

SANITATION FOR ALL



THE DRIVE TO 2015

Sanitation Drive to 2015

Planners' Guide



Big or small – sanitation for all!

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Sanitation Drive to 2015 Planners' Guide

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I. Sanitation Drive to 2015

The next few years are critical. We now have less than four years to reach the Millennium Development Goal (MDG) target 7c that aims to halve by 2015, the proportion of people living without sustainable access to safe drinking water and basic sanitation. Unless we accelerate the current rate of progress, 2.4 billion people will still be living without improved sanitation in 2015.¹

Today 1.1 billion people, or 15 per cent of the global population, still practise open defecation,² defined as defecation in fields, forests, bushes, bodies of water or other open spaces.

The good news is that effective, low-cost and innovative technologies and interventions exist, and there are plenty of sanitation success stories.

This document aims to:

- Communicate the objectives of the Sanitation Drive to 2015.
- Introduce the major sanitation issues and raise awareness of the current situation, including both progress and challenges.

Provide recommendations for what we can do to promote sustainable sanitation for all.

Redoubling efforts to close the sanitation gap

On 20 December 2010, the United Nations General Assembly adopted a resolution calling on Member States to support the Sanitation Drive to 2015 initiative by redoubling efforts to close the sanitation gap. The resolution established a global push to focus attention on the MDG sanitation target and mobilize political will towards increasing financial and technical resources.

The resolution also made history by calling for an end to open defecation, the most dangerous sanitation practice for public health.³ Furthermore, after years of campaigning, the General Assembly recently recognized access to sanitation as an essential human right and a basic service required to live a normal life.

1 WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 'Progress on Drinking Water and Sanitation: 2012 update', United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 2.

2 Ibid., p. 66 (back cover).

3 Resolution adopted by the General Assembly 64/292, 'The human right to water and sanitation', A/64/L.63/Rev.1, Sixty-fourth session, Agenda item 48, 3 August 2010; and the Resolution adopted by the Human Rights Council, 'Human rights and access to safe drinking water and sanitation', A/HRC/15/L.14, Fifteenth session, Agenda item 3, 24 September 2010.

Around the world, sanitation needs to be discussed openly and honestly. The Sanitation Drive to 2015 is the platform to do so. Governments and communities need to fully understand and appreciate the tangible benefits of improved sanitation. These include better health and higher levels of education, which lead to increased productivity and wealth. Just as important are the intangible benefits, including safety, dignity and privacy.

Why should we care?

KEY STATISTICS

- More than **2.5 billion people** – roughly 37 per cent of the world's population – lack what many of us take for granted: access to adequate sanitation.
- **More than a billion** people worldwide, or **15 per cent** of the global population, have no sanitation facilities at all and practise open defecation – the riskiest sanitation practice. Open defecation is largely a rural phenomenon, most widely practised in South Asia and sub-Saharan Africa.⁴
- Unsafe water, poor sanitation and inadequate hygiene cause diarrhoeal diseases that claim the lives of more than 800,000 children under age 5 every year.⁵

The problem

Although 1.8 billion people gained access to adequate sanitation between 1990 and 2010,⁶ the world is still way off track to meet the MDG target for sanitation. Moreover, the distribution of access is far from equitable, and the most disadvantaged members of society are often those most affected by inadequate sanitation.

⁴ WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 'Progress on Drinking Water and Sanitation: 2012 update', United Nations Children's Fund and World Health Organization, New York and Geneva, 2012.

⁵ United Nations Children's Fund, 'ChildInfo: Statistics by area – Water and sanitation', www.childinfo.org/water.html, accessed 25 July 2012.

⁶ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 2.

Open defecation perpetuates the vicious cycle of disease and entrenched poverty; 1.1 billion people practise open defecation because they do not have access to the most basic sanitation facilities.⁷

Deemed the riskiest sanitation practice of all, open defecation poses the greatest danger to human health and can have fatal consequences – particularly for the most vulnerable, including young children.

These deaths are preventable through integrated water supply, sanitation and hygiene (WASH) interventions that separate human faeces from human contact. WASH interventions are most effective as part of a package that goes beyond health to include education, gender equality and poverty reduction. Therefore, investing in sanitation and hygiene also means investing in other sectors and, conversely, investments in WASH support universal education, empower women, and help eradicate extreme hunger and poverty.

Challenges

Talking about faeces: How we dispose of our bodily waste is a highly personal matter. In most cultures, it is not discussed openly. For many people, the issue is considered to be too embarrassing to talk about. Words that describe excreta are thought of as 'dirty' or 'bad' and not be used in courteous company.

Generating demand: Personal habits are often entrenched, and many people do not know about the holistic benefits of improved sanitation and hygiene. It can be very difficult to generate demand for improved sanitation facilities at the household or community levels.

Keeping up with population growth: Population growth is exponentially pushing the already disadvantaged sections of society deeper into illness, poverty and indignity. Policies designed to address population growth, especially in urban areas of the developing world, are essential.

⁷ Ibid., p. 15.



Sanitation for all is achievable!

The MDG sanitation target is among those making the least progress, making it even harder to achieve many of the other targets. Unless we make major improvements in sanitation access and hygiene practices, we cannot reach the targets for child mortality, primary education, disease reduction, environmental sustainability or poverty eradication.

Open defecation is defined

as: defecation in fields, forests, bushes, bodies of water or other open spaces.

It is still practised by nearly a quarter of the population in the least developed countries.

Most of the deaths and illnesses associated with inadequate sanitation are preventable. Solutions exist! Affordable, safe, effective and sustainable technologies and approaches are available – they just need to be scaled up.



Through the use of these approaches sanitation coverage is improving in almost every developing region.⁸ Open defecation is decreasing in both urban and rural areas.

Locally based initiatives are encouraging entire communities in more than 50 countries to use improved sanitation facilities and stop defecating in the open. The Community-Led Total Sanitation (CLTS) model relies on communities to take the lead in eliminating open defecation, often through innovative practices and technologies most suited to local needs. This model is a national standard in numerous countries, allowing them to achieve and sustain Open Defecation Free status.

The benefits of taking action are undeniably momentous, and the time to act is now!

⁸ Ibid., p. 18.



II. How you can make a difference

Getting started

The Drive to 2015 presents a unique opportunity for all countries and organizers to capitalize on the renewed global momentum and commitment to help ensure that every person on the planet has access to adequate sanitation facilities and to eliminate open defecation.

This Planners' Guide is intended for use by anyone interested in running a campaign that calls for an end to open defecation and to improve sanitation at the country, regional or local levels. It aims to increase the number of participating countries, thus positively impacting the statistics and trends. By mobilizing key stakeholders, members and partners under one umbrella – the Drive to 2015 – we can create a consistent, distinct voice and visual identity.

This chapter outlines the main areas to consider when planning your Drive to 2015 activities.



Drive to 2015: Communications tools at the global level

The following tools developed at the global level will be provided to support the Drive to 2015:

- **Website** – Planners are encouraged to visit the official website: **www.sanitationdrive2015.org**. The site will be updated regularly and will highlight news and activities, as well as provide useful materials for planning a local campaign.
- **Logo** – A logo is available, with guidelines for use. Download a web-ready logo at www.sanitationdrive2015.org/DevSite/wp-content/uploads/2012/04/sustainable_sanitation_web.jpg.
- **Theme** – 'Big or small – sanitation for all!' is the Drive to 2015 slogan. This theme is meant to express immediacy and to inspire creative visual and textual interpretations. It is easily adaptable for different cultures, languages and contexts based on local, national or regional priorities.
- **Online outreach tools** – Follow the Drive to 2015 on Twitter, twitter.com/sanitation2015, and on the Facebook page, 'Sanitation Drive to 2015'.

Whenever necessary, modifications should be made to suit your local conditions.

The key steps in your planning process are:

1. Collect information and document the problem.
2. Develop key messages for key audiences.
3. Mobilize stakeholders; plan events and activities.
4. Work with the media.
5. Monitor progress and assess impacts.

Details for each of these steps are described below.

Step 1. Collect information and document the problem

The first step to planning your campaign is to compile compelling data. The Planners' Guide provides key global information. But journalists, decision makers and individuals will be more engaged by facts and figures that apply to their own particular audience and constituents.

This collection can include:

- Hard data, for example, on morbidity (illness) and mortality (death) from diarrhoea and pneumonia.
- Findings of sanitation studies that have been conducted in your country or regions.
- Findings regarding adequate sanitation facilities in schools, particularly in relation to girls' attendance.
- Real-life stories of good practices in your country; hand-washing behaviour might be one example.
- Photographs of good and bad practices (in schools and elsewhere).

Did you know?

- At the current rate of progress, the MDG sanitation target will not be met until 2026.
- Half the population in developing regions is still without adequate sanitation.
- Achieving the MDG target would add 200 million school days per year.
- Poor sanitation practices that pollute environments deter tourists.
- Ecological sanitation can provide additional nutrients for crops.
- Two billion worm infections, affecting one third of the world's population, could be prevented through improved sanitation.*

* Prüss-Üstün, Annette, et al., 'Safer Water, Better Health: Costs, benefits and sustainability of interventions to protect and promote health', World Health Organization, Geneva, 2008, p. 8.

- Pre-taped radio interviews, B-roll (supplemental or stock video footage) and quotes.
- Charts and other graphics that media outlets can place in their stories.

As you complete your collection, be sure to prepare a call to action that outlines specific steps, for example, send the audience to a website, or ask them to join a sanitation discussion blog or group.

Step 2. Develop key messages for key audiences

Adapt the key messages provided in this Planners' Guide or transform your local/national statistics into key messages and stories. The messages and data should support successes, identify gaps and set out the next steps.

In addition to data and messages, it is helpful to compile stories. Doom-and-gloom news by itself generally does not motivate people to action. In order to inspire them, share something concrete that is already working.

Effective messaging relies on careful attention to how a message is conveyed and to whom, as well as the message itself. Tailor your message to the audience. Not everyone is persuaded by the same line of reasoning.

An important guidepost can be to search for the 'what's in it for me?' angle. Improved sanitation may appeal to the public health community because it cuts down on diarrhoeal disease. It may appeal to mothers because it is a way to show that they care about their families. It may appeal to the Minister of Finance because it is an extremely cost-effective health intervention. Examples of effective messages for different audiences include:

General public – In one day, inadequate sanitation can claim the lives of -X- [fill in the blank] members in your community. Be part of the solution to saves lives and help control disease. Join the sanitation movement! Build latrines or toilets, wash your hands with soap and encourage others to do the same.

Journalists and media outlets – The issue of sanitation is an under-reported story. It is unglamorous and often culturally repugnant. And yet the sanitation crisis is one of the greatest untold stories of modern times. Sanitation has been declared a fundamental human right but is still considered a luxury by billions. Showcase a human-interest story to capture a bigger audience.

Parliamentarians and other government decision makers – Investments in health, education and improved water supplies are imperilled by the lack of investment in sanitation. Adequate sanitation improves maternal and child development, which in turn improves the development of a nation.

Parents – Help keep your family safe, happy and disease free. The faeces of babies and children are full of disease-causing germs. They are not benign, as many parents think. Diarrhoea is not a normal condition. It is an illness that is making your child less able to grow, learn and thrive.

Young children – Germs from poop are disgusting and make you sick. You can help by washing your hands every time you go to the toilet or latrine. Share this idea with your friends!

