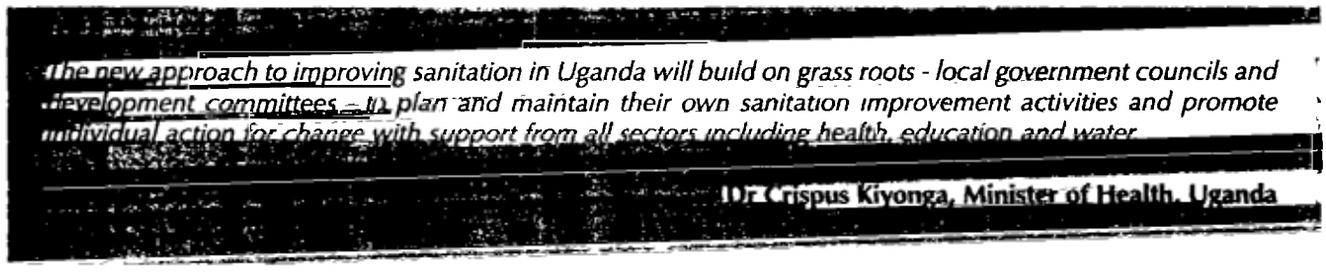
Lessons learned from environmental sanitation and hygiene programmes

Twenty field case studies were examined by participants during the workshop. These studies were divided into four main themes: integrated approaches, sanitation promotion, school sanitation and urban sanitation. Some of the lessons learned from these studies were common to all the themes and these are noted below These are followed by those lessons which were unique to each theme.

Overall lessons learned

- **Government and political commitment at all levels which promotes decentralisation and community participation**
  In China a strategy has been adopted to obtain Government commitment at all levels and to motivate communities to improve hygiene and sanitation practices. Leading groups have been established to oversee project implementation Their members are influential people such as Governors, and leaders of the Women's Federation Union. Project implementation offices have also been set up at all levels to be responsible for the planning, implementation and monitoring of projects. In addition each village has established a community-based team to manage implementation and follow up on progress. Local communities become responsible for the success of their project.

- The Jumat Bersih (Clean Friday) Movement in Indonesia started in West Lombok Province where the role of the Government was to motivate the community into a self-help approach to sanitation. Under the leadership of the head of the district a WES team of agencies involved in the sector was assigned to the community. The team visited villages and joined them in religious services, praying together. The team received a positive reception through these visits and was able to encourage religious leaders to teach the community about the importance of hygiene practices and the need to have a family latrine.



- **Partnership between communities, institutions (both public and private) and funding agencies to agree on the common objective**
  The Urban Environmental Sanitation Project in Guatemala City was founded on community-based initiatives with NGOs. The development of partnerships between government institutions and funding agencies was facilitated by political change and the creation of a committee to co-ordinate assistance for the city's illegal settlements, with representation from private and public institutions and working with representatives from community organisations

  The Rural Sanitary Mart initiative in Uttar Pradesh, India was established to accelerate sanitation coverage and enable poor people to construct toilets This objective required the householder, UNICEF, the Institute of Engineering and Rural Technology (IERT), and the Rural Sanitary Mart to work together. UNICEF provided subsidies or financial support to IERT, which provided information and technical expertise, the Sanitary Mart provided the materials and most importantly the householder had the commitment to purchase them and construct a latrine.

- **Community commitment and participation for successful introduction of new sanitation systems**
  In Tegucigalpa[1], Honduras, low-cost sewerage systems have been introduced as a result of community demand. Each community has to demonstrate its organisational and financial capabilities. Once this is done the community decides on the construction, administration, maintenance and operation of the system through the Community Water Board. This includes deciding on appropriate technology, tariffs and speed of repayment.

  Disposal of solid waste in an urban environment was recognised as a problem in Nigeria A pilot project was developed in Ibadan. Among the implementation strategies adopted, the most important were to gain support from the affected communities and participation from women, children and community leaders at each stage of the project's development

- **Involvement of women at all stages of a programme**
  A town in Burkina Faso has a project to promote better hygiene behaviour. The project has focused on women from the beginning: women volunteers pilot tested the proposed new practices, and contributed by saying why they liked them. Local women were then chosen to get the message across to a predominately female audience

  Similarly in Quynh Phu District, Viet Nam, the Women's Union has proved extremely effective in communicating hygiene messages and mobilising communities.

