



# **SANITATION CONSULTATION**

**JUNE 19-20, 2008  
WASHINGTON, DC**

## **SUMMARY NOTES**

## Acronym List

|        |   |
|--------|---|
| CLTS   | Community-led Total Sanitation                    |
| COP    | Country Operation Plan                            |
| GH     | USAID Bureau of Global Health                     |
| HIF    | Hygiene Improvement Framework                     |
| HIP    | USAID Hygiene Improvement Project                 |
| IYS    | International Year of Sanitation                  |
| MCH    | Maternal Child Health                             |
| MDG    | Millennium Development Goals                      |
| ODF    | Open Defecation Free                              |
| PEPFAR | Presidents Emergency Plan for AIDS Relief         |
| PLWHA  | People Living with HIV/AIDS                       |
| POU    | Point of Use                                      |
| USAID  | US Agency for International Development           |
| WSH    | Water, Sanitation, Hygiene                        |
| WSP    | World Bank Water and Sanitation Program           |
| WSSCC  | Water Supply and Sanitation Collaborative Council |

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## INTRODUCTION

USAID held a Sanitation Consultation in Washington DC, June 19-20, 2008. The purpose of the consultation was to define and strengthen USAID's role in sanitation and to move a strategic sanitation agenda forward within USAID.

The meeting focused on three objectives/tasks:

1. Identify USAID's comparative advantages and opportunities in community and household sanitation for improved health.
2. Describe specific program approaches that USAID should take to increase access to and use of basic sanitation over the next 3-5 years.
3. Agree on next steps that will help USAID incorporate best sanitation practices into ongoing and new programs.

USAID's Bureau of Global Health (GH) convened the consultation as a forum to review current sanitation programming within USAID and among key sector partners, and develop options for making the best use of limited Agency resources. The consultation brought together more than 35 international public health practitioners, water and sanitation specialists, donor representatives and USAID decision makers within and outside the GH with wide ranging experience and programming knowledge in sanitation. Appendix 1 has a copy of the agenda for the 1 ½ day consultation, and a list of participants is included in Appendix 2.

### Background

Building on its base of programmatic experience and investments over the past three decades, USAID seeks to develop a more strategic approach to community and household sanitation in urban and rural settings. The current environment at USAID is very supportive and receptive to efforts to move forward on a strategic sanitation agenda. The US Government's Paul Simon Water for the Poor Act of 2005 calls for increasing US investments in water and sanitation. The Water for the Poor Act is linked to a recent \$300 million congressional earmark for water and sanitation interventions in FY2008. In addition, funding for sanitation programming is expected to increase in the coming years.

The consultation coincides with an increased global focus on sanitation. The UN General Assembly, noting the lagging progress on the Millennium Development Goal target for sanitation, has declared 2008 as the International Year of Sanitation. Recently, *The Lancet* issued a global call to action to keep sanitation in the international spotlight, declaring that "adequate sanitation is the most effective public health intervention the international community has at its disposal."<sup>1</sup>

Ensuring adequate sanitation, defined as safe handling and disposal of human feces, is a core public health function. In organizing the consultation, the Global Health Bureau

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<sup>1</sup> Editorial: Keeping sanitation in the international spotlight. *The Lancet*. Vol. 317:1045, March 29, 2008.

(GH) looked toward more strategic programming of USAID’s maternal and child health resources for water supply, sanitation and hygiene. The consultation was also designed to support stronger, more coherent health-focused programming in sanitation across all relevant USAID development sectors, including other health programs such as HIV/AIDS; education programs addressing sanitation in schools; emergency response; infrastructure support; utility reform; and financing.

In preparation for the consultation the GH developed a background paper, “Moving Toward a Strategic Approach to Sanitation USAID” (available at [http://www.ehproject.org/PDF/ehkm/sc\\_background.pdf](http://www.ehproject.org/PDF/ehkm/sc_background.pdf)) and distributed it to participants in advance of the consultation. The paper was intended to frame the consultation discussions and provide a succinct analysis of the current sanitation landscape and options for building and implementing an Agency approach to sanitation.

These notes summarize the discussions and recommendations from the consultation. The consultation process was participatory and focused on producing recommendations for next steps by the end of the meeting. A series of presentations informed the working group discussions and supported a dynamic and constructive exchange. The presentations framed the consultation and were a trigger for the broader group discussions about strengthening USAID’s role in sanitation.

The notes are organized in five sections following the consultation agenda (in Appendix 1) and summarize the presentations and the outcomes of the working groups and plenary discussions.

1. Sanitation programming at USAID
2. Perspectives on sanitation by external partners
3. Ideas for expanded USAID programming in sanitation
4. Identifying USAID sanitation priorities
5. Next steps and recommendations

## Sanitation Programming at USAID: Examples from the Field

These presentations described current programs being implemented by USAID, provided a context for the consultation process, and illustrated USAID’s comparative advantage in sanitation programming. Each presentation included a brief overview of the project objectives, approaches being used and lessons learned from experience. The websites for each of the programs are provided and the presentations are included in Appendix 3.

**Environmental Cooperation-Asia (ECO-Asia) Project: Philippine Sanitation Alliance** <http://www.aecominterdev.com/MarketsAndServices/44/11/index.html>  
*Lisa Kircher Lumbao, Philippine Country Coordinator*

The Eco-Asia project partners with cities, utilities and local communities in eight countries in the region to demonstrate sustainable, decentralized and low-cost sanitation solutions.

The Philippine Sanitation Alliance approach uses a stakeholder process to identify priority challenges and solutions and then pilots city-wide solutions in septage management and on-site treatment facilities. Experience from the pilots is then shared and replicated through counterpart exchange (twinning). The Philippine Sanitation Alliance also promotes public awareness and willingness to pay for sanitation services.

Key lessons from the project include the following:

- ❖ Septage management is a key step on the sanitation ladder
- ❖ Promotion campaigns are critical in raising awareness, demand and willingness to pay fees
- ❖ Peer-to-peer (including country-to-country) learning is effective and encourages a sense of ownership and a focus on results
- ❖ USAID plays a key facilitator role

### **Environmental Services Project (ESP) –Indonesia**

<http://www.esp.or.id/>

#### ***Foot Bustraan, Municipal Water Services Advisor, ESP***

The ESP promotes better health through improved water resources management and expanded access to clean water and sanitation services. Their approach integrates watershed management and biodiversity conservation (upstream) with service delivery and environmental services (downstream). Strategic communication plays a key role. Main program activities include:

- ❖ Producing a “road show” to promote sanitation in eight cities
- ❖ Developing a city-wide sanitation strategy in five cities based on sanitation mapping
- ❖ Installing 12 pilot community-based systems through cost-sharing with the government
- ❖ Developing community-based solid waste programs (composting and recycling)
- ❖ Preparing sanitation action plans for system expansion (supported by the government and donors)
- ❖ Hygiene/behavior change interventions
- ❖ Supporting twinning for sanitation marketing through the Eco-Asia Project

The value of a sequenced approach is one important lesson from ESP; the steps are:

- Step 1: aim first for a clean neighborhood/city
- Step 2: introduce the health benefits
- Step 3: improve the environment (especially water quality)
- Step 4: show the financial and economic impact

Another important lesson was that an integrated approach ensures flexibility in identifying the most appropriate entry points (water supply, solid waste, clean environment, hygiene). Sanitation may not be the top priority. Additionally, it is important to start at the community/local government level and showcase successes to the national level in order to support policy change. The aim of the program should be visible benefits (at least initially) rather than only supporting policies, standards and

studies. And finally, it is important to recognize that improving sanitation is 20% technology, 20% financing and 60% marketing.