Older children – Healthy habits protect you and everyone you touch. Always wash your hands after using the toilet or latrine. Become a leader for good hygiene! Share your knowledge with friends and family. Teach your family about the importance of using, or building, a latrine or toilet in your home.

Teachers and education officials – Diarrhoea is responsible for the loss of hundreds of millions of school days every year. Hand washing with soap can reduce diarrhoeal disease by nearly half. The good sanitation and hygiene habits you teach in school will spread through the entire community and last a lifetime.

Community leaders and women's groups – Good sanitation will help distinguish your community as one that prospers and flourishes. Work together as one to make change happen.

Religious leaders and faith-based institutions – Many religions call for washing and cleanliness before prayer or during other religious rituals. Good sanitation and hygiene is a commonality found in most faiths.

Health and social workers – Improved sanitation is among the most effective ways to prevent diarrhoeal diseases and pneumonia, which together are responsible for the majority of child deaths. It also helps

prevent skin infections, eye infections, intestinal worms, severe acute respiratory syndrome and avian flu, and benefits the health of people living with HIV and AIDS.

Private sector and business people – Soap and latrines or toilets can mean big business for saving lives. Doing research into the motivations for using soap and building latrines and toilets will allow you to create the most effective marketing campaigns. Work with governments, non-governmental organizations and others to promote sanitation and hygiene to improve your corporate image.

Non-governmental organizations – Diarrhoeal epidemics can jeopardize projects and undo years of work – simple and cost-effective interventions work. Understanding motivations or barriers to hand washing with soap is the first step towards promoting behaviour change; you are well placed to understand what motivates your constituencies.

Step 3. Mobilize stakeholders; plan events and activities

Motivate, mobilize ... move! These are three key actions towards a successful sanitation campaign. Organize events and activities with local partners to generate media attention and get the message out to large numbers of people in an entertaining and stimulating manner.

Discussions, forums, seminars and courses are useful for exchanging information with non-governmental organizations, policymakers and decision makers, and with associations for physicians, teachers, students and environmental health officials.

This section covers ideas for understanding and reaching your target audiences, and provides details on suggested activities.

Reaching your target audiences

Use the data you have gathered during the first step to reach specific groups that can support the Drive to 2015. For each audience, it can be helpful to keep the following points in mind:

General public – It is vital that the public at large understands and appreciates the crucial role sanitation plays in saving and improving lives, particularly for infants and children. Effective and sustainable change can only take place if the community as a whole understands the severity and importance of the sanitation crisis.



Journalists and media – To help convey your message correctly, develop long-term and strategic relationships with journalists and media outlets. Become their go-to or first source of information for all things sanitation.

Parliamentarians and other government decision makers – Key actions for bringing the sanitation revolution to scale include ensuring that governmental budgets are adequate and giving high-level attention to prioritizing national sanitation policies. Politicians should be urged, directly and through their constituencies, to take action. Ministers for education, health, finance, social affairs and foreign affairs all need to be engaged.

Parents – Both parents but especially mothers, who usually are the primary care givers of infants and young children, must fully understand the holistic benefits derived from improved sanitation and hygiene.

Schoolchildren – Young students are important agents of change who can lead the way to better lives for themselves, their families and their communities. An efficient way to reach out to this audience is by managing information campaigns in primary and secondary schools.

Teachers and education officials – Encourage and assist students to practise good sanitation and hygiene behaviours, such as hand washing with soap, thus instilling behaviour changes for life.

Adolescents and youth – One way to reach young people is by taking advantage of existing networks. Seek partnerships with offices and channels that work with youth, such as the United Nations Programme on Youth, the Global Teaching and Learning Project – United Nations Cyberschoolbus – and UNICEF's Voices of Youth. Incorporate social media networking sites such as YouTube, Twitter and Facebook.

Community leaders and women's groups – These groups are essential allies in helping roll out campaigns such as hand washing with soap or improved hygiene. Community leaders and local women's groups play a pivotal role in helping build community awareness about sanitation, health, development and the environment. They can hold local and national authorities accountable for their actions and for the services they provide.

Religious leaders and faith-based institutions

– Having great influence on public opinion in many countries and communities, they should be encouraged to help inform their congregations of the benefits gained with improved sanitation and hygiene practices.

Health and social workers

– These workers are often experts in educating others about the risks of infection and transmission of disease due to a lack of basic sanitation and hygiene practices, and in raising awareness that hand washing with soap is an essential intervention.

Private sector and business people

– Encourage the private sector and businesses to understand the potential commercial benefits of a nation of people using soap and latrines or toilets. They should also be encouraged to lend their marketing and technological expertise to the campaign.

Non-governmental organizations – By linking with these organizations, you can help generate demand for improved sanitation facilities. Non-governmental organizations are valuable partners in increasing the knowledge and understanding of communities about the health and economic benefits associated with improved sanitation and hygiene.

Celebrities – Tremendous clout is provided by celebrities when you want to convey a message to large audiences. Planners should consider recruiting popular-culture stars from music, sports, film and television to help spread the Drive to 2015 message. It is important to note that participating celebrities should believe in the message for it to truly impact others.

Academics – Scholars who conduct research relevant to sanitation and hygiene should be encouraged to publish their findings in popular or mainstream publications and media outlets.

Become a 'Sanitation Driver'

Advocate for the Drive to 2015 by becoming a Sanitation Driver.

To participate, share your story or nominate someone else, visit 'Be a Sanitation Driver' at www.sanitationdrive2015.org/take-action/be-a-sanitation-driver.

Every month, the website will feature a Sanitation Driver who shares practical tips and valuable lessons learned.

Suggested activities

Media event or press conference. Specifically geared towards the media, these events highlight the sanitation crisis and its impact, or a success story and its impact. Guest speakers, celebrities, officials or fieldworkers can be present.

Field visits for media and celebrities. One way to increase publicity and awareness is to educate the media about relevant issues in their region and to show them real-life initiatives on the ground. Seminars and field trips for local media in different regions of the world could be conducted.

School behaviour-change competition. Competitions can be set up for the best song or poem about hand washing, for posters or drawings, for theatre presentations and, for older children, essay contests.

Celebrities as sanitation champions. Sports stars, singers, actors, former political leaders, corporate leaders and academics can all act as ambassadors to spread the word on the sanitation revolution. In India, for example, cricket star Sachin Tendulkar led a hand-washing campaign that culminated in millions of children across South Asia simultaneously washing their hands.

Public service announcements (PSAs). Announcements featuring the key messages about sustainable sanitation could be produced through a partnership with a broadcaster or an advertising agency. These PSAs could utilize individuals mentioned in the section above or engage local personalities to spread the message.

TV drama or short film competition. Partner with local actors, TV stations and filmmakers to incorporate sanitation themes within existing shows or films. Weave in the issue of sanitation to illustrate the real-life benefits and pitfalls.

Photo contest. A picture speaks a thousand words. A national photo contest of images of people practising good and bad sanitation and hygiene is a powerful and effective awareness-raising technique. Focus on schools and children.

Catchy local phrase for Drive to 2015 logo. The logo for the Drive to 2015 is easily translatable and understandable. Add a catchy and local slogan to the logo, then place it near latrines/toilets, hand-washing stations and other places where people congregate, e.g., bus stops. This will continuously remind people about the importance of good sanitation and hygiene.

Radio campaigns. These can be particularly effective. Include short PSA spots, celebrity interviews and debates on sanitation and hygiene as a great way to get the message out to multiple audiences. Involve schoolchildren, teachers and celebrities!

Postage stamp. Investigate the possibilities of a special stamp celebrating Open Defecation Free Communities or safe sanitation. The Nepal Post Office and Nepal Philatelic Society, for example, developed stamps and commemorative covers with promotional messages for hand washing with soap. For 15 days, the postal office stamped all the incoming and outgoing national and international letters with a message on Global Handwashing Day.

Local tie-ins with global sanitation events should be encouraged. Some important annual events are listed below (along with how they can be associated with Drive to 2015 messages).

Connect the Drive to 2015 to worldwide events

22 March • World Water Day

(lack of sanitation contaminates water resources)

7 April • World Health Day

(sanitation has the greatest impact on public health)

23–29 April • Education for All Week

(sanitation in schools improves attendance, reduces drop-out rates, especially for menstruating girls, improves learning and retention)

5 June • World Environment Day

(uncontained human excreta pollutes water and soil and is a major cause of the unsafe water problem)

16 June • Day of the African Child

(sub-Saharan Africa needs more support to reach the MDG sanitation target)

20 June • World Refugee Day

(to prevent the spread of disease in emergency settlements, sanitation is a priority)

8 September • World Literacy Day

(millions of school days a year are lost due to illness caused by lack of sanitation)

6 October • World Habitat Day

(urbanization poses sanitation challenges)

12 October • **International Day for Natural Disaster Reduction**

(sanitation is key component for safeguarding society following a natural disaster)

15 October • **Global Handwashing Day**

(hand washing with soap and improvements in access to sanitation must be tackled in unison in order to improve health and development)

16 October • **World Food Day**

(lack of sanitation contaminates the food supply through water and soil)

17 October • **International Day for the Eradication of Poverty**

(sanitation, hunger and poverty are inter-connected and must be tackled together)

19 November • **World Toilet Day**

(2.5 billion people don't have access to adequate sanitation)

20 November • **Universal Children's Day**

(children bear the greatest burden when sanitation is unavailable)

10 December • **Human Rights Day**

(access to sanitation facilities is a basic human right that protects health and human dignity)

Step 4. Work with the media

The media play a vital role in helping increase wide-ranging understanding and acceptance of issues. It was only after a determined media campaign, for example, that subjects such as HIV and AIDS were openly discussed. The media can bring non-prioritized issues such as sanitation into public discourse and create a buzz around an issue that was previously seen as unmentionable.

Develop a strong partnership with the media. They are potentially the most effective resource available for communicating your message. Make the effort to understand how the media work. Timing is everything! Before approaching the media, understand and prepare your key messages and talking points.

Sound bites – short passages from a recorded interview – frequently provide the best messages. The title and opening line of a presentation are always important. They will determine whether you attract listeners' or readers' attention so they are engaged to the end of your story.

Social media can play an enhanced role in your integrated communications strategy. You can use social media to effectively reach a specific demographic, such as young people or adolescents.

News reporters are most likely to be interested in information that is new, surprising, compelling or impactful to the public, i.e., newsworthy. Make sure your story has these qualities.

Story entry points

The following items are sample entry points you can use for the Sanitation Drive to 2015 materials for the media.

The resolution on sanitation as a human right – Human rights may be an important entry point for journalists. Questions to consider for your article include: How legally binding is the resolution? What are the possibilities that the resolution is interpreted in different ways in different countries?

What makes a story newsworthy?

- A newsworthy story interests the intended audience. A personal story linked to a news event is more interesting than statistics alone.
- A newsworthy story includes accurate facts and figures. All information, including names and dates, should be double-checked with a reliable source.

The resolution is a declaration of intent by Member States and will only work if there is political will among national governments and at the local level. Other pertinent angles of the story are: What does the resolution change? How will it work for the people who currently live without sanitation?

Sanitation success stories and challenges – To effectively communicate and advocate the sanitation story, we must highlight the fact that new affordable, safe, effective and sustainable technologies and approaches are now available. Solutions exist! Community-based initiatives have been successful in encouraging households to use improved sanitation facilities and stop the practice of open defecation.

