TALKING POINTS FOR USAID PROGRAMMING IN SANITATION

Introduction to the user

Recent developments in USAID funding—such as the Congressional Earmark related to Senator Paul Simon Water for the Poor Act of 2005—are generating field demand for programming support in water, sanitation and hygiene (WSH). The response by the USAID Water Team includes the development of detailed programming guidance, training and online resources for water-related programs that are to be rolled out by mid-2009. To meet immediate field demand for information, these Sanitation Talking Points are prepared for use by USAID technical staff to provide direction on WSH-related topics.

The Sanitation Talking Points promote common ground and consistency in messages, vocabulary and recommendations for mission sanitation activities. They are not programming guidelines, but are designed to help USAID technical staff orient field missions on overall sanitation themes and programming approaches, direct field staff to resources for further information, and enable them to articulate their general programming objectives in sanitation. The Talking Points are accompanied by Sanitation Programming Notes to assist the user in explaining options to Mission staff.

What do we mean by “sanitation”?

- For USAID WSH programming purposes, sanitation is defined as the activities that are taken to remove human feces from, or otherwise mitigate the adverse impacts of human feces on, the human and natural environments. The term does not encompass broad sanitation topics like solid waste management, food safety, or home and workplace cleanliness.

- “Sanitation” does not necessarily mean “construction of facilities.” Construction can be a sanitation project activity, but most current work in sanitation involves non-hardware or “soft” activities like capacity building through training, hygiene promotion, marketing, financing, participatory planning, and institutional strengthening.

- USAID programs address sanitation through two principal activity areas, both of which are recognized under the Water for the Poor Earmark:

  1. Basic sanitation to improve human health
     Successful basic sanitation programs are measured by the number of people who have access to a hygienic toilet that they properly use and maintain. Worldwide, 2.6 billion people are still living without basic sanitation. USAID joins the global community in working towards Millennium Development Goal (MDG) 7, target 10: “To halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.” The target is defined by criteria that include minimum technical standards and proper construction and maintenance. http://ddp-ext.worldbank.org/ext/GMIS/gmis.do?siteId=2&contentId=Content_t31&menuId=LNAV01HOME1
2. **Environmental sanitation to improve or maintain environmental quality**

These activities address the quality of the environment and tend to focus on the fate and effects of human excrement in the environment. Indicators of success are framed in terms of water quality, nutrient loads and biodiversity measures.

- When working on sanitation issues, the “sanitation ladder” provides a framework for introducing sanitation hardware technologies. As the name implies, the ladder progresses from low rungs consisting of the most basic technological solutions to higher rungs of more sophisticated and effective solutions. The aim is to get people on the ladder (stop open defecation) and to motivate them to climb upward. [http://www.irc.nl/page/31737](http://www.irc.nl/page/31737)

For example, a four-step ladder includes, from the bottom to the top rung:
- (1) practicing open defecation,
- (2) using an unimproved sanitation facility,
- (3) using a shared sanitation facility, and

- Implicit in all USAID work in sanitation is the condition that all physical infrastructure or hardware systems must be properly operated, managed, and maintained to ensure sustainability.

**Why sanitation activities in USAID field programs?**

- Basic sanitation activities are among the most cost effective interventions for reducing the economic impacts of disease. [http://www.dcp2.org/pubs/DCP/41/](http://www.dcp2.org/pubs/DCP/41/). Furthermore, sanitation programs contribute towards health initiatives, such as Maternal & Child Health (MCH) and HIV/AIDS.

- Untreated and poorly-treated human excrement entering waterways add nutrients to freshwater and marine habitats that contribute to marine dead zones and coral reef damage, effectively undermining dependent economies such as tourism and fisheries.