Overall, there were some key points common to the two presentations on USAID-supported country experiences. Both are using at-scale “working at multiples” approaches that are also used in the Hygiene Improvement Project (see below). Both emphasized that the final fate of excreta is a key issue in urban sanitation. And, both projects are helping to operationalize national strategies

## **Current Sanitation Approaches Implemented by USAID/Bureau for Global Health**

### ***Merri Weinger, Program Manager, Hygiene Improvement, USAID/GH***

The presentation highlighted current sanitation programs and approaches supported by the USAID/Global Health Bureau, including USAID Hygiene Improvement Project (HIP), collaboration with the USAID/Global Health Bureau/Office of HIV/AIDS, and the Child Survival and Health Grants Program.

#### a) Hygiene Improvement Project (HIP)

<http://www.hip.watsan.net>

The project targets three key hygiene improvement practices: hand washing with soap; safe disposal of feces; household water treatment and safe storage. HIP has focused on hygiene improvement at scale in two key countries: Ethiopia and Madagascar. In addition HIP provides focused support in Uganda, Nepal, Peru and West Africa Water Initiative (WAWI) countries.

#### b) Collaboration with USAID/GH/Office of HIV/AIDS

[http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/)

Policy and programming guidance is being provided on how to integrate WSH practices into HIV/AIDS care and support programs. Work is proceeding simultaneously to develop global guidance and pilot effective approaches within the context of specific country programs. Guidance documents include technical considerations and integrating WSH into the Country Operational Plan (COP) planning tool. In-service training is being provided to Technical Working Groups to build the capacity of implementers and partners of the President’s Emergency Plan for AIDS Relief (PEPFAR). In addition, technical assistance is also being provided to individual USAID Missions.

#### c) Child Survival and Health Grants Program

[http://www.usaid.gov/our\\_work/global\\_health/home/Funding/cs\\_grants/cs\\_index.html](http://www.usaid.gov/our_work/global_health/home/Funding/cs_grants/cs_index.html)

The USAID/Global Health Bureau oversees 39 Child Survival and Health Grants with “control of diarrheal disease” components in 27 countries. The total value of these projects is over \$107 million and 21% of this total (over \$22 million) is focused on diarrheal disease control activities. Although a relatively small proportion of these funds are currently spent on sanitation promotion, there is interest and potential for greater attention to sanitation.

### Prospects for future work in sanitation in the Global Health Bureau

There are numerous opportunities for expanded programming for Global Health. The Bureau could support increased access to and use of sanitation products and services through: sanitation marketing; developing more effective hybrid approaches based on Community-led Total Sanitation (CLTS); improving sanitation within health facilities; school-based sanitation; safe feces disposal for People Living with HIV/AIDS (PLWHA); and developing new sanitation technologies. To better integrate sanitation within Maternal Child Health (MCH) programming, actions might include: identifying a core set of sanitation interventions, guidelines and tools for integration in MCH programming, and continuing to develop models for WSH implementation with a strong sanitation component in MCH priority countries.

There is also a need for more coordination/collaboration on sanitation within USAID and with external partners and providing leadership at USAID to re-energize the health community around sanitation.

## **Perspectives on Sanitation by External Partners: Water and Sanitation Collaborative Council, World Bank Water and Sanitation Program and UNICEF**

Three global leaders in sanitation were invited to present their perspectives on key sanitation issues and emerging global trends as well as to respond to the presentations on current sanitation programming within USAID and make recommendations to USAID for developing a strategic sanitation approach.

### **Water Supply and Sanitation Collaborative Council (WSSCC)**

<http://www.wsscc.org>

*Jon Lane, Executive Director*

One of the most important recent changes is that there is now a recognized “sanitation sector.” The momentum around sanitation has been building and the most obvious example is that 2008 is the International Year of Sanitation (IYS). The recent African conference on hygiene and sanitation was attended by 32 African government ministers responsible for the sanitation-related portfolios in their countries. There is increased understanding of the broader benefits of sanitation beyond health, including economic, environmental and social development. Based on the experiences of the last three decades, there is general acceptance that sanitation programming should be demand-driven, decentralized, and based not on subsidy but rather demand creation.

Data clearly shows that sanitation is the best “bang for the buck” investment in reducing diarrheal disease, and internal advocacy within USAID should be pursued to ensure that this message gets to senior officials in the Agency.

Urban sanitation is a major problem. Most of the program successes in sanitation have been in rural areas. Centralized sewerage systems are not working in slums/urban areas. Although on-site sewerage is the solution, the problems with land tenure in slums

are major hurdles, along with the lack of political will by governments. Urban sanitation requires approaches that integrate across governance, technology, finance and health.

Recommendations for a USAID sanitation strategy. Sanitation is moving away from development/aid to a business activity. There is recognition that it will be impossible to reach the numbers of people who need sanitation through an aid approach. Commercial finance/business needs to be involved in responding to consumer demand for improved sanitation and services such as pumping out septic tanks when they are full.

USAID should focus on programs instead of projects. A programmatic approach is more cost-effective. It is important not to pigeon-hole sanitation only in health, but to broaden it to include, for example, finance and the environment. Noting the health-centric lean of the background paper, it was emphasized that USAID should not limit sanitation efforts to this sector.

### **World Bank/Water and Sanitation Program** (*Presentation in Appendix 4*)

<http://www.wsp.org>

**Eddy Perez, Senior Sanitation Specialist**

There is a lot of good sanitation news. The International Year of Sanitation has raised the political profile of sanitation and hygiene. An increasing number of countries are developing national sanitation policies. Key global sector agencies are prioritizing sanitation and hygiene and there are increased investments in sanitation. There is also more knowledge about what works and what does not, as well as knowledge about promising programmatic approaches currently being implemented.

There is also bad news. The IYS will end soon and global attention will focus on other issues. We have failed to achieve the Millennium Development Goal targets. Urbanization is accelerating – there are mega slums and more small and medium sized towns. Inequalities in income and disparities in sanitation coverage between rich and poor are increasing.

Recommendations for a USAID sanitation strategy: USAID should focus on sanitation for the poor. They should emphasize scaling up and programmatic sustainability and avoid any more technology-focused pilot projects. Institutional, policy and financial issues are key elements of a strategy.

Some specific actions to include in a USAID strategy might be: working with DHS to get better data on sanitation; identifying a sanitation champion at USAID; working with global partners; and promoting harmonization of approaches in countries.