Establishing WASH programmes in schools is one of the best routes to reach communities. There are powerful stories about how latrines/toilets in schools help achieve educational goals, especially for girls.

There is also the issue of access to sanitation with equity – between the rich and the poor, between rural and urban, and between people from different ethnicities.

Traditional media

Some true, tried and tested methods of communicating to a plethora of audiences include:

- Press conferences
- Radio or TV spots
- Newsletters
- Newspapers
- Magazines
- Op-eds and opinion pieces.

Social media

Access to social media platforms offers opportunities for meaningful and sustainable change via discussions, debate and dialogue. You can turbocharge your advocacy via a successful social media campaign.

Actively listen and engage your audiences (both internal and external) via authentic dialogue and debate. Use the power of social media to educate and activate people, particularly youth, to rethink old practices and come up with innovative solutions.

You are building a community as well as an audience. So be personal and authentic as you help build and facilitate relationships. To engage a plethora of audiences, consider blogs, text messages, Facebook, Twitter, YouTube and Flickr.

Word of caution – conversations online are in a public forum. First, be watchful that what you say is always in the best interests of advocacy. As for responses, although they cannot be anticipated, they can be managed retroactively by a moderator.

Challenges for the media

How can we get the media interested? Sanitation and excrement are often taboo subjects that are not to be discussed in polite society. Additionally, we often struggle with the terminology: What is improved or adequate sanitation? What is basic sanitation?

What seems important is to make the story as personal as possible. Testimonies from people about their suffering can be helpful, but it is even more important to show how improved sanitation and proper hygiene created significant and positive benefits.

Present the bright side, as well as the struggles. And always conclude with the positive solutions.

Step 5. Monitor progress and assess impacts

Evidence-based sanitation interventions highlight the wide-ranging benefits realized through improved sanitation and hygiene. Time is saved when fetching water, and school absentee rates are lowered. Caloric energy is protected, and health improves, especially among children. Proper treatment and reuse of excreta can contribute to a sustainable environment, as well as increase agricultural production. The benefits of sustainable sanitation lead to increased community capacities as they bolster physical and psychological well-being.

The United Nations General Assembly recently declared adequate sanitation a fundamental human right. Yet countless individuals do not fully understand or appreciate the wealth of benefits improved sanitation yields for their health and their lives.

The greatest challenge to success may be convincing those who already benefit from improved sanitation that sanitation for all must be a priority. Therefore, along with mobilizing resources and strengthening political commitment, there is an urgent need to intensify global and regional sanitation communication efforts that are specifically directed at increasing broad commitment, awareness and participation. We must:

- Evaluate, analyse and learn while work is in progress, in real time, and not at the end of the campaign.
- Market sanitation in a way that makes it an aspirational goal, a want rather than a need. Marketing and communication campaigns should inspire healthy behaviour, rather than dictate rules. Soap helps you smell nice and makes you more attractive, could be an enticing message. No loo, no 'I do' is the slogan for some women in India, as they request household toilets before agreeing to marriage.
- Highlight that Sanitation Drive to 2015 is a global campaign that takes a local approach by tapping into local communities for the latest and greatest ideas, insights and innovations.
- As always, conclude your presentations with a call to action that outlines specific steps your audience can take.



III. Five fundamental themes

The Drive to 2015 has five fundamental themes that anchor the campaign and serve as the focus of advocacy:

1. Sanitation for all: Making the right a reality
2. Sanitation is a good economic investment
3. Sanitation brings dignity, equality and safety
4. Sanitation is vital for good health
5. Sanitation sustains clean environments.

A brief description for each theme is provided in this chapter (see Annex 3 for the five related fact sheets).

1. Sanitation for all: Making the right a reality

In July 2010, the United Nations General Assembly recognized that the access to sanitation to be a human right essential and called for an end to open defecation.⁹ This declaration means that access to sanitation will finally be viewed as an entitlement not as a luxury. Additionally, universal access to basic sanitation along with an end to open defecation should be achieved in an equitable manner with community-led approaches.

KEY STATISTICS

- More than 2.5 billion people – roughly 37 per cent of the world's population – lack what most of us take for granted: a toilet.¹⁰
- Over a billion people worldwide have no sanitation facilities at all and practise open defecation – the riskiest sanitation practice of all.¹¹
- Unsafe water, lack of sanitation and poor hygiene cause diarrhoeal diseases that claim the lives of more than 800,000 children under age 5 every year.¹²

⁹ Resolution adopted by the General Assembly 64/292, 'The human right to water and sanitation', A/64/L.63/Rev.1, Sixty-fourth session, Agenda item 48, 3 August 2010; and the Resolution adopted by the Human Rights Council, 'Human rights and access to safe drinking water and sanitation', A/HRC/15/L.14, Fifteenth session, Agenda item 3, 24 September 2010. Also see, www.un.org/News/Press/docs/2010/ga10967.doc.htm.

¹⁰ WHO/UNICEF Joint Monitoring (JMP) Programme for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 2.

¹¹ *Ibid.*, p. 19.

¹² United Nations Children's Fund, *Pneumonia and Diarrhoea: Tackling the deadliest diseases for the world's poorest children*, UNICEF, New York, 2012, p. 8.



KEY MESSAGES

- Access to sanitation is a fundamental human right.
- Effective, affordable and sustainable solutions are ready and waiting.
- Open defecation, the riskiest sanitation practice of all, is on the decline worldwide.

Take action!

General public – Take collective action, talk to your local politicians and demand change.

Community leaders – Support community-based approaches such as Community-Led Total Sanitation (CLTS) and seek an Open Defecation Free community.

Religious leaders – Cleanliness and hygiene are a fundamental part of every religion. Lend your moral authority to this issue.

Teachers – Educate others about the benefits of using latrines/toilets and washing hands with soap.

Media – Write about success stories, covering what works and why. Help begin an open and honest discussion about faeces.

2. Sanitation is a good economic investment

The economic case for sanitation is no longer in doubt. For the first time, evidence of a direct correlation between latrines/toilets and increased gross domestic product (GDP) is available. Latrines/toilets reduce health costs, increase education investments, as well as positively impact drinking-water quality by limiting the risk of contamination.

KEY STATISTICS

- Every US\$1 spent on sanitation brings a US\$5.50 return by keeping people healthy and productive.¹³
- Impacts resulting from poor sanitation and hygiene cost countries between 0.5 per cent and 7.2 per cent of their GDP.¹⁴
- The economic gains from investing in sanitation and water are estimated at US \$170 billion per year.¹⁵

KEY MESSAGES

- Sanitation and hygiene interventions offer exceptionally good value for money invested.
- Improved sanitation and hygiene are the most cost-effective of all health interventions.
- Improving access to sanitation will help fast-track the achievement of all the Millennium Development Goals.

Take action!

General public – Demand better sanitation services and infrastructure, ensuring that the poorest people also have access to latrines or toilets.

Community leaders – Help end open defecation. Generate demand for latrines and toilets by helping the people in your community understand the link between faecal contamination and disease.

¹³ Hutton, Guy, and Laurance Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level*, World Health Organization, Geneva, 2004.

¹⁴ World Bank, Water and Sanitation Program

¹⁵ www.Sanitationandwaterforall.org – backgrounder



Religious leaders – Organize sanitation projects that improve and save lives. Begin with your place of worship by making sure it provides adequate latrines or toilets.

Teachers – Advocate for girl-friendly latrines and toilets in schools that provide privacy, water for personal cleansing and washing clothes, and waste disposal facilities.

Media – Write and publish stories that clearly illustrate the benefits of sanitation, for example, how many productive days will be gained for adults, or how many days children gain in the classroom when they are protected from illness by proper toilet facilities at school.

3. Sanitation brings dignity, equality and safety

More than a billion people practise open defecation. Some of the poorest, most marginalized and most vulnerable people in the world, including women and girls, the disabled, elderly and sick, defecate in fields, forests, bushes, bodies of water or other open spaces instead of toilets or latrines. The tangible benefits of having a toilet include better health, higher levels of education, and increased productivity and wealth. Other benefits include dignity, safety and privacy.

KEY STATISTICS

- Open defecation is largely a rural phenomenon, most widely practised in South Asia and sub-Saharan Africa.¹⁶
- Almost three quarters of people without improved access to sanitation live in rural areas. Each year, children lose 200 million school days due to diarrhoea, and an estimated 1 in 3 school-aged children in the developing world is infected with intestinal worms.¹⁷

KEY MESSAGES

- Adequate, safe and private sanitation facilities allow women and girls, in particular, to live a life of dignity.
- Every child deserves to be in a school that offers safe water, improved sanitation and hygiene education.
- The most disadvantaged in society are the worst affected by inadequate sanitation.

¹⁶ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 19.

¹⁷ Hutton, Guy, and Laurance Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level*, World Health Organization, Geneva, 2004, p. 58; and Savioli, Lorenzo, et al., 'Schistosomiasis and Soil-Transmitted Helminth Infections: Forging control efforts', *Transactions of the Royal Society of Tropical Medicine and Hygiene*, vol. 96, no. 6, November–December 2002, pp. 577–579.



Take action!

General public – Build latrines/toilets in your community and help the poorest and most disadvantaged.

Community leaders – Join forces with non-governmental organizations and municipal authorities to ensure sanitation is a priority in your community.

Religious leaders – Break the taboo of talking about open defecation. Talk with everyone about it.

Teachers – Ensure that there are safe, private and separate latrines/toilets for girls and boys at school.

Media – Highlight the inequities found in sanitation – rural and urban, poor and rich as well as gender inequalities.

4. Sanitation is vital for good health

Improved sanitation practices help lower mortality rates, improve learning and retention and reduce stunting, particularly for the most vulnerable children. Diseases associated with poor sanitation and hygiene include diarrhoea, the second biggest killer of children under 5, as well as pneumonia, cholera, intestinal worms and trachoma.

KEY STATISTICS

- If all 57 of the most off-track countries got back on track to meet their MDG sanitation target by 2015, the lives of at least 400,000 additional children would be saved.¹⁸
- Hygiene promotion is the most cost-effective among hundreds of other health interventions, averting one disability-adjusted life year for an investment of US\$3. Sanitation promotion is also in the top five most effective interventions.¹⁹
- Two billion worm infections, affecting one third of the world's population, could be prevented through improved sanitation.²⁰

KEY MESSAGES

- Community-led Total Sanitation (CLTS) interventions help accelerate universal access to improved sanitation.
- Open defecation opens the door to disease and death.
- Improved sanitation, coupled with hygiene education, creates a life-saving combination.

18 WaterAid, 'Saving Lives: Sanitation and water for all would save 2.5 million lives', New York, 2012, p. 1.

19 Hutton, Guy, and Laurance Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level*, World Health Organization, Geneva, 2004.

20 Prüss-Üstün, Annette, et al., 'Safer Water, Better Health: Costs, benefits and sustainability of interventions to protect and promote health', World Health Organization, Geneva, 2008, p. 8.

Take action!

General public – Invest in a toilet and teach your children good hygiene practices such as hand washing with soap.

Community leaders – Build community awareness and consensus around community-based approaches such as CLTS and seek an Open Defecation Free community.

Religious leaders – Teach your congregation, by example, that good sanitation improves health.