- Accepted best practices in WSH, engineering, and environmental impact mitigation (22 CFR 216 Agency Environmental Procedures) call for sanitation to be an integral part of programs that improve the supply of drinking water. If a water project may result in water-based excrement disposal, the project design should also include proper sanitation solutions. [http://www.usaid.gov/our_work/environment/compliance/22cfr216.htm](http://www.usaid.gov/our_work/environment/compliance/22cfr216.htm)

- Household sanitation responds to key concerns of women and girls, such as privacy, safety and security. Inadequate sanitation facilities at schools affect all school-aged children, but hit girls hardest, pushing many out of the classroom for lack of privacy and dignity. Girls who put up with these deplorable conditions often leave school when they begin to menstruate. [http://www.unicef.org/girlseducation/index_focus_water.html](http://www.unicef.org/girlseducation/index_focus_water.html)
BEFORE MOBILIZING: A rapid sanitation assessment of the target country

- Obtain sanitation coverage data for the target country from the Joint Monitoring Programme (JMP). This internationally-accepted summary of country-level data on basic sanitation is the best data set available. [http://www.wssinfo.org/en/watquery.html](http://www.wssinfo.org/en/watquery.html) Remember that country-generated data can be misleading, often over- or under-estimating actual effective coverage.

- Accompany coverage data with information on demographics, coverage and technological level of hardware used (rung on the sanitation ladder). Note that raw data may not accurately reflect the scale of the sanitation problem facing the poorest, or provide the sanitation ladder status, or information of whether basic sanitation solutions are contributing to environmental problems.

- Learn about on-going sanitation programs in the target country or its neighbors (i.e., from interagency working groups or water donor committees). Look for strong programs and for gaps in programming. This will help Mission personnel think about options for learning and partnering.

- Become familiar with the Mission’s programming portfolio, e.g., geographic and institutional platforms, partners, and the culture with respect to programmatic integration. Of particular interest are Mission demographic targets (especially urban vs. rural, and women, and vulnerable groups like people living with HIV/AIDS) and Mission programmatic strengths and weaknesses (e.g., strengthening government institutions vs. implementing field infrastructure).

- Note that the challenge with most sanitation programming is to bring services to the poor. People with higher incomes in urban centers usually have access, and receive sanitation through heavily subsidized capital investments.

- Learn what can be done about effective sanitation programming options in urban and/or rural environments. Each environment has its own issues related to demand, relevant policies, technology options and promotion potential.

- Remember that sanitation is different from water supply. There are often different government ministry counterparts responsible, different policies, and different levels of demand. Water service is generally in much higher demand. Identify the potential counterparts and the regulatory environment.
PROGRAMMING NOTES ON SANITATION
FOR USAID STAFF

These notes are provided as a supplement to help the user understand and describe the history and programming framework for sanitation as well as the types of sanitation programs that a USAID Mission can undertake.

*Remember to refer Mission colleagues to the annotated bibliography of sanitation resources that will provide further details on sanitation and sanitation programming.*

The Programming Notes are presented in three parts:

1. **Notes on sanitation interventions** - general notes on programming history, some overarching programming principles, and current programming trends

2. **Examples of sanitation program linkages** - within the USAID context

3. **Illustrative descriptions of sanitation projects** - selected vignettes describing sanitation projects

### 1. Notes on sanitation interventions

- Historically, sanitation programs have often failed because they take a supply-driven approach (i.e., build latrines or a wastewater treatment plant for people and assume they will be used and maintained). **The most basic and essential concept for successful sanitation programming is to create demand for sanitation and tap into consumers’ willingness and ability to contribute their own resources to improve access.**

- The institutional and financial arrangements found in rich nations are inherently different than those that are possible in resource-poor settings—especially informal settlements. Alternative institutional arrangements, such as community-level organizations, may be a more effective means to supply sanitation in poor countries.

- The Hygiene Improvement Framework (see diagram) was developed through USAID efforts to provide a conceptual framework for programming environmental health activities and is predicated on the fact that if sustainable impacts are to be attained, three programming areas should be addressed: (1) access to hardware, (2) hygiene promotion, and (3) the enabling environment.
The objective of getting people to step on and begin climbing the sanitation ladder may be as inexpensive and simple as a pit latrine or as costly and complex as a flush toilet with sewerage. Sanitation programs should focus on making incremental steps up the ladder to provide increasing benefits for people and the environment.