### **UNICEF** (*Presentation in Appendix 5*)

<http://www.unicef.org>

**Therese Dooley, Senior Advisor, Hygiene and Sanitation; Water, Environment, and Sanitation Section**

The presentation highlighted issues and trends related to sanitation and health. Poor hygiene, lack of access to sanitation and unsafe drinking water together contribute to about 88% of diarrhea deaths. In 16 of the 54 countries in Africa, sanitation coverage is less than 25%. In this context, how do you make the argument that sanitation and

hygiene are a critical element of the MCH budget? Hand washing is an example of a “quick win for children.” Correct hand washing at critical times can reduce diarrhea by 44%. New studies suggest it can also reduce respiratory diseases by over 30%. Using the evidence base plus costing leads to high impact, low cost interventions. UNICEF’s successful approach for promoting “Open Defecation- Free Communities” is a relevant example: UNICEF’s approach is community based and demand-driven. Not primarily focused on specific technology options, the approach emphasizes social change, pride, dignity and management by the community.

Recommendations for a USAID sanitation strategy: The development of a strategy is a fundamental step. UNICEF recently developed a ten-year strategy using the Hygiene Improvement Framework. Involving other sectors in the sanitation strategy is important, particularly the education sector as well as increasing the dialogue between the health and sanitation sectors. Advocacy needs to be a key element in the strategy. To realize impact, it is necessary to work at-scale versus scaling up. It is also important in sanitation programming to begin to link emergency response to longer term development. All programs need to have a learning and dissemination component.

Discussion and comments. Richard Greene, Director of the Office of Health, Infectious Diseases and Nutrition at USAID opened the broader group discussion by offering some initial comments and feedback. He stressed the importance of an integrated approach – one that requires working together within USAID encompassing the health sector, emergency programming, and development assistance. USAID’s emphasis is to fund solutions, not problems, and what is needed are solutions that are cost-effective, scaleable and produce results. USAID Missions therefore need to know why sanitation is a “good buy.”

Meeting participants also responded to the two panels. Some critical themes were reiterated throughout the discussion; these included the following points:

1. Importance of working at-scale on sanitation programming
2. Cross-sectoral benefits of sanitation – more than just health
3. Advantages of an inter-disciplinary sanitation portfolio
4. Need to build sanitation programming capacity within USAID and with partners
5. A priority focus should be urban sanitation for the poor
6. Expanded role of the private sector in sanitation
7. Need for a programmatic focus in expanded activities
8. Financing options for sanitation
9. How to build and create demand for sanitation
10. Intra and inter agency coordination and collaboration

11. Identifying a sanitation focal point/champion at USAID to move the sanitation agenda forward

## Ideas for Expanded Sanitation Programming

This session focused on identifying USAID's strategic niche(s) and how the Global Health Bureau can play a catalytic role in generating expanded programming by USAID Missions. The Hygiene Improvement Framework (HIF) was used to organize this discussion. Participants were assigned to the following three working groups based on the three key elements of the HIF: 1) access to hardware, 2) promotion and demand creation, and 3) the enabling environment.

Each group was asked to identify key actions and products that USAID might pursue in future sanitation programming. A summary of the results for each group is presented below.

### 1) Access to Hardware

As opposed to addressing access to hardware in general terms, the group decided to focus on urban sanitation- peri-urban slums. Slum sanitation is poorly developed. The biggest challenge and problems are in existing slums. USAID supports urban planning for future urban expansion; however we need to get sanitation to slums that exist. The group made the following recommendations:

1. Do not limit what USAID can support – the issues are too cross-sectoral in nature. A single organization cannot address every issue.
2. USAID's niche is solutions at-scale. This will require alliances. Therefore, find a niche for USAID within a larger program; form programmatic alliances with other donors, government, implementers.
3. USAID's niche could include technology/management systems, land tenure, governance approaches, solutions for septage and sludges
4. Think about technology within the programmatic context and what is already known: community latrines, vacutug<sup>2</sup>, pay-for-use, tethered septic tanks, condominal sewerage and hand washing technology.

### 2) Promotion and Demand Creation

This working group recommended developing a decision-making/programming matrix to set USAID priorities. Other recommendations included:

1. Improve sanitation indicators. There is a need to develop new indicators to measure outcome. For example, developing indicators to measure ODF communities; sustainability of funding; and incentive-based method for disposal of feces. The group echoed the need to collaborate with DHS to harmonize integration of the indicators.
2. Build a sanitation supply chain and partner with the private sector to stimulate new demand. USAID could undertake demand assessment studies to look at

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<sup>2</sup> UN-Habitat's device to empty pit latrines mechanically. <http://www.unhabitat.org/categories.asp?catid=548>

current approaches/access, potential demand, unmet need/access problems, and credit/products.

3. Adopt a strategic approach to reduce open defecation using the Hygiene Improvement Framework. The strategic approach could include: affordable latrines; public/private partnerships; upgrading sludge management; social marketing; operation and maintenance; and safe disposal of child feces. The approach would also involve advocacy and promotion of policies to broaden water utility responsibility to the poor.
4. USAID should participate in multi-donor forums. While acknowledging the USG preference against pooling funds, USAID could support shared donor priorities and complement hardware investments with promotion/demand and enabling environmental components.
5. USAID should engage various media to increase demand for sanitation services at the international, national and local levels.

### 3) Enabling Environment

This working group recommended establishing an internal USAID sanitation team that cuts across regional and technical bureaus. Tasks of such an Agency working group might include: internal advocacy and facilitating USAID Mission access to sanitation expertise. The working group would also help identify and prioritize countries and map key sanitation players.

Other recommendations included:

1. Involve the private sector, particularly on finance. A number of ideas for implementing this recommendation were proposed: provide home improvement loans; work with operators of public toilets and other small business sanitation services; and establish a revolving fund for households to access financing for sanitation improvement.
2. USAID should play a role in national sanitation policies including hygiene and safe water at the point of use. This role could include helping to make policies operational and ensuring that sanitation and hygiene are included in health and child survival policies and strategies.
3. Build on the existing USAID sanitation portfolio. One option is to look for easy wins, collaborating with USAID Missions that are already working on sanitation or want to.
4. Support capacity building, especially focusing on practical and immediate needs to establish national sanitation policies (study tours, site visits, exchanges etc.).
5. Share knowledge and disseminate information, including sharing the Hygiene Improvement Framework and producing targeted information for different audiences, e.g., one page handouts that could be used as talking points. Another suggestion was to use multiple mechanisms to reach audiences, including establishing a sanitation community of practice, a listserv, etc.

The recommendations from each of the three consultation working groups were compiled by the consultation organizing team and synthesized in a handout for use on Day 2 of the consultation to inform the discussion on priority actions. The information was organized by programmatic ideas, overarching principles, and “how-to” action items; the synthesis is included in Appendix 5.