Teachers – Encourage children to take good sanitation and hygiene practices back to their homes.

Media – Convey to your audience that the health of a nation greatly improves with improved sanitation.

5. Sanitation sustains clean environments

Ending open defecation is crucial. Human waste that enters water sources and land through open defecation is the cause of disease and destruction. A healthy living environment depends on latrines/toilets. When managed correctly, human waste can be a positive addition to the environment, used to improved food security, health and economic activity.

KEY STATISTICS

- In the developing world, roughly 90 per cent of sewage is discharged untreated into rivers, lakes and coastal areas.²¹
- Environmental pollution is linked to 90 per cent of diarrhoeal diseases.²²
- Dead zones caused by pollution have grown to cover 245,000 kilometres of the marine environment.²³

21 Corcoran, Emily, et al., editors, *Sick Water? The central role of wastewater management in sustainable development – A rapid response assessment*, United Nations Environment Programme, UN-HABITAT and GRID-Arendal, www.grida.no, 2010, p. 5.

22 Ibid., p. 11.

23 Diaz, Robert J., and Rutger Rosenberg, 'Spreading Dead Zones and Consequences for Marine Ecosystems', *Science*, vol. 321, no. 5891, 15 August 2008, pp. 926–929.



KEY MESSAGES

- Faecal matter contamination is costing us valuable and productive land.
- Improved sanitation leads to an improved environment.
- Climate change calls for innovative sanitation solutions.

Take action!

General public – Ensure the safe disposal of faecal matter so it does not contaminate water resources.

Community leaders – Ensure that community environmental projects include a sanitation component.

Religious leaders – Advocate for the environment. Encourage congregants to treat the planet with reverence.

Teachers – Teach environmental education that emphasizes sanitation.

Media – The link between sanitation and the environment is not widely and accurately understood. Write stories to help people increase their knowledge and make the connection.



IV. What works and why: Three case studies

The case studies below highlight some of the most effective ways to eliminate open defecation and make access to improved sanitation a reality for all.

1. Community-Led Total Sanitation (CLTS)

CLTS continues to be one of the most effective ways of eliminating open defecation and accelerating the use of improved sanitation facilities. CLTS mobilizes communities to understand and appreciate that they, in essence, are eating their own faeces.

Once this connection is made, action to construct latrines/toilets follows. Construction of facilities, combined with proper hand washing and hygiene education, leads to Open Defecation Free (ODF) communities.

At the core of CLTS programming is a move from donor-determined and supply-driven approaches to community-led and demand-driven approaches.

CASE STUDY: Communities in Mozambique lead the way to safe sanitation. In Mozambique, as in many countries in sub-Saharan Africa, waterborne diseases caused by poor sanitation and hygiene are still among the top killers of children under age 5. These children are especially vulnerable to diarrhoeal dehydration.

Within Dewe Village, located in central Mozambique, a quiet but dramatic transformation took place. Every family in the village constructed a toilet that they now use. This community is now declared ODF, and diarrhoea cases have been reduced dramatically.

Using a demonstration that illustrated the dangers of faecal contamination in food and water, the community understood that their own health is intrinsically tied to sanitation. Soon, each of Dewe's 159 families started work on building their own toilet, using mud bricks, wooden planks and other readily available materials.

“We sat down as leaders and studied, and then we built latrines,” explained Mr. Mabeto, a community leader, as he visited one family to inspect their toilet. “Now no one goes to the bush,” he added. “By doing this, sickness has already been reduced.”

The flexibility afforded by using easily available building materials meant that cost would not be the excuse. “Many families would prefer to use concrete instead of wooden planks for the floor, but it is expensive,” noted Mr. Mabeto.

The toilet he inspected has mud-brick walls and a wooden plank base, sealed with soil and a removable lid to keep out flies. Outside, there is a water container with a small cup and a piece of soap. Mr. Mabeto checks the toilet to see how clean it is and reminds the children in the household to wash their hands with soap after using it.

Dewe is just one of hundreds of communities scattered across three provinces in Mozambique that have been declared ODF. They are part of an ambitious plan – the ‘One Million Initiative’ that is transforming the way poor, rural communities think about sanitation.

This focus on transforming attitudes towards open defecation is tied to improving overall health because it relies on everyone in a community – not just a few fortunate households – using latrines/toilets. The community-led approach has been adopted as part of the national sanitation plan, and other development partners are signing on, helping to ensure that it will become the standard across Mozambique.

Community-Led Total Sanitation helps foster pride and competition in communities to achieve and sustain their Open Defecation Free status.

WHAT WORKS: Understanding what motivates people to act in a certain way and then finding ways to capitalize on those motivations to stimulate the demand for facilities. Communities should take the lead, utilizing innovative practices most suited to local needs. Community members should feel a sense of ownership and pride.

WHAT DOES NOT: A top-down approach. Programmes planned and implemented exclusively by central authorities often lack the flexibility and cultural sensitivity required to respond well to local needs. Approaches lacking community participation are rarely sustainable.

2. Water, sanitation and hygiene education in schools (WASH in Schools)

Every child deserves to be in a school that provides safe water, healthy sanitation and hygiene education. Water, sanitation and hygiene education in schools – known as WASH in Schools – provides:

- Clean water for drinking and washing.
- Dignity and safety through ample latrines or toilets and washstands, separate for girls and boys.
- Education for good hygiene.
- Healthy school environments through safe waste disposal.

CASE STUDY: *Student-run WASH club promotes proper sanitation and hygiene practices in Ethiopia*

Harmukayle Haji Mumin School's water, sanitation and hygiene (WASH) club in Harmukayle, Shinile Zone, helps maintain the water taps and the separate boys' and girls' toilets.

"Our duties as part of the WASH club include ensuring the proper use of the water and toilet facilities in our school," said student Kadr Hassen, age 15. "We use the morning line-up before the start of classes to inform the students about sanitation and hygiene practices, including the importance of hand-washing with soap. We encourage students to take responsibility for the facilities and make sure they are kept clean.

"Every week we organize a group to clean the toilets. As a result, our school toilets are kept clean and students feel comfortable using them, which is a big change from before when the toilets would get so dirty nobody wanted to use them."

WASH in Schools significantly reduces sanitation-related disease, increases students' attendance and learning achievement, and contributes to dignity and gender equality. And ultimately, it supports children's dreams and aspirations. Another student in the school, Firdoze Ali, age 13, said: "I am the first girl in my family to go to school and my dream is to be a doctor when I grow up. There is no doctor in Harmukayle, and I want to be able to fulfil this important service for my community." Adequate sanitation can help her reach this goal.

WHAT WORKS: Reaching schoolchildren. Schools are one of the best places to teach good sanitation practices (such as using a clean latrine), and childhood is the best time to learn about this. Good habits developed during childhood can last a lifetime and are likely to be passed on to the next generation. The participation of women and girls is key, and they should have a leading role as sanitation promoters and educators.

WHAT DOES NOT: Ignoring the family as a whole. Keeping the home sanitary is difficult unless all family members learn about good sanitation and hygiene.

3. The equity-focused approach

Adequate sanitation is a fundamental human right that significantly impacts and determines quality of life. It is clear that progress in sanitation is inequitable between rich and poor households, and urban and rural communities, among others.

Ethnic minorities and other marginalized groups, as well as women and children, continue to be disproportionately affected by poor WASH services. Using approaches such as Community-Led Total Sanitation, which focus on improving the sanitation situation for entire communities, help ensure that no one is left behind.

The equity-focused approach will accelerate progress, it is more cost-effective and sustainable particularly in low income, high mortality countries.

Reaching the most vulnerable

There is a tremendous need to fast-track basic sanitation in settlements of the urban poor.

Although considerable improvements have been made in densely populated urban environments, they are failing to keep pace with the growing ranks of the urban poor.

Poor people and poor countries must get priority in the efforts to provide access to sanitation.

CASE STUDY: *Improving sanitation and hygiene in a slum area of Dhaka, Bangladesh*

Recent data show that people living in urban slums in Bangladesh have very limited access to safe water, sanitation and waste management. Only 8.5 per cent of households in slum areas are using improved sanitation facilities. Increasing urbanization and growing inequities between the urban rich and poor only exacerbate this already dire situation.

To address these challenges, a year-long initiative called the Mirpur-Rupnagar Water, Sanitation and Hygiene Upgrading Project was started. This project aimed to promote hygiene awareness and rebuild vital water and sanitation infrastructure within these densely populated urban environments.

Ms. Dolly Ahkter, a young hygiene monitor volunteer living in the Rupnagar, checks to see if families and neighbours are keeping up with safe hygiene practices. "We go door-to-door and try to promote hygienic behaviour," she said.

By providing hygienic and private latrines and bathing areas, women were afforded the right to safe and adequate sanitation facilities. This project has also helped reduce waterborne diseases, particularly in children.

Improving sanitation facilities for the urban poor, especially in slum areas, represents a strategic step towards poverty alleviation.

WHAT WORKS: Political will is essential. Governments must rally all sectors of society to the cause of improved sanitation. Sanitation programmes should cut across government divisions, and local authorities and communities should be encouraged to develop their own plans.

WHAT DOES NOT: Ignoring sanitation issues. This sometimes happens because they are seen as embarrassing. Improvements to sanitation and hygiene behaviour have often lost out to other social services, including provision of safe water. In addition, it is commonly believed that safe excreta management requires large quantities of water. But disposal systems are available that require little water or none at all.



V. Frequently asked questions

Q: What do we mean by 'sanitation'?

ANSWER: The first challenge for most countries is to define what sanitation really means. The second challenge is to decide what aspects are most important.

Sanitation, as a whole, covers everything from safe collection and disposal of human excreta (faeces and urine) to the management of solid waste (trash). The Drive to 2015 focuses on the collection and safe disposal of excreta.

Each community, country or region must find the most sensible and cost-effective way to approach sanitation, both in the short and long term. The next crucial step is to establish appropriate national plans and priorities – and then implement them!

It is important to understand that sanitation can act at different levels, protecting individuals, the household, the community and society. In the case of latrines, it is easy to see that the sanitation system acts at the household level. Poor design or inappropriate location, however, may lead to migration of waste and contamination of local water supplies, placing the community at risk. Furthermore, waterborne sewage contamination affects the entire society by causing ill health and environmental damage.

For countries with very low access to basic sanitation, the effective management of excreta at the household level may have the greatest health implications and benefits. But this may also be the biggest challenge. In other cases, for example, in a particularly congested urban community, some form of off-site sanitation (providing drainage through sewers) may be the only viable choice. In other countries or communities, a more complete solution might include a focus on protecting the environment.



Q: What do we mean by ‘open defecation’?

ANSWER: Open defecation is defined as defecation in fields, forests, bushes, bodies of water or other open spaces.

Q: How realistic is it to change entrenched habits such as open defecation?

ANSWER: Numerous examples of successful change exist. More and more communities pride themselves on achieving Open Defecation Free status. Approaches that reach out to households, such as Community-Led Total Sanitation²⁴, combined with providing local solutions and sustainable services, are a first step towards changing unhealthy habits.

Additionally, teaching schoolchildren facts about health risks and safe hygiene practices helps them develop essential life skills that they can share with their families. These life skills also enable them to acquire and maintain healthy lifestyles and prepared them to take greater responsibility for their lives as they become adults with families of their own.

