



---

# Environmental Sanitation Policies

## Lessons Learned

---

### Environmental Health Project

---

May 1999

“**A**dequate sanitation is the foundation of development—but a decent toilet or latrine is an unknown luxury to half the people on earth. The percentage of those with access to hygienic sanitation facilities has declined slightly over the 1990s, as construction has fallen behind population growth. The main result can be summed up in one deadly word: diarrhea. It kills 2.2 million children a year and consumes precious funds in health care costs, preventing families and nations from climbing the ladder of development” (Akhtar Hameed Khan, *The Progress of Nations 1997*, UNICEF).

Deficiencies in environmental sanitation—solid waste, wastewater, excreta disposal, drainage, and community hygiene—contribute significantly to the continuing high rate of infant and child mortality from diarrheal diseases and also play a role in vector-borne diseases. Many studies indicate that lack of sanitation puts people at higher risk for diarrheal disease than lack of safe water.

Nonetheless, sanitation has generally been neglected in favor of water supply by governments, external support agencies, and even unserved communities.

According to the World Health Organization (WHO), over the last decade, access to water supply has risen from 61% to 75% in developing countries, but during the same period, the proportion of people with access to sanitary means of excreta disposal declined from 36% to 34% as funding for sanitation decreased and population increased. The relatively few existing sanitation programs often have not achieved the desired health impact. The norm is still largely to focus on installation of hardware, and “success” is still measured by numbers of sanitary units built. Because the behavioral aspects are often overlooked when construction and technology are the focus, the sanitary units may be built but they won’t be used or maintained, and little or no health impact will be realized. Successful approaches involve households and communities in decision-making, add hygiene education and behavioral change to the project “mix,” strengthen implementing institutions, and facilitate access to financing.

The Environmental Health Project (EHP) has used a two-fold strategy to address these trends: (1) trying to persuade international development organizations and governments to raise the priority of environmental sanitation and to increase investments in it and (2) assisting them in designing sound sanitation policies and more effective sanitation programs.

---

***EHP Goal: Facilitate the adoption by selected international organizations and host-country institutions of policies promoting environmental sanitation.***

---

**S**ince its inception, EHP has interacted with organizations that could make a considerable contribution to environmental sanitation if their priorities, policies, and approaches were revised. They range from international organizations like UNICEF, the Pan American Health Organization

---

## Environmental Health Project

---

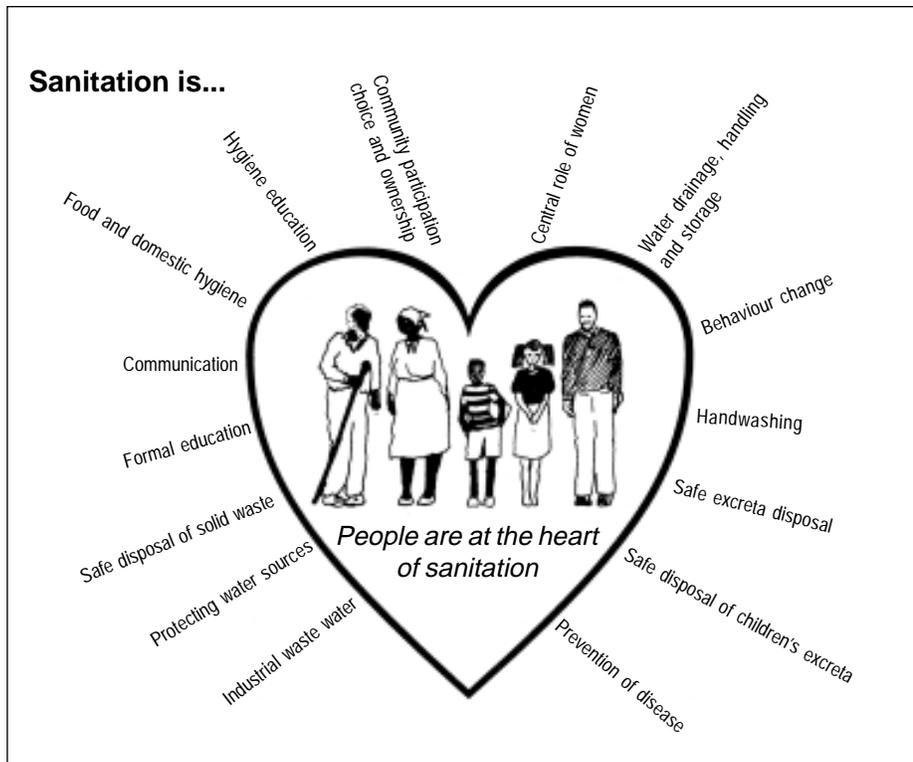
(PAHO), and the Collaborative Council on Water Supply and Sanitation, to nongovernmental organizations (NGOs) like CARE and the Cooperative Housing Foundation, to municipal and national governments. Rather than focusing on implementation of specific infrastructure projects, EHP advocacy efforts have focused on

for sanitation programs. These efforts have had a positive impact.