We recognise that there is an essential component required to bring about change in sanitation and hygiene: women. They should be involved at every level

Carol Bellamy, Executive Director of UNICEF

- **Availability of financial resources, particularly credit schemes, to assist people who are willing to pay for sanitation facilities**
  Where revolving funds are used (as in Honduras and Guatemala) these financing schemes have enabled communities to take advantage of opportunities to improve sanitation facilities whilst being responsible for repaying the loan. The repayments enable other communities to have access to the revolving fund and so improve their facilities

- **The simultaneous targeting of schools and the community to maximise impact**
  Using school networks alongside a community sanitation programme adds another channel of communication through which children help to reinforce good sanitation and hygiene behaviour practices. This approach has been used successfully in Bangladesh and Nigeria

[1] This workshop took place before October 1998 when Hurricane Mitch devastated parts of Central America, including Honduras

- **Application of appropriate, user-friendly technology**
  The double-urn latrine, developed and introduced in Henan province, China, is affordable and culturally acceptable to farmers, providing safe fertiliser for their crops. It can be built by local masons with local materials and has increased construction of improved latrines in rural areas

  In Burkina Faso community trials, using volunteers, were developed which were adapted to the local culture. They tested the feasibility of new hygiene practices

- **Capacity building and training**
  In Tanzania a network of district level facilitators is being developed through a national training programme to analyse hygiene and sanitation behaviour Artisan training has also been introduced to help promote the SanPlat system Subsequently it has been recognised that capacity-building needs to go further and train promoters to increase latrine coverage.

  Workshops in participatory hygiene education in Zimbabwe are training a cross-section of officers to form provincial teams and facilitate project implementation. In turn these team members will train the district staff with support from the Ministry of Health

Lessons learned from integrated approaches to sanitation and hygiene promotion with other interventions

- **Integration of development and planning activities by all involved**
  The sanitation programme in Myanmar is now being conducted on a national scale. This is being achieved through the development of a strategy which considered all stakeholders involved in the programme implementation Community commitment has been established through local task forces and school and NGO networks working together with the community to communicate messages on improved hygiene and sanitation practices.

  The Mali rural sanitation programme set up a network of field workers from different ministries to supervise activities at village level. By providing modest investment in the form of motor bikes, these officers were able to start doing their own work, which had been impossible without transport, as well as contribute to the programme.

- **Prioritisation of activities where resources are scarce**
  In Honduras demand for new sewerage systems has been greater than the construction capacity available. Therefore, selection criteria had to be applied to decide which communities should receive the sewage systems. (i) there has to be trunk sewer capacity available within a reasonable distance and (ii) the community can only apply for a system once it has almost paid its contribution to the revolving fund These criteria ensure that the selected communities prove competent in organisational and financial management and that they will have sufficient funds to maintain their new system.

  India's rural sanitation programme was set up with the objective of providing 100% subsidy to targeted groups willing to construct toilets. Within five years, the Government realised that the toilets were not being used by the selected groups and it could not afford to maintain the 100% subsidy level It decided to redirect its limited budget, using 10% in promoting sanitation and encouraging communities to construct their own toilets, and the remainder in subsidising toilets.

- **Long term commitment**
  Integrated programme development requires a long period of support to maximise impact as shown by experience in Guatemala where the work has been running for thirteen years. This long-term involvement enables all the stakeholders to work together in an efficient and effective manner with clearly defined roles and responsibilities.

  Myanmar's national sanitation programme has been running for fifteen years. The long-term commitment that the Government and UNICEF have given has enabled the programme to adapt and change its focus from subsidising toilet construction to the concept of self-help in achieving sanitation coverage.

Lessons learned from sanitation promotion

- **Advocacy by skilled personnel who are involved in information collection and analysis at community level**
  Myanmar's National Sanitation Programme was originally founded on the strategy of providing free plastic latrine pans to families in townships By 1995 it was recognised that this strategy had very limited success and was too costly for the Government UNICEF phased out the provision of latrine pans and advocated a national sanitation programme. The new programme was launched at a workshop with the participation of national and state health directors. UNICEF organised a national social mobilisation workshop covering communication of best sanitation practices. UNICEF also provided support at township level to help communities develop the notion of self-help and low-cost sanitation solutions.