Because of social taboos around human excreta, demand for sanitation is often not openly articulated. However, there are ways to ignite demand. Community-Led Total Sanitation (CLTS) is an approach to stop open defecation. It has been highly effective in many countries, even in water-scarce scenarios. CLTS entails the facilitation of the community’s analysis of their sanitation profile, their practices and consequences of defecation, leading to collective action to become “open defecation free.” [http://www.plan-uk.org/newsroom/clts/](http://www.plan-uk.org/newsroom/clts/)

Globally, there is not enough donor or government financing to meet the aims of the sanitation MDG or to address the environmental impacts of human excrement on receiving environments. Solutions to provide for basic sanitation and the capital costs of hooking households into treatment systems require significant household capital inputs. The role of the market in providing supply to meet demand for sanitation is being successfully explored. This sanitation marketing approach is applicable in both urban and rural scenarios. [http://siteresources.worldbank.org/INTWSS/Resources/case_marketing_sanitation.pdf](http://siteresources.worldbank.org/INTWSS/Resources/case_marketing_sanitation.pdf)

Innovative microfinance systems that help a nascent private sector become established, or provide home improvement loans, support both demand and supply and are becoming a key programming focus. [http://www.microlinks.org/ev_en.php?ID=12662_201&ID2=DO_TOPIC](http://www.microlinks.org/ev_en.php?ID=12662_201&ID2=DO_TOPIC)

Subsidies for sanitation are a controversial issue. The failure of supply side approaches that essentially gave sanitation facilities to households and communities is well documented. Subsidies must be applied carefully and strategically because they can discourage private sector suppliers and undermine household demand and willingness to pay. Household subsidies should be designed to reach the poorest of the poor and highly vulnerable groups such as those living with HIV/AIDS. Subsidies for institutional latrines in schools and health centers are almost universally accepted in some form or another.
• Focused and carefully thought-out subsidies to encourage market entry of nascent private sector providers have proven successful, for instance, subsidies of market research to encourage market entry.

• To more fully realize the health benefits of improved basic sanitation, programs should include the promotion of handwashing stations and handwashing behaviors in tandem with sanitation infrastructure.

• In promoting sanitation, note that households are often motivated by status, dignity, privacy and non-health benefits of latrines as much or more than health related benefits. This has important ramifications on marketing and promotional approaches and messages.

• Indicators for successful sanitation programs can address:
  — Increased coverage: 
    *households, schools, institutions that provide access to sanitation*
  — Changed behaviors: 
    *absence of feces in family compounds*
  — Increased health outcomes: 
    *reductions in diarrheal disease*
  — Institutional capacity: 
    *funds leveraged; policies, laws, regulations and norms established; management committees formed; functioning operations and maintenance systems in place*
  — Improved environmental quality: 
    *enhanced water quality; presence and diversity of species*
  — Economic activities: 
    *tourism, fisheries, marketplaces*
2. Examples of sanitation program linkages

Often sanitation is not a stand-alone program, but is coupled with another program. This most commonly occurs where sanitation components accompany drinking water supply projects, but there are other opportunities to add sanitation into the existing USAID programming mix and/or identify opportunities to link to ongoing well-implemented sanitation programs executed by others.

Below are some brief examples of ways that sanitation can be integrated into other programming areas:

<table>
<thead>
<tr>
<th>USAID activities underway</th>
<th>Steps to take to integrate WSH</th>
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<tbody>
<tr>
<td>With a commitment to the host government to significantly improve rural water access,</td>
<td>• Help the mission look at Community-Led Total Sanitation (CLTS) and/or Sanitation Marketing activities.</td>
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<tr>
<td>and strong pressure from the Mission health and environment officers to <strong>simultaneously address sanitation with the water program</strong>, the Mission is challenged in how to provide sanitation coverage without just building latrines at every household.</td>
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<tr>
<td>The Mission has a program in education that supports improved school facilities.</td>
<td>• Consider support for proper sanitation facilities and the promotion of hygienic behaviors at schools.</td>
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<td>The Mission has a program <strong>to increase the educational status of girls</strong>. The Mission has understanding that lack of school sanitation facilities is an important cause of girl’s (especially post-pubescence) absence.</td>
<td>• Recommend investments in providing proper sanitation facilities for girls and promotion of hygienic behavior at those schools.</td>
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<td>The Mission has <strong>family nutrition and small-scale agriculture/gardens in health or income generation programs</strong>.</td>
<td>• Consider introducing eco-sanitation with its link to soil fertility and agricultural yields.</td>
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<td>The Mission has a <strong>municipal infrastructure</strong> program in a governance activity.</td>
<td>• Look at adding sewerage and wastewater treatment that is provided and managed through a functioning utility—linked to or part of the water utility.</td>
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<td>The Mission is moving from emergency response activities in refugee and IDP camps to <strong>transition programming</strong> as the camp inhabitants return home.</td>
<td>• Consider sanitation promotion activities in camps that help families properly address household sanitation upon their repatriation. Also look at supporting household sanitation coverage for these same populations.</td>
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<td>An international donor with extensive WSH experience is piloting a new sanitation programming approach in one district but would ideally like to pilot in five districts.</td>
<td>• <strong>Consider partnering</strong> with this group to support the pilots in other districts while building Mission capacity in sanitation.</td>
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<td>An international development bank is targeting the country with a $500 million loan to increase water and sanitation coverage.</td>
<td>• <strong>Discuss USAID options to explore innovative sanitation approaches</strong> that can be scaled-up and/or institutionalized when the investment comes on line.</td>
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<td>The Mission has Maternal &amp; Child Health (MCH) programs in urban slums without sanitation coverage.</td>
<td>• Look at on-site sanitation options involving manual or mechanized collection and transfer of feces to a certified wastewater treatment facility, with the private sector providing household facilities, collection and transport of accumulated feces to treatment. Look at micro-finance programs to support a nascent private sector’s start-up and/or households’ installation of sanitation infrastructure. Look at privately operated public latrines that ensure proper long-term disposal of feces and are set up to be sustainably operated, maintained and managed.</td>
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<td>The Mission has HIV/AIDS programs in rural communities.</td>
<td>• Look at appropriate latrines for the disabled with training in sanitation/hygiene for the bedridden. Look at training local entrepreneurs in latrine/toilet construction services to become local private sector sanitation suppliers. Consider support to microfinance initiatives that can help entrepreneurs become established and help households access small amounts of capital for home improvements.</td>
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<td>The Mission has microfinance program to support entrepreneurs in small-scale value-added activities.</td>
<td>• Look at moving loan financing to small entrepreneurs who can provide sanitation goods and services. Consider activities that stimulate demand for sanitation.</td>
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<tr>
<td>The Mission is working with local entrepreneurs to solidify a nascent hotel and marine-based tourism industry on an undeveloped coast.</td>
<td>• Consider working with local governments and tourist boards to promote regulations and norms on sanitation. Look at creating demand for sanitation improvements among service providers and consider helping local restaurateurs, hoteliers, marine tour operators, etc. access appropriate technologies for sanitation.</td>
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<tr>
<td>The Mission is working on social infrastructure with the governments of secondary cities who have a high demand for sewerage to address basic sanitation problems, and a demand for treating wastewater before it is discharged into waterways.</td>
<td>• Consider supporting city-wide outreach efforts to create demand for effective wastewater treatment.</td>
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<td>The Mission is working with MOH that is in charge of sanitation and hygiene, but has not taken steps to implement a national sanitation strategy.</td>
<td>• Consider supporting a sanitation working group that addresses gaps in national strategies, norms, guidelines and especially in operationalizing any existing strategies. Ensure that hygienic sanitation facilities in health clinics fall within the domain of the MOH.</td>
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<tr>
<td>The Mission has a MCH program with rural poor, with almost no sanitation coverage, where demand for water is high and demand for sanitation is low.</td>
<td>• Consider stimulating and igniting demand through a CLTS intervention that is actively promoted by MCH services. Look at helping households meet their demand for sanitation hardware through a sanitation marketing approach.</td>
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<tr>
<td>The Mission has a MCH program with urban and rural poor, where programs with a previous government led to high coverage of hardware at the bottom of the sanitation ladder, not meeting MDG criteria for adequate coverage.</td>
<td>• Look at promoting a sanitation market that supports the private sector to provide sanitation upgrades (stepping up the sanitation ladder).</td>
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3. Illustrative descriptions of sanitation projects

1. Integrated program in sanitation and education

A three-year $1.5 million/year girls’ education project added a school sanitation component in the second year. In this component, the Office of Equal Opportunity Programs (EOP) provides small grants to 220 rural public schools, serving 55,000 students, to improve sanitation facilities. (Average grant estimated at $850 per school).