- UNICEF and the Sanitation Working Group of the Water Supply and Sanitation Collaborative Council worked with EHP in promoting appropriate environmental sanitation policies

UNICEF, the World Bank, PAHO, and the International Reference Center for Community Water Supply and Sanitation (IRC), adopted and advocated effective policies promoting environmental sanitation as a result of their participation in the Collaborative Council's Sanitation Working Group in which EHP was an active participant.

- CARE Latin America and CARE Africa refocused their water supply and sanitation strategies, placing more emphasis on improved sanitation programming, as an outcome of regional strategic planning sessions in which EHP was a key technical resource and presenter.
- With guidance from UNICEF and technical assistance from EHP, the Zambian government developed a five-year plan for environmental sanitation and made a commitment to invest significant funds in order to carry it out.



With assistance from EHP, UNICEF developed a new approach to sanitation programming which stressed the role of community members and all stakeholders. The new approach should enable UNICEF to get better results from the \$120 million per year it allocates to water and sanitation. Source: *Better Sanitation Programming: A UNICEF Handbook*, UNICEF, 1997, page vi.

changing policies that keep sanitation investments low or on improving approaches to yield greater health benefits from sanitation.

Advocacy efforts have included working with international organizations to disseminate information about the health burden imposed by lack of sanitation, reviewing evaluations of sanitation programs to isolate critical success factors, planning and facilitating workshops for sanitation policymakers, developing and testing tools for improved sanitation programming, and leveraging funds from several sources

and effective sanitation programming tool kits.

- UNICEF developed a new water supply and sanitation strategy that places a high priority on sanitation and produced, with EHP, a sanitation programming handbook in English and Spanish for its field staff. The handbook emphasizes the importance of a community process involving all stakeholders to plan sanitation programs. It has been applied in Zambia.
- A wide range of international organizations, including WHO,

---

---

## LESSONS LEARNED

**Lesson One: *Development organizations lack awareness of the role that environmental sanitation plays in health.***

Compelling data exist about the health effects of sanitation and the huge sanitation deficit. EHP has found that wide dissemination of these data is a powerful advocacy tool. Efforts to advocate for change in sanitation policies are far more effective when supported by data on sanitation coverage (actual and trends) and on the critical role of sanitation in improving health. Of particular interest is research on the impact of water supply projects with and without sanitation components. Evidence from numerous studies indicates that for greater health impact, water and sanitation should be

---

---

## Environmental Sanitation Policies: Lessons Learned

---

### 1990 World Summit for Children: Goals Related to Sanitation for 2000

Over 150 presidents and prime ministers have endorsed the 27 goals for the year 2000 set during the 1990 World Summit for Children. Three of these goals are related directly or indirectly to sanitation (see below). Improved sanitation also plays a role in the achievement of other summit goals related to health, nutrition, and empowerment.

- Universal access to sanitary excreta disposal.
- Reduction of 50 percent in deaths due to diarrhea in children under the age of five years and 25 percent in the diarrhea incidence rate.
- Reduction of 50 percent in severe and moderate malnutrition among children under the age of five years.

---

implemented together. Water supply projects alone achieve health results of lesser magnitude. Presentations using health data were especially effective with organizations—like UNICEF and CARE—that place a high value on improving health.

### Lesson Two: *Linking sanitation to existing health or environmental programs or objectives is an effective strategy for increasing sanitation investments.*

EHP is focusing on strengthening sanitation policies to improve health, especially the health of children under five. Other organizations may be involved in sanitation for different motivations. For example, in Jamaica, the entry point for development of an effective sanitation program was USAID's and the Jamaican government's concern that unsewered peri-urban areas of Montego Bay were contributing to the contamination of the coastal waters and threatening the lucrative tourist industry. EHP worked closely with the USAID Mission to

design a program that met environmental protection goals and added health goals as well.

In Bolivia, USAID and the Ministry of Health supported increased investments in a participatory approach to community and household hygiene when they came to realize that, in spite of significant investments in infrastructure for rural water supply and sanitation, child diarrheal disease rates were still very high.

### Lesson Three: *Providing technical support to institutions is effective in changing institutional behaviors.*

Advocacy efforts alone may help create political will, but they do not achieve actual changes in institutional behaviors and programs. Providing follow-up technical assistance allows institutions to develop their capacity to design and implement effective environmental sanitation programs. Examples of such technical support are given in the bulleted items on the previous page.

### Lesson Four: *Advocating change in institutional priorities and policies requires a long-term commitment.*

Changing people's opinions and institutional priorities and policies is a long-term process that requires consistent and ongoing championing of sanitation.

EHP's strategy has been to create partnerships and alliances with sector professionals—within USAID and other external support agencies and NGOs—and little by little to help build a critical mass of professionals promoting better sanitation programs.