## USAID Sanitation Priorities

On Day 2, after reviewing, discussing and revising the synthesized list of program ideas, principles and action areas, participants voted on priority recommended actions for USAID in sanitation. The top 6 priorities were:

- ❖ Sanitation marketing (including supply chain management and access to sanitation products)
- ❖ Private sector financing
- ❖ Operationalizing national policies and strategies
- ❖ Sanitation for the urban poor
- ❖ Sanitation within HIV/AIDS programming
- ❖ Capacity building (focusing on building capacity in the field)

For each of the priority topics, participants worked in small groups to flesh out each of the six action areas, considering what would be needed to move these priorities forward within USAID. Recommendations for each topic were developed by the smaller working groups and then discussed in a plenary session.

### Sanitation Marketing

The first step is to undertake a market analysis including feasibility studies. This will involve building alliances with other partners and donors; profiling the markets (they are different for Asia and Africa); and supporting activities to increase demand, including advocacy, capacity building, public campaigns, behavior change and adopting a customer versus beneficiary mindset. Efforts will need to be made to begin to help change the paradigm and influence NGOs and implementing agencies to adopt market-based strategies. USAID should be a catalyst in the overall process.

In the plenary session, other participants had the opportunity to discuss the recommendations. Several noted that many of these ideas are in line with current USAID practice. They also mentioned that USAID is not alone in working on sanitation marketing; many other agencies working in sanitation are thinking along these lines. And, it is important to balance the market-based approach with pro-poor policies.

### Private Sector Financing

This working group recommended focusing on business and consumers/households. They also recommended that USAID leverage existing mechanisms and play a facilitator/catalyst role overall.

## Operationalizing National Policies

This will be done in a decentralized context, and that will mean facilitating discussion among stakeholders to develop an action plan and working across the various implementing levels. The group noted that USAID's niche in operationalizing national policies may be country specific, not global.

Other recommendations included developing guidelines for implementation through learning by doing, communicating and documenting the process, and undertaking action planning at the municipal level.

## Sanitation for the Urban Poor

USAID should disseminate information about and assist non-utility based approaches. USAID can be a broker for reviving utility capacity that includes sanitation. USAID should bring forward state-of-the-art solutions in addressing urban sanitation. This would include:

- ❖ Identifying and collecting best practices and new innovations
- ❖ Encouraging privatization and the reform of utilities
- ❖ Building alliances with others implementing solutions
- ❖ Identifying and developing innovative new systems to serve the urban poor (models, technology, social networks/alliances)

## Sanitation within HIV/AIDS Programming

A number of specific actions were recommended for incorporating sanitation into HIV/AIDS programming. The primary recommendation was to communicate, and negotiate as necessary, with Office of the U.S. Global AIDS Coordinator to ensure that PEPFAR funds can be used for sanitation and hygiene; currently, PEPFAR funds cannot be used for hardware.

Another important activity is to provide USAID Missions with concrete guidance on: how to do sanitation (for example, hardware subsidy policy), how to identify what funding sources can be used for sanitation, link them with other agencies in-country to work, and continue defining programming guidance on sanitation, safe water, and hygiene for PLWHA.

In the plenary session, participants affirmed that these ideas are very doable and have more to do with promotion than hardware.

## Capacity Building

The focus of the recommendations was on in-country capacity building that would be supported by USAID Missions. Capacity building support for in-country sanitation staff (government health officers, public health inspectors) should include: improving basic curriculum, improving in-service training, and providing incentives for their work. A corollary recommendation was to upgrade sanitation skills of NGO field staff. An additional recommendation was to adopt a systematic approach for training health extension workers countrywide.

In the plenary, participants commented that capacity building is also needed for other groups including environmental office staff and decision-makers. They also noted that curriculum change will require support from the top and given that USAID is committed to scale up training of community health workers by 2013, sanitation should be part of the curriculum.

## Next Steps and Recommendations

The consultation resulted in some specific recommendations on how USAID can strengthen its role in sanitation and move a strategic sanitation agenda forward within the Agency. One important area of recommendations is programmatic, with six priority action areas identified by the group and summarized above.

The role of USAID would expand, and this will involve a number of specific actions. USAID will need to build and strengthen alliances with external donors and partners. It will also be important to support collaboration across different USAID Bureaus and Offices. Both actions should better enable USAID to leverage existing mechanisms to expand sanitation programming.

There is also a need to develop sanitation and hygiene expertise within USAID and among its contractors and NGO grantees. A key action is developing tools and guidance for USAID Missions. Another important role for USAID will be sharing knowledge and disseminating information -- including the Hygiene Improvement Framework and targeted materials for specific audiences -- using various mechanisms. A specific suggestion is to establish a sanitation "community of practice" that would be linked and served through a USAID-based electronic information system.

A key outcome of the consultation was the recommendation to establish a USAID Sanitation Working Group. The working group would play a pivotal role at USAID in catalyzing sanitation activities within the Agency and establishing strategic alliances and partnerships with external organizations. It was suggested that USAID also establish an external advisory group on sanitation. The first meeting of the internal Sanitation Working Group is scheduled for August 2008. An agenda will be drafted along with some specific action items for launching the working group's efforts to develop a USAID strategic approach to sanitation. Specific recommendations from the consultation on getting started include establishing terms of reference for the working group, prioritizing target countries and providing guidance and support to the field.

## Appendix I

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### USAID Sanitation Consultation Agenda

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## Agenda for USAID Sanitation Consultation June 19-20, 2008

### Venue:

- **Academy for Educational Development**  
1825 Connecticut Ave., NW  
Washington, D.C. 20009-5721  
Tel. 202-884-8000
  
  - **June 19: Academy Hall**, 8<sup>th</sup> floor conference room (8:30am – 5:00pm)
  - **June 20: Greeley Hall**, 3<sup>rd</sup> floor (1875 Connecticut Ave, NW) (8:30am – 1pm)
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### Objectives of Consultation: By the end of the consultation, participants will:

1. Identify USAID's comparative advantages and opportunities in community and household sanitation programming for improved health.
2. Describe specific program approaches that USAID should take to increase access to and use of basic sanitation over the next 3-5 years.
3. Agree on next steps that will help USAID incorporate best sanitation practices into ongoing or new programs.

### Agenda

*Venue: Academy Hall, 8<sup>th</sup> floor conference room (8:30am – 5:00pm)*

#### Day 1: June 19, 2008

- |                     |  |
|---------------------|--|
| <b>8:30</b>         | <b>Registration / Coffee &amp; Bagels</b>  |
| <b>8:45 – 9:00</b>  | <b>Welcome / Opening Comments</b> <ul style="list-style-type: none"><li>• <b>Richard Greene</b>, Director, Office of Health, Infectious Diseases and Nutrition (HIDN), USAID, Bureau for Global Health, Washington, DC</li></ul> |
| <b>9:00 – 9:30</b>  | <b>Introductions / Overview of Consultation Objectives &amp; Agenda</b> <ul style="list-style-type: none"><li>• <b>Kathy Alison</b>, Training Resources Group, Facilitator</li></ul>   |
| <b>9:30 – 10:30</b> | <b>Sanitation at USAID: Highlights (Panel)</b>   |

Session Objectives:

Discuss several examples of what USAID is currently doing in Sanitation – to set the context for the consultation process

Moderator:

**John Borrazzo**, Division Chief, Maternal and Child Health, USAID, Bureau for Global Health, Washington, DC

Panelists:

**Lisa Kircher Lumbao**, Senior Project Manager, USAID Environmental Cooperation-Asia (ECO-Asia) Program

**Foort Bustraan**, Municipal Water Services Advisor USAID / Environmental Services Program (ESP), Indonesia

**Merri Weinger**, Program Manager, Hygiene Improvement, USAID, Bureau for Global Health

Discussion

**10:30 – 10:45**      **Coffee Break / Networking**

**10:45 – 12:45**      **Perspectives of External Partners / Global Leaders in Sanitation**

Session Objectives

- Part 1: Provide a global context for USAID's sanitation programming
- Part 2: Explore potential roles USAID could play in sanitation and health – based on reactions to background paper and morning panel

Moderator:

**Tony Kolb**, Urban Health Advisor, EGAT/Urban Programs, USAID

Panelists:

**Jon Lane**, Executive Director, Water Supply and Sanitation Collaborative Council (WSSCC)

**Eddy Perez**, Senior Sanitation Specialist, World Bank/Water and Sanitation Program (WSP)

**Therese Dooley**, Senior Advisor - Hygiene & Sanitation, WES Section, UNICEF

Discussion

**12:45 – 1:30**      **Lunch / Networking**

- 1:30 – 2:15**                    **Reflections on the Morning’s Conversations**
- 2:15 – 3:45**                    **Sanitation at USAID: Ideas for Expanded Programming**
- Discussion Session Objective:
- Identify key actions/products that USAID might pursue in sanitation programming in the future
- 3:45 – 4:00**                    **Break**
- 4:00 – 4:45**                    **Plenary Session -- Group Reports / Discussion (facilitator)**
- 4:45**                                **Wrap-up / Overview of Day 2**  
     **Room -- Greeley Hall, 3<sup>rd</sup> floor (1875 Connecticut Ave, NW)**
- 5:00**                                **Adjourn**

**Day 2: June 20, 2008**

***VENUE: Greeley Hall, 3<sup>rd</sup> floor (1875 Connecticut Ave, NW) (8:30am – 1pm)***

- 8:30**                                **Coffee & Bagels**
- 8:45**                                **Overview of the Day / Reflections on Day 1**  
     Kathy Alison, Facilitator
- 9:00**                                **USAID Sanitation Priorities and Next Steps– Group Discussions**
- 10:45**                                **Break**
- 11:00**                                **Plenary Session / Group Reports**
- 12:00**                                **Agreement on Next Steps / Evaluation**
- 12:30**                                **Closing Comments**
- 1:00**                                **Adjourn / Lunch (box lunch) / Networking**

## Appendix 2

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### Participant List

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**USAID Sanitation Consultation  
Participant List**

| <b>Name</b>       | <b>Title</b>  | <b>Organization</b>             | <b>Phone Number</b> | <b>E-mail</b>  |
|-------------------|---|---------------------------------|---------------------|--|
| Kathy Alison      | Facilitator   | Training Resources Group, Inc.  | (703) 875 8909      | <a href="mailto:kalison@trg-inc.com">kalison@trg-inc.com</a>                               |
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| John Borrazzo     | MCH Division Chief  | USAID/Global Health             | (202) 712 4816      | <a href="mailto:jbrazzo@usaid.gov">jbrazzo@usaid.gov</a>                                   |
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| Sandra Callier    | Project Director  | USAID/HIP                       | (202) 884 8469      | <a href="mailto:scallier@aed.org">scallier@aed.org</a>                                     |
| Dan Campbell      | Web Manager   | USAID/Environmental Health      | (703) 247 8722      | <a href="mailto:campbelldb@cdm.com">campbelldb@cdm.com</a>                                 |
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| Therese Dooley    | Senior Advisor – Water and Sanitation                               | UNICEF                          | (212) 326 7401      | <a href="mailto:tdooley@unicef.org">tdooley@unicef.org</a>                                 |
| Jennifer Foltz    | Health Program Advisor  | USAID/Africa Bureau             | (202) 712 1689      | <a href="mailto:jfoltz@usaid.gov">jfoltz@usaid.gov</a>                                     |
| Jim Franckiewicz  | Water Team Leader   | USAID/EGAT                      | (202) 712 5623      | <a href="mailto:jfranckiewicz@usaid.gov">jfranckiewicz@usaid.gov</a>                       |
| Jaime Frias       | Consultant  | Harvard University              | (857) 412 9308      | <a href="mailto:jaime_frias@ksg08.harvard.edu">jaime_frias@ksg08.harvard.edu</a>           |
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| Richard Greene    | Director of the Office of Health, Infectious Diseases and Nutrition | USAID/Global Health             | (202) 712 1283      | <a href="mailto:rgreene@usaid.gov">rgreene@usaid.gov</a>                                   |
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| Orlando Hernandez | Senior M&E Officer  | USAID/HIP                       | (202) 884 8619      | <a href="mailto:ohernandez@aed.org">ohernandez@aed.org</a>                                 |
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| Mimi Jenkins      | Research Engineer   | UC – Davis                      | (530) 754 6427      | <a href="mailto:mwjenkins@ucdavis.edu">mwjenkins@ucdavis.edu</a>                           |
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|                  |  |   |                   |  |
|------------------|--|---|-------------------|--|
|                  | Specialist   |   |                   |  |
| Tony Kolb        | Urban Health Advisor   | USAID/EGAT                                    | (202) 712 0258    | <a href="mailto:akolb@usaid.gov">akolb@usaid.gov</a>                 |
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| Rochelle Rainey  | Technical Advisor  | USAID/Global Health                           | (202) 712 5763    | <a href="mailto:rrainey@usaid.gov">rrainey@usaid.gov</a>             |
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| Peter Ryan       | Head of Sanitation Team  | IRC International Water and Sanitation Centre | (+31) 15 219 2917 | <a href="mailto:ryan@irc.nl">ryan@irc.nl</a>                         |
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## Appendix 3

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### USAID Presentations

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- a) Eco-Asia: Philippine Sanitation Alliance
- b) ESP – Indonesia
- c) Bureau of Global Health



**USAID** | **ASIA**  
FROM THE AMERICAN PEOPLE

**ENVIRONMENTAL COOPERATION - ASIA**  
*Catalyzing Change Through Regional Cooperation*

# Promoting Sustainable Sanitation in Asia

Washington, D.C., June 19, 2008

A photograph of a dense bamboo forest with tall, slender bamboo stalks reaching upwards, creating a vertical pattern. The lighting is bright and natural, highlighting the green color of the bamboo.

