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Awareness Raising and Marketing Strategies to Multiply Demand

Challenges

Health problems due to a lack of hygiene and sanitation

Human excreta not only contain important nutrients such as nitrogen and phosphorus but also viruses, bacteria, parasite cysts and parasite eggs which can transmit diseases. Safe excreta treatment, reuse or disposal and hand washing with soap after contact with faeces (for example after defecation and after handling a child's stool) are highly important to avoid transmission of parasite infections and diarrhoea. In a number of countries in East Africa (e.g. Uganda, Kenya, Tanzania and Sudan) sanitation coverage has progressed only little since 1990. Hygiene awareness has risen, but translation into behaviour is lagging behind.

Thus, diarrhoea is still one important cause in the region for the under-5 mortality rate (13 – 17%)¹. Many children and adults suffer from intestinal infections, in particular roundworm, whipworm and hookworm. These parasites consume nutrients from the person they infect. In so doing, they reduce the energy and labour force of adults and aggravate malnutrition and retard children's development.

Cholera outbreaks in the region especially in the crowded settlement of the urban poor are frequent and can only be avoided if adequate hygiene practices are widespread and sufficient and safe sanitation installations are available and used.

Surveys show that children with worm infections tend to perform worse in school. In puberty, girls often drop out from school because of a lack of clean and private facilities. While lessons emphasize on hand washing, many schools still do not have a water supply within a reasonable distance and there is no real change in habits. There are still too many schools without latrines and too many existing latrines are dangerous structurally and hazardous hygienically. Besides hardware deficiencies, hygiene education is also limited by deficient pedagogic methods, missing teaching materials or lacking knowledge of teachers.

¹ WHO

Limited demand for sanitation

Most African countries have adopted sanitation policies and developed sanitation strategies, but government interventions remain often on a pilot level and other stakeholders such as the private sector and NGOs are not sufficiently integrated in national sanitation concepts.

However, on the user side, sanitation is still not seen as a priority by many people, who are reluctant to invest time and money into a service that holds little appeal. Knowledge about the interrelation of health and sanitation is still limited in many areas, so many people see no tangible benefit to themselves from improved sanitation. Furthermore, unlike other infrastructure services, many of the benefits of sanitation will be effective only if a majority of inhabitants has access: e.g. if I have a toilet, I am still affected by my neighbour's open defecation habits. The nature of sanitation also makes sanitation facilities less prone to become status symbols, further hampering their widespread use.

The coverage with medical centres is poor and if they exist, the budget is often not sufficient to realise awareness raising campaigns about water and sanitation related issues. Experience from other sectors also shows that awareness about health risks alone may not be sufficient to generate demand².

Services for the treatment and reuse or – more often – disposal of excreta are in fact mostly provided by the private sector, often under doubtful hygiene and environmental conditions. Many households rely on the private sector for the construction of latrines or toilets, but the solutions offered are often not technically viable, environmentally sound and sustainable. Most households are not connected to public sewer systems because of affordability and sludge removal is provided by the private sector in a non controlled setting. Poorer households often do not know sustainable low-cost solutions (e.g. compost-toilets) and think they cannot afford the investments and services. Public subsidies to the sanitation sector often concentrate on the limited central sewer networks and benefit rather the better off households.

Way forward

Promoting behaviour changes

A number of African countries have launched large-scale awareness campaigns and hygiene behaviour change programmes. Holistic approaches involve different sector institutions and focus not only on health, but also on environmental protection, reuse opportunities (biogas, fertilizer, water) and the aspects of dignity, self-esteem and an accepted status in the society. Some countries have moved from traditional hygiene education to hygiene and hand washing marketing with private manufacturers and distributors (e.g. soap, pre-fabricated toilet components) as partners. Successful campaigns include various approaches (radio spots, songs, competitions) and require a relatively long term horizon.

School sanitation and hygiene education can rely on a number of adapted concepts to different countries and circumstances. These include school competitions, health clubs, follow-up on students overall cleanliness and hygiene practices. Successful school sanitation and hygiene education is always a smart combination of hardware (urinals, latrines, hand-washing facilities and water supply sources) and software (education, role model of teachers, follow-up and supervision). Hygiene education in schools is often a key to changes in behaviour as children are often more receptive than adults for such topics and can incite their parents to change behaviour.

² E.g. for improved cooking stoves (reducing health risks from indoor pollution) conventional marketing (TV spots appealing to status thinking) has been more efficient than health-oriented awareness raising campaigns.

Social marketing and output based aid (OBA)

Experiences suggest that working with market mechanisms is an important element for successful up scaling of access to sanitation. Some countries already focus on marketing for the construction of sanitation facilities. The benefit of sustainable sanitation and hygiene education for public health may also justify some level of financial incentives such as public subsidy, but in the end the users have to pay their share for provided services and infrastructure..

Therefore, social marketing approaches use elements of commercial marketing and try to strengthen a more sustainable, demand driven investment process. An example is training of masons and NGO personnel not only in construction of sanitation facilities but also in marketing techniques. Marketing success requires careful attention to consumer wishes (“listen to your customer”).

The emptying of compost-toilets, cesspits, urine-diverting toilets or septic tanks and the proper treatment or discharge of faeces, urine or sludge is a service to private households but reduces at the same time environmental and public health hazards. The public has a great interest in proper sanitation to prevent the outbreak of widespread diseases. This justifies a strong involvement of government and water sector institutions which can also organize cross subsidies (e.g. sanitation fee on fresh water sales) which benefit poorer households (pro-poor sanitation).

Output based aid embedded into a national sanitation concept, following the recommendation of the Paris Declaration 2002, can further strengthen the demand for sanitation services. Broader experiences in the health sector (HIV Aids, family planning) and recent experiences in the sanitation sector are promising. Output based aid under national ownership can for example encourage the delivery of sludge from cesspits and septic tanks to proper treatment facilities and thus reduce cost for individual households requesting cesspit emptying. It can also lead to country-wide social marketing and the broad implementation of socially and ecologically sustainable sanitation solutions for example in schools and public buildings. Any output-based aid scheme however must take care to have sufficient implementing capacity (“presence on the ground”!) to ensure proper capacity development and monitoring.