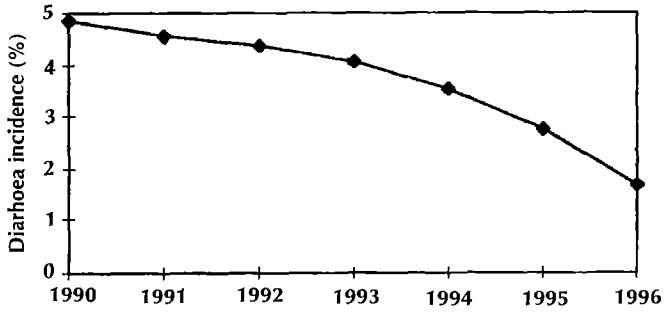
  Skilled civil servants in Uganda will collect information on sanitation through participatory techniques, and establish best practices used in the community. This will enable local government councils to plan and maintain their own sanitation improvement activities

- **'Positioning' messages according to what people know, do and want, to motivate behaviour change**
  In Burkina Faso, having found out that hygiene was considered to be an important social virtue, the hygiene promotion programme positioned the messages for mothers around the social desirability and reduction of nuisance that the new practices could bring.

  The Chinese people recognise that there are links between economic, social and health benefits in developing sanitary latrines Among the documented benefits are: reduced incidence of diarrhoeal diseases and improved crop yields from digested sludge taken from latrines. This has encouraged people to build latrines

- **Recognition that success means more than building latrines; for example, resulting health impacts**
  The improvement of sanitation facilities through hygiene education and the construction or renovation of latrines has contributed to the reduction of diarrhoea incidence in Quynh Phu district, Viet Nam (see below).

Reduction of Diarrhoea Incidence in Quynh Phu district, Viet Nam



The connection between health and sanitation is clearly demonstrated in Iraq where there has been a deterioration in sanitation facilities in terms of increased water contamination and reduced water supply. This has contributed to an increase in diarrhoea-related deaths in under five children as well as an increase in the percentage of underweight children.

Lessons learned from school sanitation and hygiene education

- **Separate school sanitation facilities for boys and girls to increase enrolment and attendance of girls**
  School water and sanitation facilities in Bangladesh are constructed under the guidance of the School Management Committee This approach has created a sense of community ownership and led to an improvement in the construction and maintenance of facilities. One significant tangible result of this success is the 11% increase in attendance of girl students

  Similarly, in Nigeria where separate toilet facilities are available, girl students are able to improve their attendance as they do not have to leave school to defecate.

> *Lack of latrines, especially separate latrines for girls, was identified as the worst school experience for girls. This draws attention to the special conditions and experience, which prevent girls from fuller participation and achievement. Privacy issues relating to sanitation are a major factor forcing girls out of school.*
>
> **Dr Crispus Kiyonga, Minister of Health, Uganda**

- **Training of teachers and the development of teaching packs**
  As part of a hygiene promotion programme in Burkina Faso, a school hygiene programme was set up. This initiative included training teachers and developing teaching packs which contained manuals and posters for use in communicating hygiene messages. Similar approaches have been used in Honduras, India and Tanzania

- **The development of children as potential vehicles of change within their homes and communities through their knowledge and use of sanitation and hygiene practices learnt at school**
  Children, being the primary audience, were also involved in the development of the programme in Burkina Faso. They became the most enthusiastic proponents of latrine and soap use. Through the construction of school latrines and provision of hand-washing facilities they were able to continue the practices learnt at home, ensuring that standards were maintained in the school environment

  In India, children visiting house to house have also been valuable means of communicating hygiene messages and bringing about change in domestic practices

Lessons learned from urban sanitation

- **Community management of sanitation systems, deciding on technology, tariffs, speed of repayment and operation and maintenance**
  In Tegucigalpa, Honduras, the community owns the sewerage system It makes its own decisions on technology, tariffs, maintenance, operation and the speed of repayment to the revolving fund. This is done through the community water board

  The management of solid waste in Olinda, Brazil showed that a project can only be sustainable and withstand changes in programme development if everyone involved participates and the programme belongs to the community as well as to local government

- **Recognition of local solutions**
  In Myanmar, a low-cost do-it-yourself latrine was developed to encourage a self-help approach to latrine construction. This solution recognised that an adequate sanitation standard could be achieved by ensuring that excreta be contained in a covered pit in the ground.

  To bring about improvements in Tanzania's sanitation facilities, the SanPlat system was adopted. This system installed a platform on an existing latrine and was a very cost effective solution. Although the SanPlat was popular with users it did not appeal to the population at large. Research showed that the SanPlat needed a local identity. The name chosen was Sungura (hare), which gave the SanPlat a very positive image. Since then the marketing of the Sungura has developed and sales have been growing rapidly

- **Funding by a mixture of public subsidy and private financing**
  The El Mezquital well in Guatemala City was constructed with some UNICEF funding. Subsequently the community established and managed a private enterprise to handle the water project. UNICEF financed the initial 900 home connections. Payments received from the community were deposited in a revolving fund to finance future connections and eventually supply the entire settlement. Often urban communities have sufficient means to contribute to their water systems, as shown by this example.