Q: What do successful sanitation programmes have in common?

ANSWER: Community-driven programmes that utilize local, sustainable technologies, coupled with an enabling environment and good partnerships between the public and private sectors, are the key factors in achieving universal sanitation and eliminating open defecation.

²⁴ For more information please visit www.communityledtotalsanitation.org

Q: What do we mean by sustainable sanitation?

ANSWER: The main objective of a sanitation system is to protect and promote human health by providing a clean environment and breaking the cycle of disease. In order to be sustainable, a sanitation system must be economically viable, socially acceptable, and technically and institutionally appropriate. It should also protect the environment and help preserve natural resources.

Q: Why does sanitation matter?

ANSWER: Lack of improved sanitation is a global crisis directly impacting health, education, productivity and economic status. Improved sanitation, on the other hand, is often the catalyst that can propel a family out of poverty.

Improved sanitation and hygiene education will speed achievement of all the Millennium Development Goals . Providing universal and equitable access to sanitation will help eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality (the rate of deaths among children under age 5); improve maternal health; combat HIV and AIDS, as well as malaria and other diseases; and ensure environmental sustainability.

Sanitation is not a technical challenge

Most basic sanitation technologies are not expensive. Engineers all over the world know how to build hygienic toilets and sewer networks that provide sustainable sanitation.

Those facing the problems of inadequate sanitation, however, are rarely aware of either the origin of their ills or the true costs of their deficit. As a result, those without sanitation are hard to convince of the need to invest scarce resources in sanitation facilities, or of the critical importance of changing long-held habits and unhealthy behaviours.

Consequently, the people's representatives – governments and elected political leaders – rarely give sanitation or hygiene improvements the priority that is needed to tackle the massive sanitation deficit faced by the developing world.

Q: What is the size of the problem?

ANSWER: We don't have much time to reach MDG target 7c, which aims to halve, by 2015, the proportion of people living without sustainable access to safe drinking water and basic sanitation. At the current rate of progress, there will still be 2.4 billion people without access to improved sanitation in 2015.²⁵ To achieve universal access will take even longer.

The number of people who defecate in the open has been reduced by 271 million since 1990. Yet open defecation is still practised by 1.1 billion, or 15 per cent of the global population.²⁶

Q: What diseases are associated with poor sanitation?

ANSWER: Human excreta can transmit many infectious diseases between people, including cholera, typhoid, hepatitis, polio, and cryptosporidiosis and rotavirus (which cause diarrhoeal disease).

Undernutrition, pneumonia and worm infections are also associated with unsafe water, poor sanitation and hygiene – resulting in reduced physical growth, weakened physical fitness and impaired cognitive functions, particularly among children under age 5.

Infectious agents are not the only health concerns associated with waste water and excreta. Heavy metals, and toxic organic and inorganic substances, can pose serious threats to human health and the environment, particularly when industrial wastes are added to the waste stream.

Q: How does inadequate sanitation hinder a child's right to education?

ANSWER: Without adequate and separate sanitation facilities in schools, attendance for girls is extremely difficult, especially after they begin to menstruate. When children suffer from illnesses (such as diarrhoea) they are less alert in class and attendance is poor. They are also more likely to suffer from malnutrition and stunting, which in turn undermines cognitive development and learning.

25 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, 2012, p. 2.

26 *Ibid.*, p. 66 (back cover).

Q: Are both the MDG drinking-water and sanitation targets achievable?

ANSWER: The world has met the MDG target of halving the proportion of the population without access to safe drinking water. However, current trends show that the MDG sanitation target will likely be missed by almost 2.4 billion people.²⁷

Regarding open defecation – the riskiest practice – there is some good news. The proportion of the world's population that practises open defecation is on the decline.

Q: What are the reasons for slow progress on sanitation?

ANSWER: A lack of understanding at the individual, community and policymaking levels regarding adequate sanitation is at the heart of this issue.

Although most people are aware that poor sanitation is harmful to health, many are not aware of the magnitude of the negative effects. Due to other pressing needs such as food supply, education, medical emergencies and armed conflict, improving sanitation is often low on the list of government priorities.

Sanitation is usually paired with safe water as a single development goal, but water has traditionally received more emphasis and a larger share of resources. Of the total aid for sanitation and drinking water, sanitation receives only 37 per cent of funding. The breakdown of country expenditures for sanitation and drinking water shows that funding for drinking water is often three or more times higher than that for sanitation.²⁸

Due to the lack of clearly identified institutional responsibilities, sanitation and hygiene education are especially difficult to place as a priority. Poorly defined roles for the appropriate authorities result in the merging of sanitation with drinking water services and the perception in some countries that sanitation is mainly a household issue.

Additionally, society regards untreated excreta as an issue that is deeply disgusting, culturally unacceptable or, at best, an insignificant problem.

²⁷ Ibid., p. 2.

²⁸ United Nations Children's Fund, 'Water, Sanitation and Hygiene', www.unicef.org/media/media_45481.html, accessed 27 July 2012.

Q: What are the economic benefits of investing in sanitation?

ANSWER: Financing for sustainable sanitation is an investment in human development that yields high economic returns. Improved sanitation in developing countries yields an average of about US\$5.50 for every US\$1 spent. Increased literacy among women and girls, as a result of increased school attendance where proper sanitation facilities exist, is just one of the factors that contribute to economic growth.

Inadequate sanitation leads to a number of economic disadvantages, including higher medical costs and lost household income due to reduced productivity. Sanitation also leads to time and effort lost due to distant or inadequate sanitation facilities, reduced income from tourism due to higher risks of contamination and disease, and weakened resilience for withstanding extreme weather conditions.

Q: How does sanitation affect the environment?

ANSWER: Inadequate sanitation, particularly in urban areas, allows sewage or waste to flow directly into streams, rivers, lakes and wetland, affecting coastal and marine ecosystems, fouling the environment and exposing millions of children to disease.

Improved sanitation reduces environmental burdens, increases the sustainability of environmental resources and allows for a healthier, more secure future for the population.

Q: What are some of the challenges developing countries and donors face in meeting the MDG targets on sanitation?

ANSWER: Eliminating disparities in access to sanitation is essential to achieving access for all. Despite the fact that billions have gained access to improved sanitation, distribution to access is far from equitable. The poorest populations have barely benefited from sanitation improvements. An analysis of data from 35 countries in sub-Saharan Africa, for example, shows significant differences between the poorest and richest. More than 90 per cent of the richest quintile in urban areas use improved sanitation. In the poorest rural quintile, just 42 per cent have access to improved sanitation facilities.²⁹

²⁹ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 39.



In addition, rapid population growth and climate change, such as the increase in drought, flooding and other natural disasters, also hinder progress.

Q: Whose responsibility is it to provide sanitation?

ANSWER: A government's role in providing sanitation is to set policy and regulate the sector to ensure a clean and healthy living environment for its people. At the same time, individuals and households bear responsibility for their own well-being by adopting improved sanitation and hygiene practices. The private sector also plays a role. A combined and united front is key.

Q. What should governments be doing?

ANSWER: Every government should have a national plan of action that indicates how it is going to keep on track, or speed up, to meet the MDG target. These plans should include innovative local solutions that are sustainable and affordable for the poorest communities. At the national level, create coordinated inter-sectoral plans and policies with adequate budget allocations. At the local level, provide effective delivery of services, including operation and maintenance of existing systems.



Q: What is being done on the ground to help?

ANSWER: Pro-poor, affordable and sustainable sanitation programmes that prioritize the rural areas in developing countries are being implemented around the world. Effective programmes include a focus on:

- Improving sanitation, ensuring privacy and dignity for women and girls, and enhanced health for all.
- Promoting improved hygiene practices, especially hand washing with soap.
- Supporting WASH in Schools to improve learning environments with separate sanitation facilities for boys and girls.
- Building capacities in communities and partners for sustaining hygienic practices and access to facilities.
- Enhancing children's participation in WASH activities.



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mwen santi'm Konta

Q: What are the options for controlling excreta?

ANSWER: Pro-poor, affordable and sustainable sanitation programmes are being implemented around the world. Effective programmes include a focus on:

- **On-site disposal.** On-site systems, e.g., latrines/toilets, store and/or treat excreta at the point of generation. They include ventilated improved pit latrines or toilets, pour-flush toilets and septic tanks.
- **Off-site disposal.** In off-site systems, e.g., sewerage, excreta is transported to another location for treatment, disposal or use. In more densely packed areas, sewerage systems are frequently used to transport waste off site to a location where it can be treated for disposal.
- **Waste-water and excreta treatment.** Before it can be safely reused or disposed of, waste needs to be treated to remove or inactivate pathogens. Many on-site waste-disposal methods treat excreta by storing it for enough time to kill the pathogens. Most off-site strategies, and some on-site systems, require waste to be treated at a facility before it can be safely used or released into the environment.



Key links and resources

The following resources will help you understand the issues related to the Drive to 2015, and provide useful data when you are collecting information and documenting sanitation problems – and solutions.

Reference sources for debates and discussions

WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, www.wssinfo.org

Also see – ‘Progress on Drinking Water and Sanitation: 2012 update’,
www.who.int/water_sanitation_health/publications/2012/jmp_report/en

WASH in Schools – IRC International Water and Sanitation Centre/UNICEF,
www.washinschools.info

UNICEF, www.unicef.org/wash/schools

Joint Call to Action, WASH in Schools mapping site,
www.washinschoolsmapping.com

Soap, Toilets and Taps: A foundation for healthy children – How UNICEF supports water, sanitation and hygiene, UNICEF 2009,
www.unicef.org/eapro/activities_10451.html

Progress for Children: A Report Card on Water and Sanitation (No. 5), UNICEF 2006, www.unicef.org/publications/index_35977.html

Meeting the MDG Drinking-Water and Sanitation Target: The urban and rural challenge of the decade, WHO and UNICEF, 2006,
www.who.int/water_sanitation_health/monitoring/jmp2006/en/index.html

Water for Life: Making it happen, WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, 2005,
www.who.int/water_sanitation_health/monitoring/jmp2005/en/

The State of the World's Children 2008: Child Survival, UNICEF,
www.unicef.org/sowc08/index.php

Monitoring and statistics

UNICEF Child Info web page on Sanitation, www.childinfo.org/sanitation

WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, for information related to water supply and sanitation,
www.wssinfo.org

WASH in Schools – IRC International Water and Sanitation Centre/UNICEF,
www.washinschools.info

UNICEF, www.unicef.org/wash/schools

Joint Call to Action, WASH in Schools mapping site,

www.washinschoolsmapping.com

Sustainable Sanitation Alliance (SusSanA), www.susana.org

Sanitation and Water for All, www.sanitationandwaterforall.org

Sustainable Sanitation: The Drive to 2015, www.sanitationdrive2015.org

Annex 1: History and background

The Sanitation Drive to 2015

The Drive to 2015 is an advocacy vehicle to keep sanitation high on the political agenda, promote national coordination and improve sanitation monitoring in an effort to meet the sanitation target.

The campaign aims to invigorate, galvanize and refocus international, regional and national activities in the field of sanitation and maintain the momentum through raising awareness and facilitating action.