The grants provide for the purchase of cement, rebar and roofing by the schools to construct the facilities in coordination with local parent/teacher groups, using established government norms for school sanitation. Handwashing stations are installed at all new latrines. Technical oversight is provided by district engineers with training support from a sanitation engineer at an international NGO. The project trains teachers to use teams of students for operation and maintenance of the school’s sanitation facilities. It is estimated that 60% of the facilities will use pour-flush systems and the remainder will be dry-pit.

2. WSH as part of a larger Maternal and Child Health (MCH) program

A MCH program with a $12 million/year budget ($450,000 attributed to sanitation) focuses on five regions, reaching 210,000 households. The MOH and district governments are key partners. The project coordinates and provides targeted grants to international NGO partners. No funds are allocated for infrastructure, but where sanitation is determined to be a local priority, assistance is offered to households to improve sanitation. All participating regions receive hygiene promotion from radio, schools, village health outreach, national vaccination days, etc.

The project has made national sanitation infrastructure norms available to more than 130 communities. 125 masons were trained in latrine/bathroom construction and small business administration. The project continues to train masons and works with micro-finance institutions to make home improvement loans available for household sanitation infrastructure.

3. Integrated activities in governance and sanitation

A four-year $12 million/year local governance project in urban areas coming out of conflict has an $8 million/year social infrastructure fund that provides grants for municipal infrastructure improvements. The grant makes up approximately 60% of the total costs of the project with counterpart funding coming from district governments, national ministries, and local in-kind contributions of local material and labor. The project takes advantage of infrastructure implementation to provide broad-based capacity-building in policy, planning, administration, and operations and maintenance.
Over the first two years, it is estimated that $1.3 million has been invested in sanitation. This includes (1) improving sewerage and wastewater treatment for two secondary towns (serving 650 to 1,220 households); and (2) strengthening administrative and information management of four additional districts, through improving computer hardware and instituting utility reforms to link management of and billing for water and wastewater services.

Each sanitation initiative has communication interventions to promote household hookups. The secondary towns are instituting policies that subsidize both hookup fees and monthly payments for the very poor. Six more social infrastructure projects with sanitation outputs are being considered for implementation in the next two years.

4. Rural sanitation as part of a larger WSH program

A four-year project with an overall budget of $4.5 million/year ($800,000 estimated for sanitation), covers 28,500 household and 35 schools. Sanitation is part of a linked water/sanitation development program in rural areas, where households must have a latrine to receive water.

The project offers subsidized concrete slabs for a dry pit latrine that are delivered to households along with instructions on how to build the latrine. Local masons, endorsed by the project, build the slabs, pits, superstructures, and handwashing stations. A hygiene promotion component raises awareness and trains on latrine use and upkeep, and sanitation-related hygiene education is introduced in schools. The project works with the community and district government to establish pro-sanitation regulations. Through coordination with the MOH, households are visited by village health volunteers to assess use and upkeep of latrines at six months and one year following initiation of the project.

5. Program to strengthen utilities to improve sanitation access for the urban poor

A three-year project, with an annual budget of $2.2 million/year, and $450,000/year for sanitation, aims to strengthen a mixed water and sanitation utility in an urban slum area with 17,000 people. The project partners with two local NGOs and UNICEF, using WaterAid training materials.

700 shared on-site ventilated improved pit (VIP) latrines are to be installed through capital subsidy that will be paid back through tariffs. Capital subsidy is generated through partnership with local MFI, with a USAID DCA loan guarantee. Private sector emptying services are being established and linked to the utility, with 10 local entrepreneurs to receive loans to purchase manual suction pumps and carts.