  Zambia has adopted a National Water Policy which includes the principle of devolving responsibility for water supply and sanitation to local authorities and private enterprises. As a result, local authorities can provide water supply and sanitation services in four different ways. These include entering into a joint venture with the private sector (up to a maximum 49% equity share) or contracting out to the private sector through management, lease, concession or BOOT[2] arrangements

[2] BOOT - Build, own, operate and transfer

Best practices for the successful implementation of sanitation activities

A panel of external experts discussed the best practices and innovations for sanitation which might be sustainable in the future. Each contributor identified an important theme and these are summarised below.

Development of a national policy for sanitation

Roland Schertenlieb, SANDEC

There is a need to develop a national sanitation policy and an implementation strategy This is important if taking a step-wise approach for a long-term vision.

The policy must be developed in collaboration with all key stakeholders. Local level collaboration is required to develop commitment.

Development of the policy will achieve consensus on the roles of the different stakeholders based on their comparative advantage.

The willingness and commitment of different ESAs to collaborate in the development and implementation of the national sanitation policy is essential.

Government should take the leading role in the development of the national policy. Where Government does not have the capacity to take the leading role, ESAs should play a supporting role to enable it to lead the policy development.

Policy should reflect the need for different approaches to rural and urban sanitation.

Policy and strategy should be combined. Individual programme integration is not essential, integration should be a matter of choice.

Possible contents of an urban sanitation policy

Albert Wright, Global Water Partnership

- Incentives to induce desired behaviour:
  - demand responsiveness to promote informed choices by the beneficiaries
  - self-selection of communities rather than pre-selection of project areas
  - cost recovery of capital cost and operation and maintenance costs at an appropriate level to induce incentives for proper care
  - adoption of 'polluter pays' principle to safeguard environmental quality

- Sustainability of investments:
  - requirement that flow of funds and resources are adequate to support operation and maintenance
  - supporting technologies with low operation and maintenance costs
  - provision for skills training and capacity building for operation and maintenance
  - provision of technical support
  - provision for community education on proper use and maintenance of installed facilities

- Stimulation of replicable approaches:
  - options on a range of low capital cost technologies
  - create access to revolving funds with short payback periods
  - reliance on social capital in providing credit (group responsibility to pay back)

- Enabling communities to make informed choices.
  - from a range of technology options, each priced
  - from a range of finance and management options

- Management at the lowest appropriate level
  - each level to manage its own concerns (eg household, community) and to have authority for decision-making in investments

- Mandating use of participatory approaches and involvement of women in all stages

- Mandating provision of hygiene promotion in projects:
  - to help capture health benefits of investments
  - to help communities to understand health benefits of improved sanitation

- Linkages of sanitation to other development initiatives:
  - to capture economies of scale
  - to take advantage of low marginal costs

- Promotion of competition:
  - through private sector participation
  - unbundling or use of modular approaches
  - friendly contests between communities

- Mandating connections of both black and grey water to sewerage systems.
  - to increase both private and public benefits from investment in sewerage

- Provision of monitoring and evaluation.
  - to facilitate learning from experience
  - to enhance accountability

Links with other sectors and agencies

Letitia Obeng, World Bank

Seven points were identified as important in working together with other sectors and agencies.

- Take into account the cross-sectoral and intersectoral impact. Each sector should take into account its own impact as well as the impact of the other sectors involved in a project.
- When working with national agencies which do not work in the same way as ESAs, the ESAs need to find the most appropriate ways to work together to achieve the common goal. ESAs also need to encourage sectors to work together and develop national cross-sectoral approaches.
- Environmental health is often an isolated sub-sector within the Ministry of Health in poorer countries. The hidden potential of working with environmental health personnel (and so empowering them) should be sought out.
- ESAs need to work together to help their clients better. the child, the community, the government and the nation. Interaction between agencies requires commitment in communication and working together Agencies need to acknowledge the comparative advantage of each institution and build on this in collaborating with each other. The initiatives of WHO, the Water Supply and Sanitation Collaborative Council and GESI will help to further communication between agencies. Bilateral agencies are entering into co-financing agreements for achieving the best impact in projects.
- A clear national policy is essential. This enables the goals of a programme to be decided within the policy framework.
- For sustainability to be achieved it is important to be sure that countries are not borrowing for short-term ad hoc achievement. The rationale behind interventions must be established and it must be ensured that they are not investing in a wasting asset Coverage can improve as subsidies go down.
- The child is an entry point into the community in which we work This provides a means of engaging the community to improve their immediate local environment. This in turn leads to improving the chances of the child to have a solid and sound development