Access to sanitation

Worldwide total = 63%
Developed world = 95%
Developing world = 56%

Global population still practising open defecation = 15%

The Five-Year Drive to 2015 was officially adopted by the United Nations General Assembly in Resolution A/RES/65/153, on 20 December 2010. It now serves as a tool for engaging countries as well as non-state stakeholders for improving access to sanitation worldwide.

It was proposed that the Drive to 2015 would be managed in conjunction with the UN-Water Thematic Priority Area on Water Supply and Sanitation. The idea is that existing and planned activities are given higher visibility and achieve better synergies with other initiatives.

The UN-Water Thematic Priority Area on Water Supply and Sanitation is coordinating the Drive to 2015 to ensure that it complements and builds upon other efforts to provide sustainable sanitation for all.

MDG sanitation target 7c

In September 2000, the United Nations General Assembly adopted the eight Millennium Development Goals (MDGs) and related targets that challenge the global community to reduce poverty and increase the health and well-being of all people. For information about the MDGs, see www.un.org/millenniumgoals.

In September 2002, the World Summit on Sustainable Development, in Johannesburg, reaffirmed these goals and added access to MDG sanitation target 7c, which aims to halve, by 2015, the proportion of people without access to basic sanitation. To find out more on the 2002 Summit on Sustainable Development, see www.un.org/jsummit.

Despite significant efforts by governments, progress on the sanitation target has been slow and uneven. Recognizing the impact of sanitation on public health, poverty reduction, economic and social development, and the environment, the General Assembly declared 2008 as the **International Year of Sanitation**. The objective was to raise awareness and accelerate progress towards the sanitation MDG target.

In July 2010, the General Assembly declared safe and clean drinking water and sanitation to be a human right essential to the full enjoyment of life and all other **human rights**.

On 20 December 2010, the United Nations General Assembly adopted a resolution calling on all Member States to support the Drive to 2015 “by redoubling efforts to close the sanitation gap.” The resolution established a global push – Sanitation Drive to 2015 – to focus attention on the Goal and to mobilize political will, as well as financial and technical resources. The resolution also made history by **calling for an end to open defecation**, the most dangerous sanitation practice for public health.¹

¹ Resolution adopted by the General Assembly 64/292, ‘The human right to water and sanitation’, A/64/L.63/Rev.1, Sixty-fourth session, Agenda item 48, 3 August 2010; and the Resolution adopted by the Human Rights Council, ‘Human rights and access to safe drinking water and sanitation’, A/HRC/15/L.14, Fifteenth session, Agenda item 3, 24 September 2010. Also see, www.un.org/News/Press/docs/2010/ga10967.doc.htm.

Annex 2: Sample press materials

SAMPLE PRESS RELEASE

Improved sanitation coupled with hygiene education is a life-saving combination.

Big or small – sanitation for all!

[INSERT COUNTRY AND DATE]:

More than 2.5 billion people – roughly 37 per cent of the world's population – lack what many of us take for granted: access to adequate sanitation. In the developing world, half the population does not have adequate sanitation.

More than a billion people practise open defecation – using fields, forests, bushes, bodies of water or other open spaces instead of latrines or toilets. [ADD LOCAL DATA]
But this situation can be changed!

The Sanitation Drive to 2015 offers an opportunity for immediate, effective action.

[ADD A QUOTE – quoting someone from your country or community can be very effective.]

The Sanitation Drive to 2015 aims to:

- Increase awareness about the importance of ensuring sustainable sanitation for all.
- Keep sanitation at the forefront of all development agendas and discussions.
- Promote informed decision making at the national and international levels.

The good news is that affordable and practical solutions exist, and there are plenty of sanitation success stories. Sustainable technologies that

ensure the complete isolation or treatment of human excreta have the highest health and environmental benefits.

The United Nations General Assembly recently declared sanitation as a human right. **For billions of people around the world**, improving access to sanitation will:

- Ensure better health.
- Ensure environmental sustainability.
- Increase wealth and productivity.
- Provide privacy, dignity and safety.

With collective urgency and action, we can end open defecation and achieve universal access to improved sanitation. But action must start now!

Follow us on Twitter, at <https://twitter.com/sanitation2015>, and on the Facebook page at 'Sanitation Drive to 2015'. **For more information, please contact:**

[ADD YOUR INFORMATION HERE]

About the Sanitation Drive to 2015

The Sanitation Drive to 2015 builds on the United Nations resolution endorsed by all Member States in 2010 – calling for redoubled efforts to meet the Millennium Development Goal sanitation target. UN-Water, which includes 30 United Nations entities and 22 partners working on water and sanitation issues, is coordinating the work. Civil society groups around the globe have pledged their support. For more information, visit www.sanitationdrive2015.org.

About XXXX [enter information about your organization]

SAMPLE MEDIA ADVISORY

We must invest now to safeguard our future generations.
Big or small – sanitation for all!

WHO: [ADD ATTENDEES AND SPECIAL GUESTS]

WHAT: A special event for the Sanitation Drive to 2015 – to promote life-saving action to build resources and promote greater political commitment to sanitation for all.

WHERE: [ADD VENUE]

WHEN: [ADD TIME AND DATE]

WHY:

Across the world, countless people are working to solve the sanitation crisis. Leadership and political priorities matter. The world can no longer afford to overlook sanitation issues.

Access to improved sanitation is closely linked with all of the Millennium Development Goals and supports the right to survival, health and human dignity. This event is designed to increase global momentum and resources to reach the MDG sanitation target by 2015.

For interview requests and further information, please contact:
[ADD YOUR INFORMATION HERE]

About the Sanitation Drive to 2015

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About XXXX [enter information about your organization]

Annex 3: Sanitation Drive to 2015 fact sheets

The following pages provide fact sheets for each of the five cornerstones of Sanitation Drive to 2015. These fact sheets are designed as stand-alone materials that can be printed as presented or adapted to your local context.

- 1. Sanitation for all: Making the right a reality**
- 2. Sanitation is a good economic investment**
- 3. Sanitation brings dignity, equality and safety**
- 4. Sanitation is vital for good health**
- 5. Sanitation sustains clean environments**

Sanitation for all: Making the right a reality

Almost 40 per cent of people in the world still lack access to improved sanitation. Currently, 2.5 billion people without a proper toilet are at risk of poor health and enjoy few economic opportunities. They often live in degraded environments and are being denied a basic human right. Access to basic sanitation is not a charitable impulse, it is a legal entitlement. The Sanitation Drive to 2015 urges governments and other stakeholders to make this right a reality.

Sanitation is a human right

In 2010, the United Nations General Assembly and the Human Rights Council recognized clean drinking water and safe sanitation to be a human right essential to the full enjoyment of life and all other human rights.¹

Declaring that access to sanitation and water is a human right constitutes an important step towards making it a reality for everyone. It means that:

- Access to basic sanitation and safe water is an entitlement, rather than a commodity or a service provided on a charitable basis.
- Progress on access to basic sanitation must be accelerated.
- Efforts should focus on those least served, including the hardest to reach and most vulnerable.
- Communities and vulnerable groups need to be empowered and engaged in decision-making processes.
- The means and mechanisms available within the United Nations human rights system should be used to monitor nations' progress towards realizing the right to water and sanitation, and to hold governments accountable.

¹ Resolution adopted by the General Assembly 64/292, 'The human right to water and sanitation', A/64/L.63/Rev.1, Sixty-fourth session, Agenda item 48, 3 August 2010; and the Resolution adopted by the Human Rights Council, 'Human rights and access to safe drinking water and sanitation', A/HRC/15/L.14, Fifteenth session, Agenda item 3, 24 September 2010.

Common misconceptions regarding the human right to sanitation

Misconception	Clarification
The right entitles people to free sanitation.	Sanitation services need to be sustainable and affordable for all. People are expected to contribute financially or otherwise to the extent that they can.
The right entitles everyone to a household service.	Sanitation facilities need to be within, or in the vicinity of, the household and can include facilities such as pit latrines.
A country is in violation of the right if not all of its people have access to sanitation.	The requirement is that governments take steps to progressively realize the right, using the maximum resources available.

Open defecation is the most extreme manifestation of poor sanitation

The Sanitation Drive to 2015 focuses on ending open defecation, defined as defecation in fields, forests, bushes, bodies of water or other open spaces.

Today, 1.1 billion people – 15 per cent of the world’s population – have no alternative other than to practise open defecation, the most extreme manifestation of poor sanitation.² It disproportionately affects the poorest and most marginalized and is strongly related to the spread of major killer diseases such as diarrhoea.

Why is defecating in the open an affront to human rights? Catarina de Albuquerque, the United Nations Special Rapporteur on the human right to safe drinking water and sanitation, explains: “Dignity closely relates to self-respect, which is difficult to maintain when being forced to squat down in the open, with no respect for privacy, not having the opportunity to clean oneself after defecating and facing the constant threat of assault in such a vulnerable moment.”³

² WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children’s Fund and World Health Organization, New York and Geneva, 2012.

³ Human Rights Council, ‘Promotion and Protection Of All Human Rights, Civil, Political, Economic, Social And Cultural Rights, Including The Right to Development’, Report of the independent expert on the issue of human rights obligations related to access to safe drinking water and sanitation, Catarina de Albuquerque, 1 July 2009, p. 19.

Take action!

Concerted action is needed if we are to transform the right to water and sanitation into a reality.

In 2010, the United Nations called for a redoubling of efforts towards meeting the MDG targets and lent its support to a global effort – the Sanitation Drive to 2015. The Drive to 2015 advocates for increased political focus on sanitation, better targeting of funding, coordinated efforts based on proven successes, involvement of communities and individuals in decision making, and efforts to ensure that all people have access to information and services.

Importantly, it focuses on ending open defecation. The Sanitation Drive urges us all to tackle this inequity by giving priority to the poorest and most marginalized populations.

Take action for sanitation by kick-starting your own Sanitation Drive to 2015 campaign!

Visit www.sanitationdriveto2015.org to:

- Find an online toolkit that includes the Planners' Guide, fact sheets, postcards and more ideas for making your campaign successful.
- Share your success stories and nominate 'Sanitation Drivers' who have been leaders in ending open defecation and promoting sanitation. See www.sanitationdrive2015.org/take-action/be-a-sanitation-driver for more information.

About the Sanitation Drive to 2015

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Sanitation is a good economic investment

The Sanitation Drive to 2015 calls on all countries to increase investments, while better targeting funding to meet Millennium Development Goal (MDG) target 7c – to halve, by 2015, the proportion of the population without sustainable access to basic sanitation. For both social and economic development, sanitation is an excellent economic investment, yielding an average return of US\$5.50 for every dollar invested.¹

Toilets increase national gross domestic product (GDP)

In the past, it was difficult to prove that the lack of proper toilets curbs economic growth. Today, a number of studies indicate strong links between sanitation coverage and a range of sectors that drive economic growth. These 'bottom-line' numbers highlight the cost of poor sanitation and are starting to gain the attention of finance ministers and decision makers.

Toilets represent a business opportunity

Worldwide, 2.5 billion people do not have a safe toilet.² Many of them are willing to pay for improved sanitation services. They represent a vast market, with the potential to generate substantial revenues for entrepreneurs who offer affordable and sustainable sanitation solutions.

Business opportunities exist on several levels. The most apparent opportunity is in construction of new latrines and facilities, which provides jobs for masons, construction workers, labourers, painters, and tile producers and installers.