**ECO-ASIA**



# ECO-Asia Water and Sanitation Program

- RDMA program initiated in 2005
- Eight countries in Asia – China, Cambodia, India, Indonesia, Philippines, Sri Lanka, Thailand and Vietnam
- Supporting implementation of Paul Simon Water for the Poor Act
- Promotion campaigns, efficiency improvements, septage management, on-site treatment, good governance
- Dissemination of results through regional platforms





## Philippine Sanitation Alliance

- USAID/Philippines and GDA
- Initiated in FY2008 based on successes of LINAW project
- Ten cities, 2 utilities – septage management, public markets, promotion campaigns
- Private sector – housing developers, hospitals, hotels/restaurants on-site systems
- Low-cost, low-maintenance technologies
- Leverage – 3:1





# Goal, Objectives and Approach

## Goal

Sustainable sanitation services for improved health & prosperity in Asia

## Objectives and Approach

- Use a stakeholder process to identify priority challenges & solutions (action plans)
- Pilot city-wide solutions – e.g., septage management, on-site treatment facilities
- Share & replicate experience from pilots through counterpart exchange (“twinning”)
- Promote public awareness of & willingness to pay for sanitation services



## Lessons Learned

### Septage Management Key Step on Sanitation Ladder

- Most households have septic tanks, only emptied when overflow (health risk)
- Currently little or no treatment of septage (health risk)
- City-wide system to check/empty all septic tanks every 3-5 years and treat septage
- Monthly fee included on water bill or property tax bill
- Septage collected by utility/government or private (get paid at treatment plant)





## Lessons Learned

### Promotion Campaigns

- Key to raising awareness, demand & willingness to pay fees
- Many campaigns are ineffective or counterproductive
- Need to guide proper campaign development based on good research, analysis and pretesting (toolkit)

### Twinning

- Peer-to-peer learning more effective
- More ownership and focus on results
- Donor is facilitator





THANK YOU!!



# ESP SANITATION PROGRAM

**USAID Sanitation Consultation Workshop**  
**Washington DC, 19 – 20 June 2008**



by Foort Bustraan

**USAID/ESP Municipal Water Services Advisor, Indonesia**

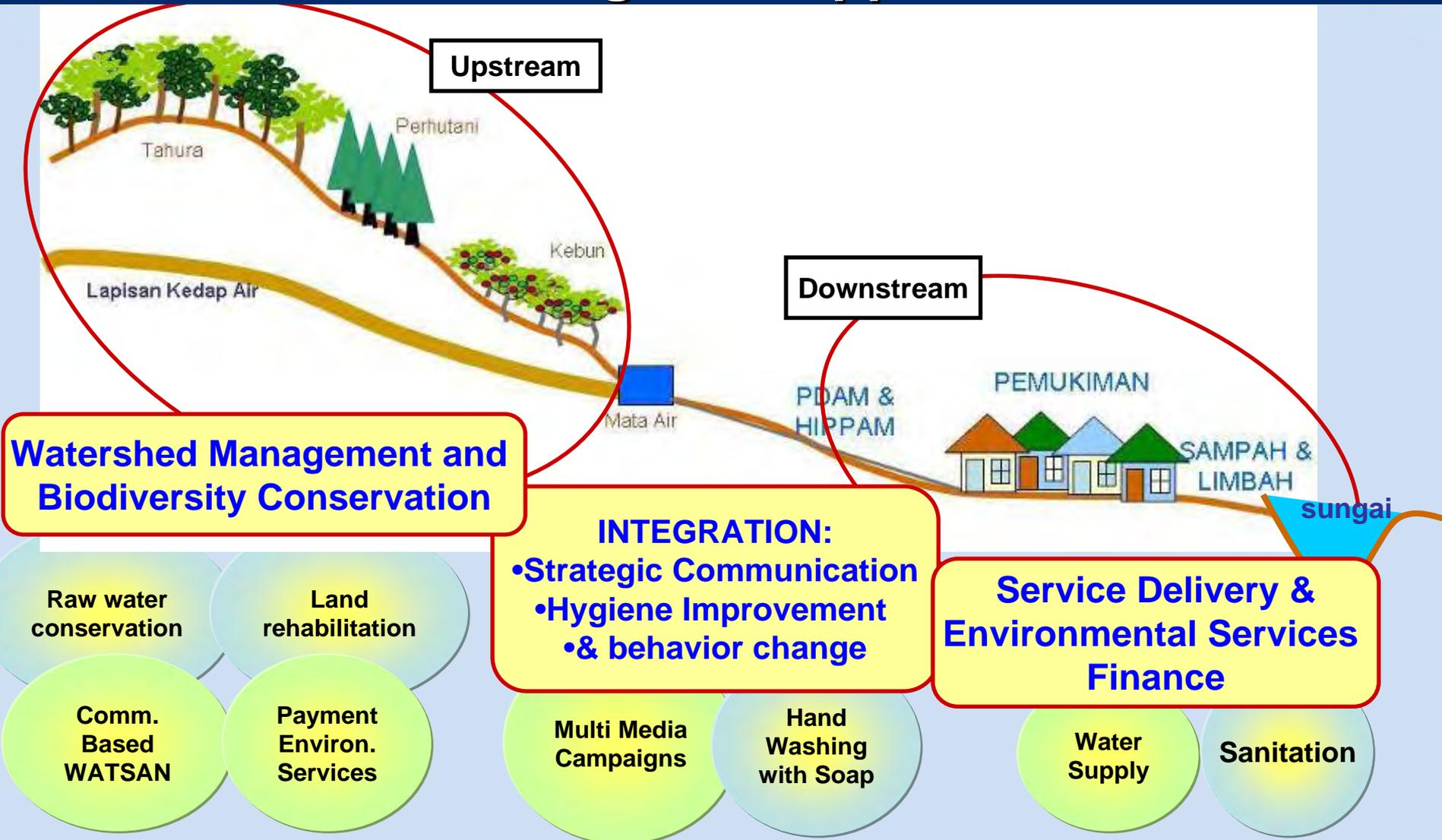
# Environmental Services Program USAID funded - 5 year (2005 – 2009)

## ESP mission:

**“ESP promotes better health through improved water resources management and expanded access to clean water and sanitation services.”**



# ESP integrated Approach



# ESP Sanitation Programs

## Main program:

- Sanitation road show 8 cities => select 4 (later 2 more in new province)
- Comparative Studies to Malaysia for committed Local G'ment's
- Develop city wide Sanitation Strategy (5 cities) based on sanitation mapping
- Install 12 pilot CBS systems through cost-sharing with G'ment
- Develop Comm. Based Solid Waste programs (composting & recycling)
- Prepare San Action Plans for system expansion, funded by G'ment / donors
- Hygiene / Behavior change interventions, Campaigns, incl HWWS
- Support Twinning (through Eco-Asia) for Sanitation Marketing

## Additional activities:

- Comparative Study all domestic Sewerage systems in Indonesia.
- Install 20+ Pilot CBS systems in other regions
- Develop 50+ Comm Based Solid Waste program
- Support National initiatives / conferences on promoting Sanitation



# Hygiene Improvement Framework

## Access to Hardware:

- Water supply systems
- Improved sanitation facilities
- Improved Solid waste system
- Household technologies & materials: hand washing w soap, safe water container, water treatment/point of use