Sanitation promotion

Sandy Cairncross, WELL Resource Centre

Promotion needs to take place at two levels of activity

- Political or advocacy
- Customers or residents

At both levels, 'positioning' is the lever to motivate people and bring about change.

a) Political level promotion

To be effective in promoting sanitation at the political level, consider the positive factors which can change people's views. Analyse how political changes have come about. Collect data which will be convincing to politicians, for example illustrating the economic burden caused by poor sanitation.

The importance of improved sanitation in Uganda is recognised because it can provide potential economic and social benefits.

Dr Crispus Kiyonga, Minister of Health, Uganda

Find out why people do not push for better sanitation. With this information seek out allies at different levels in the structures to develop initiatives. By developing demonstration programmes, examples of successes can be shown. These successes can help to change the political agenda and the development of sanitation programmes.

b) Customer level promotion

There is often history which can be built on, for example if poor quality latrines are in use. It is important to find out what people like about their current hygiene practices. These are often nothing to do with health; in Honduras it was found that the reduction in smell and flies was most appealing These factors can be used as motivators in changing people's behaviour.

On the other hand, community dislikes can help one avoid mistakes For example, community latrines are not answers to domestic sanitation problems.

Effective promotion depends on solid groundwork to develop suitable hardware and software:

(i) Development of hardware

This process can take up to two years to complete It should include development of appropriate technologies, testing, considering affordability and piloting the chosen hardware. Once the pilot period is completed it is essential to establish why people like the system This information can be used to position the next stage of going to scale.

We need to concentrate on low-cost approaches that can go to scale. This was the lesson of acceleration to goals in the 1980s. UNICEF - convey your experience to others on these approaches.

Dr Richard Jolly, Chairman, Collaborative Council of Water Supply and Sanitation

(ii) Development of software

Where the objective is to achieve a change in hygiene practices, a software process needs to be developed. This will require at least three months of systematic research to find out about people's current hygiene practices and develop a new process Once this has been developed it should be tried out on a sample group of volunteers Using this group it is essential to find out why they like it and what views they have on cost The process can be 'positioned' with this information. At this point the process can be piloted. To be effective the pilot should then last for another three months.

Successful promotion is dependent on the promotion cadre - those who do the promotion - for example motivators, artisans, local committee members. This recognises the fact that most households obtain health information from interpersonal contact.

To plan a promotional exercise one must decide how many 'promoters' are required (dependent on circumstances), the sort of person, the level, whether they should be women and/or children Decisions also need to be taken on who will select the promoters, how they will be chosen, trained, supported, and motivated in accordance with the local culture.

UNICEF has a comparative advantage in promotion It is a good advocate for sanitation and is well equipped to continue in this role. It and all those working in sanitation should be opportunistic in promoting sanitation This means, be flexible in responding to situations such as a cholera epidemic or use opportunities to integrate with other programmes such as education to raise the profile of sanitation. People in the field are able to respond to these situations and should continue to do so.

Partnership building for sanitation programmes

A panel comprising representatives from CARE, CIDA, GARNET, GWP, IRC, NORAD, SANDEC, UN Habitat, UN INSTRAW, USAID, WSSCC, World Bank and WHO discussed their partnership with UNICEF and what they hoped this would achieve in the future.

The most important point raised was the strength of UNICEF's professional staff. This enables UNICEF to build partnerships at country level with governments. The presence of these field staff makes advocacy for integration possible. Other agencies are keen to harness UNICEF's comparative advantage in the field.

The benefit of partnership and collaboration between UNICEF and other agencies and donors is recognised particularly as UNICEF has made important practical achievements in the water sector Sanitation should become the UNICEF focus for the future. This will require working together with agencies and donors to attract funds, share experience, collect information and data. Co-ordination will need to be strengthened centrally and at country level to achieve this end

There is a $20 billion shortfall between global needs for sanitation investment and funds available. By demonstrating efficiency and success stories and making links between sanitation and health, supported by figures and data; revenue will increase. If donors can be persuaded to make Agenda 21 a priority, funds will become available for water and sanitation programmes.