The safe reuse of urine and composted faeces as fertilizer holds potential for multiple economic benefits in a local economy, while reducing unsafe reuse practices that have adverse health consequences. Treating human waste for biogas to produce cooking fuel can create jobs, while providing a much-needed service. It also improves indoor air quality, which accounts for a significant proportion of acute respiratory infections in women and children.

¹ Hutton, Guy, and Laurance Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level*, World Health Organization, Geneva, 2004.

² WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 'Progress on Drinking Water and Sanitation: 2012 update', United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 15.

Toilets reduce health costs

The numbers are striking. If even a fraction of the money spent dealing with health problems caused by poor sanitation was directed to improving sanitation services and changing behaviour, many more people would be enjoying a healthier life. Hygiene and sanitation are among the most cost-effective public health interventions. More children die of diarrhoea, a preventable condition directly linked to faecal exposure, than of AIDS, malaria and measles combined.³

Even when diarrhoea does not kill, it severely debilitates, making people – particularly children – more susceptible to a host of illnesses, including acute respiratory infection and chronic undernutrition. This undermines school attendance and economic productivity. The cost of treating diarrhoeal disease drains national budgets and family incomes. Preventing diarrhoea relieves government and personal financial burdens and frees resources for development objectives.

Toilets make education investments go further

Many developing countries are increasing education spending to meet the MDG targets for universal

How much is poor sanitation costing countries?

The World Bank's Water and Sanitation Programme recently assessed the annual economic impact of poor sanitation in a range of countries, and concluded that the costs were equivalent to:

- US\$448 million in Cambodia, around 7.2 per cent of the GDP.^a
- US\$53.8 billion in India, around 6.4 per cent of the GDP.^b
- US \$6.3 billion in Indonesia, around 2.3 per cent of the GDP.^a
- US\$17.5 million in Liberia, around 2.0 per cent of the GDP.^c
- US\$4.2 billion in Pakistan, around 6.3 per cent of the GDP.^b
- US\$3 billion in Nigeria, around 1.3 per cent of the GDP.^c

In Africa, the majority of these costs to production come from annual premature deaths, including children under age 5, due to diarrhoeal disease.

Other significant costs are productivity losses from poor sanitation, and time lost through the practice of open defecation.

a. Water and Sanitation Programme, *Economic Impacts of Sanitation in Southeast Asia – A four-country study conducted in Cambodia, Indonesia, the Philippines and Vietnam under the Economics of Sanitation Initiative*, WSP, Jakarta, 2008.

b. Water and Sanitation Programme, 'South Asia: Economics of Sanitation Initiative'. www.wsp.org/wsp/content/south-asia-economic-impacts-sanitation, WSP, 2012, accessed 17 July 2012.

c. Water and Sanitation Programme, 'Africa: Economics of Sanitation Initiative', www.wsp.org/wsp/content/africa-economic-impacts-sanitation, WSP, 2012, accessed 17 July 2012.

3 United Nations Children's Fund and World Health Organization, *Diarrhoea: Why children are still dying and what can be done*, UNICEF and WHO, New York and Geneva, 2009, p. 1.

primary school completion. For a host of reasons, that spending will have more impact if some money goes towards providing toilets for students and teachers, with separate facilities for girls.

Each year, children lose 272 million school days due to diarrhoea.⁴ Children enduring intense whipworm infections are absent from school twice as much as their worm-free peers. Not only do these illnesses rob children of school attendance and achievement, they have a negative impact on their development. The average IQ loss per worm infection is 3.75 points, representing 633 million IQ points lost for the people who live in low-income countries⁵ – thereby impacting on their countries' development potential and deepening the cycle of poverty. Knowledge on disease transmission indicates that 100 per cent of infections caused by soil-transmitted parasitic worms can be prevented with adequate sanitation, hygiene and water.⁶

Girls are often reluctant to attend school, and parents are disinclined to send them, if there are no safe, private toilets for them to use. This is particularly true once menstruation has begun. School environments that encourage girls to stay in school have far-reaching implications for women's health and a nation's economy.⁷ In developing countries, each 1 per cent increase in female secondary schooling typically results in a 0.3 per cent increase in economic growth.⁸

Toilets protect water – clean water generates wealth

Poor sanitation limits the impact of efforts to improve drinking-water quality. The risks of water contamination during household storage and handling sharply increase in environments that lack toilets.

Contamination of local water resources used to supply drinking water can lead to unnecessary investment in more distant and expensive sources. Water resources are an important asset. Polluted rivers and lakes near urban centres often mean

4 Hutton, Guy, and Laurance Haller, *Evaluation of the Costs and Benefits of Water and Sanitation Improvements at the Global Level, Water, Sanitation and Health Protection of the Human Environment*, World Health Organization, Geneva, 2004.

5 World Health Organization, *Report of the Third Global Meeting of the Partners for Parasite Control: Deworming for health and development*, WHO, Geneva, 2004, p. 15.

6 Bethony, Jeffrey, et al., 'Soil-Transmitted Helminth Infections: Ascariasis, trichuriasis, and hookworm', *The Lancet*, vol. 367, no. 9521, 6 May 2006, pp. 1521–1532.

7 Global Call to Action for WASH in Schools, *Raising Clean Hands: Advancing learning, health and participation through WASH in Schools*, United Nations Children's Fund, New York, 2010, p. 11.

8 Chabaan, Jad, and Wendy Cunningham, *Measuring the Economic Gain of Investing in Girls: The girl effect dividend*, Policy Research Working Paper 5753, World Bank, Washington, D.C., 2011.

that more distant reservoirs must be tapped, or built, in order to meet the growing needs of urban populations for clean water. Avoiding pollution of nearby water sources can reduce new construction and transport costs.

Agriculture, fish farming, energy production and large-scale industrial processes, all suffer economic from the increased treatment and other costs due to water pollution by faecal contamination.

The travel and tourism industry is one of the largest and most dynamic industries in today's global economy, expected to have generated about 9 per cent of total GDP and provided for more than 260 million jobs in 2011.⁹ This represents 8 per cent of global employment. Because health, safety and aesthetic considerations heavily influence people's choice of a holiday destination, good sanitation is a prerequisite for a thriving tourism sector.

Take action!

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⁹ World Travel and Tourism Council, 'Travel & Tourism: Economic impact 2012 – World', WTTC, London, 2012, p. 1.

Sanitation brings dignity, equality and safety

It is estimated that 2.5 billion people, nearly 40 per cent of the world's population, live without proper sanitation. More than 1.1 billion people have no sanitation facilities at all. Instead of using a toilet, they defecate in fields, forests and other open spaces.¹ Others resort to buckets or plastic bags that get thrown in ditches, along the roads or in bodies of water. Sanitation will provide them with dignity, equity and safety – and ultimately human rights.

Providing dignity for women and girls

While having a toilet is important for everyone, access to safe, clean toilets brings particular benefits to women and girls. Sexual harassment and rape are a risk for many women who wait until nightfall and seek the privacy of darkness to relieve themselves. Freed from the need to defecate in the open, they no longer have to suffer the indignity of physical and verbal abuse or humiliation.

Women and girls don't need toilet facilities just for defecation; they also need privacy and dignity when menstruating. Menstruation, pregnancy and the post-natal period become more problematic if women have nowhere to adequately take care of themselves.

Separate toilets at school mean more girls are likely to attend in the first place, and more girls are likely to stay on after puberty to complete their education.

Women place a higher value on access to private sanitation facilities than men but often remain unheard.² There is a real need for facilities that meet women's physical and psychological demands and preferences, and these can be readily achieved by including women in the design and placement of these facilities.

¹ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 15.

² United Nations Human Rights Office of the High Commissioner, 'Women and Girls and Their Right to Sanitation', www.ohchr.org/EN/NewsEvents/Pages/Womenandgirlsrighttosanitation.aspx accessed, 17 July 2012.

Protecting people who are disabled, elderly or sick

Some of the poorest and most marginalized people in the world are those with physical disabilities, the elderly, and those with HIV and AIDS or long-term illnesses. These people are also the ones whose needs are often overlooked.

Disabled people face social hurdles in the form of prejudice, pity or stigma from other members of the community. Because they are frequently unable to negotiate obstacles in the natural or human-made environment, their social isolation can be mirrored by physical isolation. Access to improved sanitation is fundamental to ensuring the dignity, safety and equality of this group of people and to enhance their social inclusion.

Additionally, sanitation can also play an important role in reducing the risks of associated infections. It can greatly improve quality of life, and make home-based care for people living with HIV and AIDS, and chronic illnesses, easier and more dignified.

The equity imperative

The primary focus of the SanitationDrive to 2015 is on ending open defecation. Open defecation, the most extreme manifestation of poor sanitation, is an immense problem. It is also a practice where inequalities between different social groups are starkly evident.

Significant inequalities – between and within countries

The WHO/UNICEF Joint Monitoring Programme (JMP) on Water Supply and Sanitation publishes estimates of global access to water supply and sanitation services every two years. The latest report, in 2012, indicates that 2.5 billion people worldwide do not use improved sanitation.

It also noted marked disparities between regions and countries. People in South Asia and sub-Saharan Africa have particularly poor access to sanitation. Access to improved sanitation covers only 41 per cent of the population in South Asia and 30 per cent in sub-Saharan Africa, compared with an average across all developing countries of 56 per cent.

Differences within countries

The JMP report also highlights important disparities within countries:

- Between **rural and urban** areas: 7 out of 10 people without sanitation live in rural areas.
- Between **rich and poor**: In Sierra Leone, for example, a person from the richest quintile of the population is 29 times more likely to have access to a non-shared sanitation improved facility, than a person from the poorest quintile.
- Between **ethnic groups**: Minority groups often experience poorer access to sanitation than the majority population. For example, in Latin America, disparities are often seen between indigenous and non-indigenous people.

The Drive to 2015 urges governments to tackle this inequity by giving priority to the poorest and most marginalized populations including those who are disabled, elderly or sick. It advocates for increased political focus on sanitation, better targeting of funding, coordinated efforts based on proven successes, involvement of communities and individuals in decision making, and efforts to ensure that all people have access to information and services.

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Sanitation is vital for good health

Globally, diseases caused by exposure to our faeces are making us sick. Diarrhoea is not the only health effect of poor hygiene and sanitation – cholera, dysentery, worms, trachoma, pneumonia and malnutrition, to name just a few, could also be reduced through improved sanitation and hygiene.

More than 800,000 children under age 5 die every year due to diarrhoeal diseases.¹ Diarrhoea is caused when the pathogens present in our faeces end up in our stomachs.

This happens when we do not

wash our hands after using a latrine or toilet, or before we prepare and eat food. Pathogens can also be transmitted by food, water, soil, animals and flies.

Diarrhoea, the second leading cause of deaths in children under age 5 in developing countries, is primarily due to poor hygiene and sanitation.¹

Proper sanitation and improved hygiene can build barriers to prevent the spread of these diseases. Open defecation and inadequate sanitation creates a source from which communicable diseases can spread, placing society as a whole at risk.

Diarrhoea is the second biggest killer of children under 5 in the world, despite intensive international efforts to reduce the number of deaths it causes.² Oral rehydration therapy (ORT) has more than halved the global toll of acute watery diarrhoea during the past 20 years. The remaining deaths are increasingly due to persistent and bloody diarrhoea, which does not respond to ORT. For these, the best cure is prevention – through better hygiene and sanitation.