In its November 1997 meeting, the Water Supply and Sanitation Collaborative Council proposed a Global Environmental Sanitation Initiative (GESI) to increase the pace of sanitation investments. EHP/USAID supports this initiative and has been active in the Council's efforts to develop lessons learned and new directions for sanitation.

---

Relationship between Inadequate Water Supply and Sanitation and Selected Diseases

Disease	Relationship
Diarrheal diseases	Strongly related to unsanitary excreta disposal, poor personal and domestic hygiene, and unsafe drinking water
Schistosomiasis	Strongly related to unsanitary excreta disposal and absence of nearby sources of safe water
Trachoma	Strongly related to insufficient face washing, often in the absence of nearby sources of safe water
Dengue fever	Related to unsatisfactory solid waste management, water storage, operation of water points, and drainage
Infection with intestinal helminths	Strongly related to unsanitary excreta disposal and poor personal and domestic hygiene

One of the conclusions of *Health and Environment in Sustainable Development: Five Years after the Earth Summit* (WHO, 1997) is that "programmes to improve sanitation and related hygiene behaviours continue to receive very low priority and to be allocated few resources. A major change in the understanding of the importance of these issues is urgently required." As shown above, numerous diseases are directly related to unsanitary conditions.

---

---

# Environmental Health Project

---

## The Kampala Declaration on Sanitation (1997)

Uganda is implementing a national initiative, above the ministerial level, that includes legislation promoting collaboration among various ministries and stakeholders. This quotation from the Preamble of the Declaration stresses the heavy economic and social burden of lack of sanitation.

“Poor sanitation is a major constraint to development in Uganda as manifested by:

- environmental degradation and pollution of otherwise protected water sources;
- high rate of morbidity and mortality in the country;
- lost productivity and high expenditure on curative health care cost;
- reduced learning capability of children through illness and early dropouts of girls;
- high levels of stunting among children under 5 years;
- loss of community and national dignity and pride.”

relatively more complicated elements of sanitation programs, and new professionals need to be attracted to the field.

**Generally, sanitation programs have no health goals; increasing coverage is the sole goal.** While many institutions give lip service to health goals for their sanitation programs, the major indicator of success is still increased access. However, access can be increased with no effect on health, as has been shown in many areas. It is correct use of sanitation facilities, not just access to them, that brings health benefits. If sanitation programs incorporate and monitor hygiene behavior change and other elements intended to bring about health improvements, the health sector may become re-engaged in sanitation. Shifting away from *access* to *proper use* as a main goal and indicator—just this one change—could help promote effective collaboration between the health sector, the municipal development sector, and the environment sector.

—Eduardo Perez, EHP Technical Director for Engineering and Technology

---

## Reports Available from EHP

- “Better Sanitation Programming: A UNICEF Handbook” (EHP A.S. 5; also available from UNICEF).
- “Community Sanitation Improvement and Latrine Construction Program: A Training Guide” (WASH T.R. 83).
- “Health Benefits from Improvements in Water Supply and Sanitation” (WASH T.R. 66).
- “Rethinking Sanitation: Adding Behavioral Change to the Project Mix” (WASH T.R. 72).

---

## Lesson Five. *The coordination and cooperation necessary to increase sanitation programs at the country level have proven difficult and time-consuming in the field.*

Providing effective household and community sanitation on a large scale calls for coordination and collaboration by a wide variety of institutional stakeholders in both public and private sectors and at national, regional, and municipal levels. Such cooperation has proven extremely difficult to achieve, especially reaching consensus on who should be the lead agency.

Initial development of a national sanitation policy and program in Zambia, under the leadership of UNICEF and with technical assistance from EHP, has taken over two years and has involved more than a dozen institutions, including the Ministry of Health, the Ministry of Environment, local government, NGOs, and others.

However, if progress is to be made in sanitation, all stakeholders must be at the table, and they must be persistent and willing to work through the difficulties of joint action.

---

## OUTSTANDING ISSUES

While progress has been made in moving sanitation higher on the list of priorities of some governments and external support agencies, much more needs to be done. As mentioned above, the fact is that sanitation has become more—not less—of a problem over the last five years. The outstanding issues below suggest barriers that still need to be overcome.

**Water supply specialists continue to dominate the water supply and sanitation sector and to be strongly biased towards water supply programming.** Since the water and sanitation decade of the 1980s, significant investments have been made in increasing water supply coverage. The professionals who designed and implemented those programs are the major players in water and sanitation today. Unfortunately, they are far more committed to water than to sanitation programs and are more comfortable with water program design. To reduce this water bias, current sector professionals need to be retrained in the



---

To request technical assistance or to find out more about EHP, contact:

Dr. John Borrazzo, Environmental Health Advisor, Office of Health and Nutrition, RRB 3.07-026, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development, Washington, D.C. 20523-3700  
Tel: (202) 712-4816 • Fax: (202) 216-3702 • E-mail: jborrazzo@usaid.gov

---