Agencies and donors recognise the importance of institutional memory in an organisation like UNICEF. There is a wealth of information on sanitation at country level which should be fed back and used by UNICEF and others for the purposes of research and policy development. A network of experience needs to be developed this would allow UNICEF staff the opportunity to document successes and failures

Many information network initiatives such as GARNET are in place. The challenge for UNICEF is to link up to and use these networks. In addition GESI needs to ensure that it has a broad base and recognises the comparative advantage of the different agencies committed to the initiative. It will need country level support to succeed in its advocacy role.

In particular, DFID is proud of its past support to UNICEF and keen to see its partnership strengthen in sanitation and hygiene. Sanitation involves two-way communication with poor people It is relatively easy to talk to them, and offer them pre-conceived solutions, but it is far harder to listen to them, and analyse their problems first. UNICEF is particularly good at this difficult work, largely because of its unique and precious resource of technical people based in the field It is thanks to that cadre that most of the best and most sustainable sanitation and hygiene programmes I have known were developed or implemented with UNICEF support.

Dr. Sandy Cairncross, Director, WELL Resource Centre, speaking on behalf of DFID, UK

UNICEF between 1998-2000 and beyond - a forward-looking approach

The priorities for 1998-2000 identify countries where UNICEF can make a short-term difference in the reduction of child and maternal mortality and morbidity. The specific actions to reduce under 5 mortality, morbidity and disability rates which relate to sanitation and hygiene are:

- Supported integrated community-based approaches to improve child health, nutrition, **sanitation and hygiene** in 27 countries which have both high under 5 mortality rates and a potential for rapid improvement and where integrated efforts to improve child health, nutrition, **sanitation and hygiene** are already being initiated;
- Improve **environmental sanitation** in urban areas of nine countries with large urban populations;
- Support to improved **access to safe water** in 22 countries which have a potential for significantly improved coverage;
- Support to Guinea worm eradication in the 18 countries where this disease remains endemic.

Early childhood care for child growth and development (ECCD) and integrated management of childhood illness (IMCI)

The critical development of a child's brain, and intellectual and physical capacities begins prenatally and continues more intensively through the early years of life. The ECCD programme is a cross-sectoral approach developed through a holistic strategy to address child rights to survival, protection, care and optimal development, prenatally to the age of eight. The IMCI programme, that forms part of ECCD, aims at strengthening household, and community responses to deal with high infant mortality and morbidity due to diseases such as diarrhoea, malaria and measles: all of which are usually complicated by poor sanitary conditions and malnutrition.

UNICEF's greatest challenge for the next decade is to stimulate political will and secure the commitment to social action on a global scale, that will fundamentally change the way the world regards children and assumes responsibility for the realisation of their rights Sanitation is at the heart of human dignity and is essential for the prevention of about a quarter of all deaths among children every year. To achieve this UNICEF will continue to focus on the provision of basic services for children and women, as well as child survival and early childhood development.

Recommendations for future action

One of the objectives of the workshop was: 'to recommend short-term and longer-term priority actions for field-level follow up and/or adaptation, after further regional consultations.' Working groups discussed extensively to come up with workable recommendations. Each group focused on a theme: integrated approaches, sanitation promotion, school sanitation and urban sanitation. For the purposes of this report two broad categories have been used to reflect the recommendations of all the groups: a) short-term, and b) the medium and longer term. Recommendations for internal UNICEF action are noted separately in c) from the general recommendations. The key recommendations below were identified through a post workshop poll of participants and are marked in bold.

a) Short-term recommendations (1998-2000)

1. **Stimulate and support governments to develop national policies for sanitation and hygiene.**

2. **Promote hand washing with soap as a main activity in sanitation and hygiene programmes. This social marketing strategy could be in collaboration with the private sector or soap manufacturers, based on a number of successful country experiences.**

3. **Ensure that sanitation, hygiene and environment are included in all school curricula (from pre-school to secondary education), using school-to-home interactive teaching methods. Access to sanitation in schools, especially for girls and female teachers, should be a priority in all school and learning programmes.**

4. **Intensify the collection, compilation and dissemination of field and regional experiences and best practices to build a knowledge base for environmental sanitation and hygiene.**

5. **Co-ordinate the development of process and impact indicators with appropriate categories such as gender and age, for use in surveys, monitoring and evaluation. Stimulate local governments to start similar data collection.**

6. **Develop guidelines for environmental sanitation and hygiene activities particularly for programmes targeted at deprived urban areas. At least one child-friendly city should be targeted in each country and then used as a model for further expansion.**

