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

Since 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.

- **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.

**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...
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.

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.

Environmental Sanitation Policies: Lessons Learned

Relationship between Inadequate Water Supply and Sanitation and Selected Diseases

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

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 insanitary conditions.
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.”

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 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

“Rethinking Sanitation: Adding Behavioral Change to the Project Mix” (WASH T.R. 72).

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