1 United Nations Children's Fund, *Pneumonia and Diarrhoea: Tackling the deadliest diseases for the world's poorest children*, UNICEF, New York, 2012, p. 8.

2 World Health Organization, 'Diarrhoeal Disease', www.who.int/mediacentre/factsheets/fs330/en/index.html, 17 July 2012.

Diarrhoea is closely linked to undernutrition, a condition that is associated with more than a third of all deaths among children under age 5.³ Repeated episodes of diarrhoea and parasite infections lead to reduced absorption of nutrients. This contributes to malnutrition, thus continuing the cycle of ill health. For example, undernourished children have weakened immune systems and are at a higher risk for developing pneumonia, which kills more children under age 5 than any other disease.⁴ This chain reaction illustrates that hygiene and sanitation are fundamental for child survival and the health of the whole population. Ending open defecation is the first step in breaking this cycle.

Control of **cholera** is a major problem in several Asian countries, as well as in Africa. From 2004–2008, the World Health Organization received notifications of more than 830,000 cases, representing a 24 per cent increase in cases reported for this most recent five-year period. Proper personal and food hygiene, coupled with hygienic disposal of human excreta, is an effective intervention to prevent the spread of cholera.

Intestinal worms affect an estimated 400 million school-aged children in the developing world.⁵ Worms are spread when children inadvertently ingest human faeces or food contaminated with faeces. This happens mainly when proper latrines or toilets and hand-washing facilities are lacking. Chronic hookworm infections are associated with reduced physical growth and impaired intellectual development. Worms have an enormous impact on children's ability to learn. Children suffering from intense whipworm infections miss twice as many school days as their worm-free.⁶

Trachoma occurs worldwide, most often in poor rural communities in developing countries. Around 6 million people are blind due to trachoma, and more than 150 million are in need of treatment.⁷ Simple prevention includes improving sanitation and encouraging children to wash their face with clean water.

Polio is another faecal-oral disease; for centuries, the only line of defence we had was improved sanitation. Since the development of effective vaccines in the 1950s, the importance of sanitation in controlling polio is often forgotten.

3 World Health Organization, 'Children: Reducing mortality', www.who.int/mediacentre/factsheets/fs178/en/index.html, accessed 17 July 2012.

4 United Nations Children's Fund, *Pneumonia and Diarrhoea: Tackling the deadliest diseases for the world's poorest children*, UNICEF, New York, 2012, p. 7.

5 United Nations Children's Fund, 'Water, Sanitation and Hygiene', www.unicef.org/media/media_45481.html, accessed 17 July 2012.

6 WHO 2005, 'Report of the Third Global Meeting of the Partners for Parasite Control: Deworming for Health and Development', Geneva 2005, p.15

7 World Health Organization, 'Water Related Diseases: Trachoma', www.who.int/water_sanitation_health/diseases/trachoma/en, accessed 17 July 2012.

Good sanitation and hygiene stop the spread of diseases

One hundred per cent of roundworm, whipworm and hookworm cases are related to poor water, sanitation and hygiene.⁸ Improving the disposal of human excreta can reduce illness due to diarrhoea. When combined with hand washing, this impact can be doubled.

It is very difficult, however, to properly dispose excreta when it is spread over a large area, and hand washing is more difficult in the bush. Sanitation improvements save children's lives and improve their health, growth and development. In addition to lowering the rates of diarrhoea, improved excreta disposal and hand washing reduces parasitic infections, worm infections and trachoma.

What happens when we stop open defecation and improve sanitation?

- **Lower mortality** (rates of death) due to diarrhoea – a 34 per cent reduction through improved sanitation, which could be doubled if accompanied by hand washing with soap.⁹
- **Better nutrition**, reduced stunting and increased height among children, due to the reduction in diarrhoea and other life-threatening diseases.
- **Improved learning** and retention among school children due to reduction in worms and other sanitation related diseases.

Take action!

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8 Bethony, Jeffrey, et al., 'Soil-Transmitted Helminth Infections: Ascariasis, trichuriasis, and hookworm', *The Lancet*, vol. 367, no. 9521, 6 May 2006, pp. 1521–1532.

9 CHERG 2010. Sandy Cairncross, Caroline Hunt, Sophie Boisson, Kristof Bostoen, Val Curtis, Isaac CH Fung, and Wolf-Peter Schmidt. Water, sanitation and hygiene for the prevention of diarrhoea. *Int. J. Epidemiol.* 2010 39: i193-i205.

Sanitation sustains clean environments

A healthy living environment depends on adequate sanitation. Without sanitation systems, human waste enters groundwater and surface waters. Faeces deposited during open defecation contaminate the land. Accumulated excrement dumped from buckets or latrines on fields, streams or rivers is an environmental hazard. This is often accompanied by inadequate disposal of sewage via pipes and through seepage from pit latrines.

In the developing world, roughly 90 per cent of sewage is discharged untreated into rivers, lakes and coastal areas,¹ with a widespread negative impact on health. Each year, an estimated 2.5 billion cases of diarrhoea occur among children under age 5. Water and sanitation interventions can reduce diarrhoea child deaths by 88 per cent.²

The sanitation crisis is particularly severe in high-density informal settlements across the globe. With no way to safely dispose of either faeces or garbage, around a billion slum dwellers must resort to 'flying toilets', plastic bags that are used then thrown away, and to dumping human waste in public spaces.

This situation is not limited to urban settlements and can be found in impoverished suburbs, small market towns, large villages, peri-urban settlements and other places across the developing world. Worldwide, about 1.1 billion people still defecate in the open,³ leaving their faeces on the ground to contaminate the surrounding environment, enter waterways and, eventually, impact the livelihood and health of entire communities.

Living in a squalid environment harms physical and psychological health. It is stigmatizing, often presents employment challenges and deepens human poverty. Poor sanitation creates a host of health hazards, as well as a bleak and disheartening visual landscape. Roads are full of mud, puddles and piles of garbage and debris, along with disease-carrying insects, microbes and rodents. Odours are often unpleasant, sometimes overpowering.

1 Corcoran, Emily, et al., editors, *Sick Water? The central role of wastewater management in sustainable development – A rapid response assessment*, United Nations Environment Programme, UN-HABITAT and GRID-Arendal, www.grida.no, 2010.

2 United Nations Children's Fund and World Health Organization, *Diarrhoea: Why children are still dying and what can be done*, UNICEF and WHO, New York and Geneva, 2009, p. 1.

3 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 15.

Ending open defecation is crucial

If open defecation is widely practised, a healthy living environment that supports human dignity and is free of disease-transmitting conditions is impossible. This is one reason countries called for an end to open defecation, in the United Nations resolution that established the Drive to 2015. Related facts include:

- Globally, 15 per cent of the population still defecates in the open.⁴
- Rates are highest in Asia and sub-Saharan Africa, at 44 per cent and 27 per cent, respectively.⁵
- Faecal sludge collected in latrines is frequently not taken to treatment plants. Instead, it is dumped into the environment, due to a lack of regulation and enforcement, or inadequate infrastructure.

Sanitation and waste-water treatment support environmental sustainability

If we look beyond the immediate health implications of open defecation, we find significant environmental damage due to large amounts of untreated sewage and faecal sludge discharged untreated into rivers, lakes and coastal areas. Often this practice is associated with the developing world. It is, however, still an issue in other regions, including Eastern Europe, where waste-water treatment plants are currently being developed.

This type of pollution impacts the usability of ground and surface water, and leads to severe disruption of environmental processes and the destruction of ecosystems.

Aquatic dead zones, locations with reduced or no oxygen in the water, have grown to cover 245,000 kilometres of marine environment, including in Asia, the Caribbean, Europe and North America. In South-East Asia alone, 13 million metric tons of faeces are released into inland water sources every year – along with 122 million cubic metres of urine and 11 billion cubic metres of grey water.⁶ This presents a major health threat to people who depend on open streams and wells for their drinking water, as well as an economic challenge to people whose livelihoods depend on fisheries.

⁴ Ibid, p. 15.

⁵ Ibid, p. 18.

⁶ Water Supply and Sanitation Collaborative Council, 'Resources', www.wsscc.org/resources/resource-statistics, accessed 17 July 2012.

Along rivers, upstream water users usually enjoy better-quality water, whereas downstream users are often faced with diluted 'sewage sinks'. The impact of poor waste-water systems and non-existent sanitation is costing billions of dollars and degrading ecosystems. It is also hindering achievement of the Millennium Development Goals, sustainable development, jobs, labour productivity, environmental sustainability, as it jeopardizes the health of hundreds of millions of people worldwide.

Water pollution stemming from poor sanitation costs South-East Asia more than US\$2 billion per year. In Indonesia and Viet Nam, it creates environmental costs of more than US\$200 million annually, primarily from the loss of productive land.⁷

Reusing waste has many benefits

Sanitation involves a range of actions, but for a sustainable environment and community health, the top priority is preventing contact with excreta and its host of biological pathogens.

Ending open defecation is an essential first step. Innovative approaches, such as Community-led Total Sanitation, help establish defecation-free practices within communities by raising awareness and supporting community-wide responsibilities.

To realize full health, social and economic benefits, additional waste-management techniques must be considered, providing sustainable sewage and faecal sludge management in addition to sewage treatment. This does not necessarily involve investment in large-scale infrastructure; small, decentralized systems can be even more effective.

Sustainable sanitation offers innovations in productive sanitation by reusing nutrients contained in sewage and sludge. Reuse has a number of advantages. It can be used as a fertilizer in organic agriculture, allowing for the production of more food with less land. The approach can help reduce the use of expensive inorganic fertilizers. Capturing the energy in sludge for biogas

⁷ Water and Sanitation Programme, *Economic Impacts of Sanitation in South East Asia: A four country study conducted in Cambodia, Indonesia, the Philippines and Vietnam under the Economics of Sanitation Initiative*, February 2008, p. 32.

production helps alleviate reliance on conventional energy sources and provides an affordable energy source for cooking. Reusing treated waste water for irrigation reduces consumption of drinking water for these purposes. All these practices must be carried out safely and in accordance with standards such as World Health Organization Guidelines for safe reuse of waste water.

Handled properly, good sanitation and productive disposal of human waste can create employment while boosting public and ecosystem health. Instead of being a problem source, human waste, whether managed at the household level or collected in urban waste-water treatment systems, can be an environmental asset – leading to improved food and energy security, health and economic activity.

Take action!

Take action for sanitation by kick-starting your own Sanitation Drive to 2015 campaign. Big or small – sanitation for all! Visit www.sanitationdrive2015.org for more information.

About the Sanitation Drive to 2015

The Sanitation Drive to 2015 builds on the United Nations resolution endorsed by all Member States in 2010 – calling for redoubled efforts to meet the Millennium Development Goal sanitation target. UN-Water, which includes 30 United Nations entities and 22 partners working on water and sanitation issues, is coordinating the work. Civil society groups around the globe have pledged their support. For more information, please go to www.sanitationdrive2015.org.

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About us: The Sanitation Drive to 2015 builds on the United Nations resolution endorsed by all Members States in 2010 – calling for redoubled efforts to meet the MDG target to halve the number of people living without sustainable access to basic sanitation. UN-Water, which includes 30 United Nations entities and 22 partners, is coordinating the work. Civil society groups around the globe have pledged their support.

www.sanitationdrive2015.org