7. **Advocate for and support existing community-based financing initiatives, such as micro-credit and revolving funds for environmental sanitation and hygiene promotion, with a particular focus on deprived urban and rural populations and primary schools.**

8. **Develop a communication framework to promote good sanitation and hygiene practices among children and care-givers. The framework should be implemented from early childhood development through the primary education period.**

9. Take the initiative (with external partners and the Collaborative Council) to develop a communication strategy for the Global Environmental Sanitation Initiative (GESI).

b) Medium and longer term recommendations

1. **Build capacity within local government and municipalities to undertake multi-sectoral programming, with a special emphasis on holistic and integrated situational analysis, planning and programming.**

2. **Develop mechanisms to influence large investments by governments and other external support agencies, especially in urban areas, with a focus on child-friendly solutions including credits for urban sanitation solutions.**

3. Initiate research in collaboration with other partners, quantifying the costs of poor sanitation for the economy, growth and health of a nation and calculating the benefits as a result of sanitation improvement. Develop supportive advocacy materials.

c) Internal UNICEF recommendations

[redacted]

1. Consider presenting a UNICEF policy paper on Environmental Sanitation to the Executive Board in early 1999 to mobilize support from both donor and beneficiary countries.

2. Establish an in-house working group to develop a sanitation advocacy plan for senior management in UNICEF (and others).

3. Strengthen co-operation with other agencies and sectors (e.g. WHO, World Bank, regional development banks, EU) so as to avoid isolated projects.

4. Promote handwashing with soap as part of the implementation of item 1.5 within the 1998-2000 UNICEF Programme Priorities (CF/PD/PRO/98003).

5. Ensure that future issues of 'The State of the World's Children' and 'The Progress of the Nations' carry articles on Environmental Sanitation and Hygiene to be promoted as a basic right.

6. Use the Programme Knowledge Network (PKN) for the exchange of successful experiences and the promotion of UNICEF's sanitation activities.

7. Permit and encourage all professional staff to take ten working days per year to document project/programme experiences, lessons learned and best practices.

(ii) Medium and longer term recommendations

1. Revise the financial and management procedures to facilitate integrated programming (e.g. encourage PROMS, PAS/360 degree evaluation, PDB coding, encourage integrated programmes for fund-raising, integrated donor reporting).

2. Initiate and lead the development of guidelines' tools and mechanisms to strengthen integrated programming, such as ECCD and IMCI, and clearly define the role of environmental sanitation as one of the main entry points.

3. Develop guidelines for UNICEF's work in urban areas which promotes integrated rights-based programming.

Annex 1 Agenda

UNICEF Workshop on Environmental Sanitation and Hygiene 10-13 June 1998, New York

Workshop Objectives:

To review and reflect on successful field experiences in sanitation,
to distil from these field experiences lessons and best practices that can be replicated and adapted;
To improve collaboration with our partners through this process;
To examine the role and approaches of UNICEF in the area of sanitation, in the light of the field experiences and best practices presented and lessons learned; and
To recommend short-term and longer-term priority actions for field-level follow up and/or adaptation, after further regional consultations.

Wednesday, 10 June

Session 1

9:00- 9:30 **Opening of the workshop (Plenary)**
Chair. Mr Urban Johnson, Regional Director, UNICEF
Introductory remarks and the objectives of the Workshop
Address by Ms Carol Bellamy, Executive Director of UNICEF

9:30-10:30 **Policy issues and government experiences**
Chair. Mr Kul Gautam, Regional Director, UNICEF

Panelists and topics:
Dr Crispus Kiyonga, Minister of Health, Uganda, on
National Health Reform and the Role of Sanitation and Hygiene

Dr Vincent Mussowe, Director of Planning, Ministry of Health, Zambia, on
Zambian health reform and the role of sanitation and hygiene

Dr Richard Jolly, Chairman, Collaborative Council on Water Supply and Sanitation, on
the Global Environmental Sanitation Initiative (GESI)

Dr Alexander Cairncross, London School of Hygiene and Tropical Medicine, on the
impact of sanitation and hygiene on health and nutrition

Session 2

10·45-12:00 **Policy issues and government experiences** (contd.)
(Panel Discussion)

Session 3

1:30-2:00 **How do we steer through the coming days? (Plenary)**
Facilitator Wilma Gormley

Facilitator to explain modalities of the workshop.