In the first year, NGOs work with the municipality to build capacity and develop the policy framework to promote the enabling environment. During the second year, NGOs promote services in their respective communities through workshops, radio campaigns, and promotional leaflets. The program funds the municipality to purchase de-sludging equipment (e.g., Vacutugs) to provide safe, inexpensive emptying of pit latrines and septic tanks. The goal of the program is to have the municipality operate on a full cost recovery basis, however because of the high initial investment for equipment, recovery of full capital cost is unlikely to be viable until the third year.
6. Sanitation integrated into ongoing water supply projects in a governance program

Social infrastructure funds are supporting large-scale service provision in secondary cities, including the construction of roads, markets, parks and improvements to water systems. Environmental reviews showed that expanding water systems to provide household coverage would likely result in the use of pour flush toilets over existing dry sanitation technologies, with wastewater likely disposed of inappropriately.

The Mission support to post-planning water development was suspended until sanitation solutions could be addressed. In response, the Mission supports integrated water and sanitation planning that couples service provision in drinking water supply and wastewater collection and treatment into one utility that will charge for both water and sanitation services. The Mission helped two towns create a market for secondary wastewater—to irrigate forage and forest crops, and to use for aquaculture.

Three cities are participating in a central government program that issues municipal bonds to raise capital for municipal improvements as part of the Mission revenue enhancement interventions. Additional costs incurred by incorporating sanitation along with water programs are estimated at 25% over the cost of the water interventions.

7. Emergency sanitation response builds capacity and emergency infrastructure

Approximately 15,000 dry pit latrines were constructed, serving 60,000 families relocated to a refugee camp. The transition from neighborhood trench latrines was accomplished through a self-help approach: families borrowed digging tools to construct pits and received wooden slabs when their block of 40 families completed the excavation. The families were provided materials (empty grain bags and grass) to construct a basic superstructure with the first one done under the tutelage of a project mason. The mason also provided the block training on making simple tippy-tap handwashing devices. Sanitation and hygiene training was conducted during the construction period. Using the self-help approach, the team completed coverage in just over four months.

Now that the emergency situation is stabilizing, and repatriation is taking place, the team is addressing the replacement of full latrines, and providing further sanitation and hygiene training. Relying mostly on self-help and refugee labor, the costs for latrine provision and promotion was $930,000. Three months of post-construction promotion to an audience of some 320,000 people will add another $440,000.
8. Coastal tourism project incorporates a significant sanitation component

Local volunteer water monitors, working with university graduates, linked adverse health and ecosystem conditions to pollution caused by untreated human excrement entering coastal waters from poorly operating on-site sanitation systems, with the biggest culprits being food service institutions, hotels, and apartment complexes. The project worked closely with (1) government to develop policies and regulations for wastewater treatment standards; (2) local engineers to develop cost-effective technical options for small-scale wastewater treatment; and (3) local financial institutions for businesses to obtain financing for capital improvements.

The national tourism board participated in certifying complying businesses as eco-friendly and listed them prominently in advertising campaigns. Regulations were ratified in October 2006. By October 2007, 24 businesses were in compliance. Forty-six other businesses are in execution or planning stages to address their wastewater problems. Water quality on beaches has improved, and reef degradation seems to have halted. A catalogue of appropriate technologies prepared by the project is now used by the National Tourism Board and is accepted by the Ministries of Water, Tourism and Health as the national norm for institutional, onsite and neighborhood sanitation systems. The project facilitated a partnership between a local financial institution, the National Tourism Board, and a small engineering company to promote and sell sanitation solutions to other coastal tourist areas.

9. Girls education project with a significant sanitation component

The project identified a priority problem contributing to girls’ dropout from school was lack of adequate sanitation infrastructure at schools. In response, the Mission linked with Global Health to move $300,000/year towards capital improvements in school sanitation infrastructure, targeting facilities for girls.

Schools and PTAs provided significant counterpart contributions (unskilled labor, local materials). Schools received basic hygiene education materials and educational visits from health volunteers who were trained in a USAID health project that is implemented in the same geographic region. During the first year, latrine/toilet blocks were built in 24 schools, impacting 5,600 girls. The project expects to reach 36 more schools in the next year, and is monitoring attendance and dropout rates to identify possible linkages between improved sanitation facilities and reduced dropout. The project ensures that all latrine and toilet facilities are complemented by training of teachers and students on operation and maintenance, and in the installation of water-conserving handwashing installations (e.g. tippy-taps).