Introduction of participants, resource persons and facilitators for the theme groups

Breaking into 4 working groups by themes:
- Integrated Approach (linkages with ECCD[3], IMCI[4], etc.)
- School Sanitation and Hygiene
- Urban Sanitation
- Sanitation promotion

2:00- 3:30 **Lessons Learned: Taking stock of past experiences - the successes and the failures (Thematic Groups)**

Session 4

3:45-5:30 **Lessons Learned: Taking stock of past experiences - the successes and the failures (contd.)**
(Thematic Groups)

Thursday, 11 June

Session 5

9:00-10 30 **Presentation of Working Group reports (Plenary)**

Session 6

10 45- 12.00 **Presentation of Working Group reports (contd.)**

Session 7

1:30-3:00 **UNICEF between 1998-2000 and beyond - a forward-looking approach (Panel Discussion)**

Two short presentations by Ms Marjorie Newman-Williams, Deputy Director, Programme Division, on UNICEF strategies for future programmes and Mr Urban Johnson, Regional Director for South Asia, on regional and field perspectives, respectively.

Session 8

3.15-5:00 **Best Practices in Sanitation/Hygiene Programmes (Panel Discussion)**

A Cairncross, A Wright, L Obeng and R Schertenlieb will analyze all the programme summaries and the interventions made at the working group sessions to distill Best Practices.

[3] ECCD: Early Childhood Care for Growth and Development
[4] IMCI: Integrated Management of Childhood Illness

Friday, 12 June

Session 9

9:00-10:00	**Partnership Building for Sanitation Promotion (Global Environmental Sanitation Initiative) (Panel Discussion)** ***Panelists:*** Representatives from agencies/donors CARE, Collaborative Council, CIDA, IRC, NORAD, UNCHS, USAID, WB, WHO
10:00-10.30	**Forming new Working Groups (Plenary)** To develop recommendations on the future role of UNICEF and short-term (1998-2000) and long-term (beyond 2000) priority actions that UNICEF should take.

Session 10

10:45- 12:30	**What short-term and long-term strategies for 1998-2000 and beyond? (Working Groups)**

Session 11

1:30-3.00	**What short-term and long-term strategies for 1998-2000 and beyond? (contd.) (Working Groups)**

Session 12

3:15- 5:00	**Working groups to complete their work and prepare their presentations for next Plenary (Working Groups)**
Evening	Meeting on Collaborative Council's GESI (optional)

Saturday, 13 June

Session 13

9·00-10:30	**Reporting by Working Groups and building consensus (Plenary)**

Session 14

10:45-11:30	**Development of a broad consensus on the action points for 1998-2000 and longer-term (Plenary)**
11:30-12.00	**Where do we go from here? (Plenary)**

12:00-1:30	**UNICEF participants internal meeting to discuss follow up process**

Annex 2 List of participants

UNICEF Workshop on Environmental Sanitation and Hygiene New York, 10-13 June 1998

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Annex 3

Workshop Organisation and Secretariat

The workshop was organised by UNICEF-Headquarters Programme Division, Water, Environment and Sanitation Section.

The organisation team:

Name	Position
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T.V. Luong	Senior Project Officer
Greg Keast	Senior Project Officer
JingJing Qian	Project Officer
Karin Metell	Assistant Project Officer
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Shauna Lee-Alaia	Intern
Luzma Montano	Secretary
Gina Darcin-St. Louis	Secretary
Surabhi Splain	Admin Clerk
Yuko Yoshida	Admin Clerk

Annex 4

List of acronyms

BOOT	Build, own, operate and transfer
CARE	Co-operation for Assistance and Relief Everywhere
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
ECCD	Early childhood care for child growth and development
EHP	Environmental Health Project
ESA	External support agency
EU	European Union
GESI	Global Environmental Sanitation Initiative
GWP	Global Water Partnership
IERT	Institute of Engineering and Rural Technology
IMCI	Integrated management of childhood illness
IRC	International Water and Sanitation Center
NGO	Non-governmental organisation
NORAD	Norwegian Agency for Development Co-operation
ORT	Oral rehydration therapy
SANDEC	Water and Sanitation for Developing Countries
SanPlat	Sanitary platform
UNCHS	UN Habitat
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UN INSTRAW	UN International Research and Training Institute for Advancement of Women
USAID	US Agency for International Development
WELL	Water and Environmental Health at London and Loughborough
WEDC	Water, Engineering and Development Centre
WES	Water and Environmental Sanitation section, UNICEF
WHO	World Health Organization
WSSCC	Water Supply and Sanitation Collaborative Council