## H&H Behavior Change:

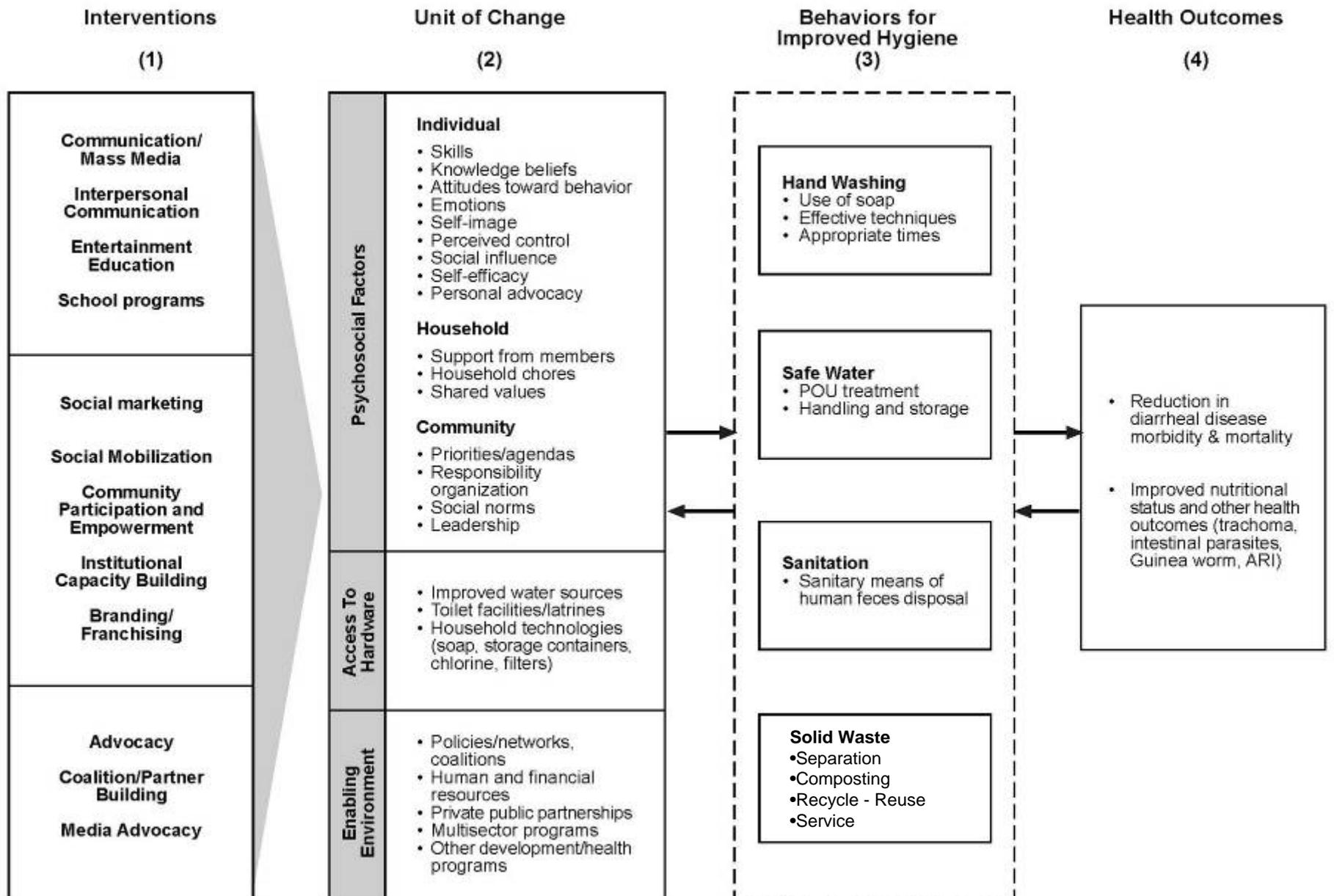
- Communication
- Social mobilization
- Community participation
- Social marketing
- Advocacy

**Health & Hygiene  
Diarrheal Disease Prevention**

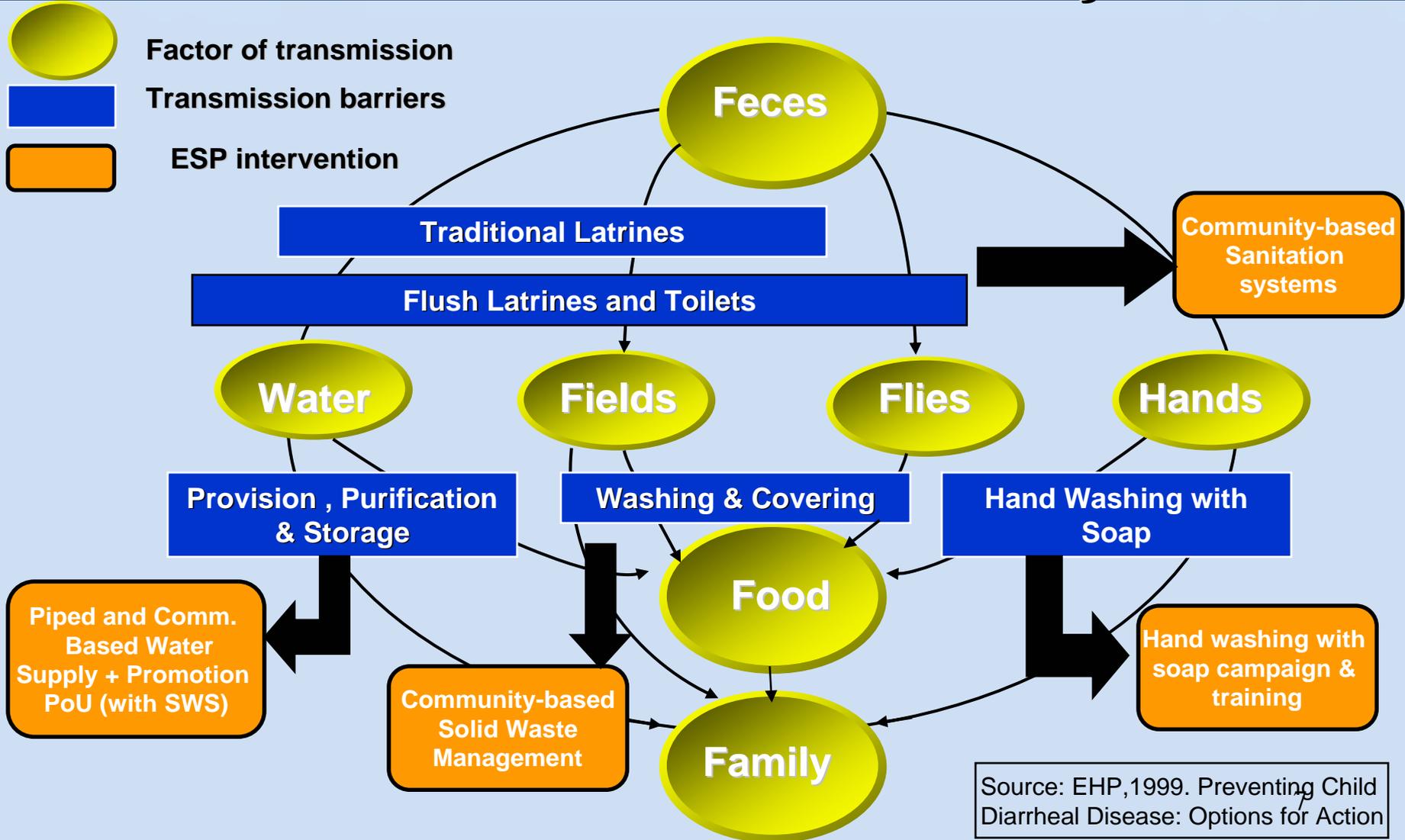
## Enabling Environment:

- Policy Improvement
- Institutional Strengthening
- Community Organization
- Financing and cost recovery
- Media advocacy
- Cross sector & Private Sector Partnership

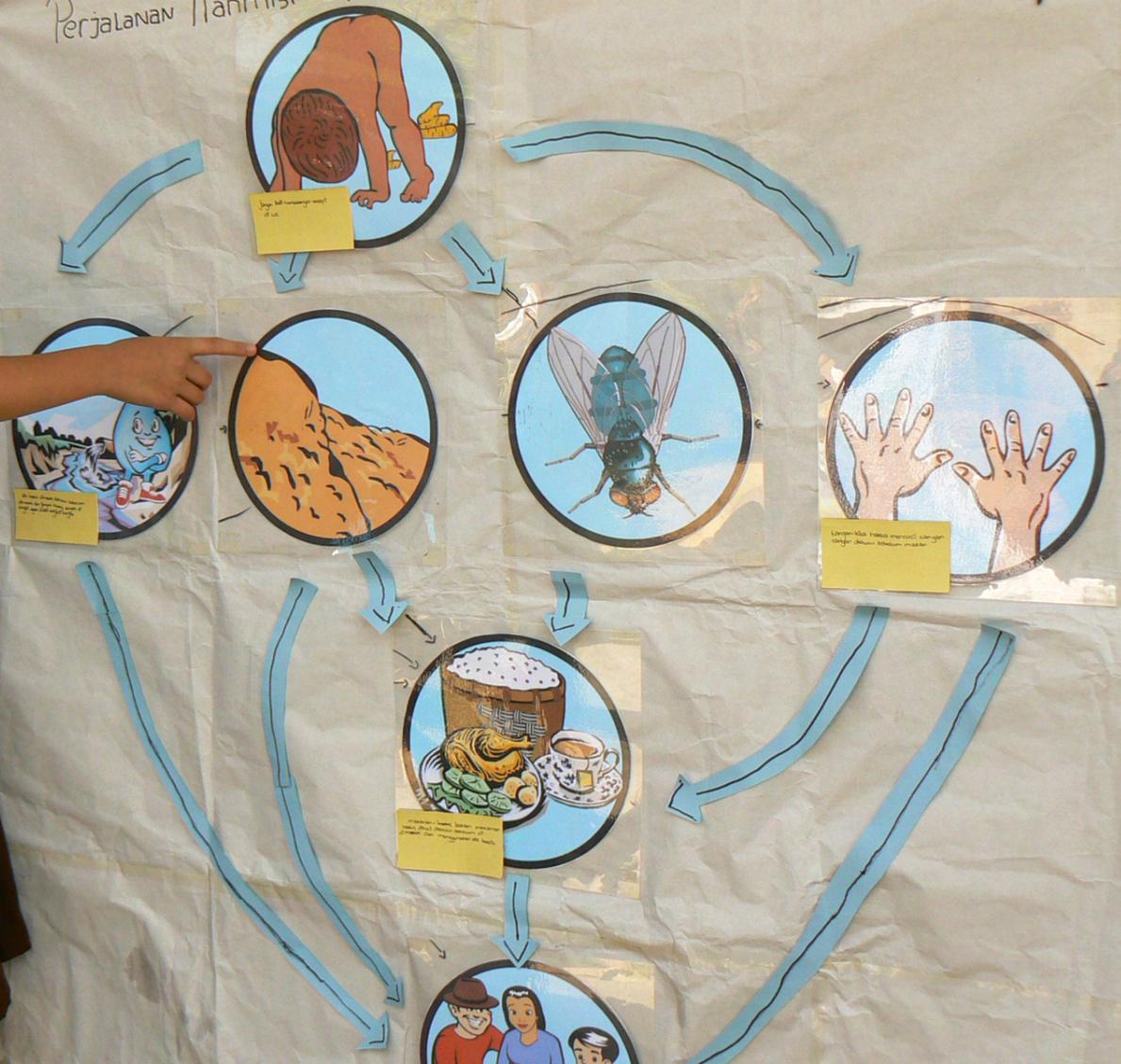
**Figure 1. Conceptual Framework for Improving Hygiene Behaviors**



# Fecal-Oral transmission cycle



# Perjalanan Transmisi kuman



Biasa Bersih

WIKI OIB 2012/13

# Sanitation Marketing entry points

- **Vital for Health**
  - (3) *Crucial entry point, but not easy to measure (many influencing factors)*
- **Improves Environment**
  - (4) *difficult, because long-term and only works when implemented on large scale*
- **Good Economic investment**
  - (5) *very difficult to explain to local stakeholders, benefits indirect / long -term*
  - (1) *easiest, because improving living very is very visible for community & local decision makers (“feel good” principle)*
- **Improve Social Development**
  - (2) *good entry point, because decision makers need to see examples on how to start (small)*
- **Is Achievable**

# Lessons learned

- ⊙ An **integrated approach** is ideal for obtaining flexibility of different entry points (water supply, solid waste, clean environment, hygiene, etc)
- ⊙ Best to start at **community / Local G'ment level** and then showcase successes to higher National level to support policy
- ⊙ Aim for **visible benefits** (at least initially) rather than just support policies, standards and studies
- ⊙ Improving Sanitation is **20% technology, 20% financing and 60% marketing**:
  - ⊙ initially aim for clean neighborhood / city
  - ⊙ then introduce health benefits
  - ⊙ next is improvement environment (specially water quality)
  - ⊙ finally use financial / economic impact

# Moving Toward a Strategic Approach to Sanitation at USAID's Global Health Bureau

Merri Weinger, USAID

USAID Sanitation Consultation, June 2008



# This presentation will:

- Highlight current sanitation approaches implemented by USAID/GH
  - Hygiene Improvement Project
  - Collaboration with USAID/GH/Office of HIV/AIDS
  - Child Survival and Health Grants Program
- Outline vision for the future

# Hygiene Improvement Project (HIP)

- Improve 3 key hygiene practices in targeted countries
  - Handwashing with soap
  - Safe disposal of feces
  - Household water treatment and safe storage
- Working in **Ethiopia, Madagascar, Uganda, Peru**
- 5-year contract (2004-9) with AED as prime

# Sanitation Promotion in Ethiopia

- “Learning by doing” in Amhara region
- Community-led Total Sanitation
- Negotiation of Improved Practices in the home
- School component
- Private sector/artisans



# Hygiene Improvement in Madagascar

- Broad collaboration in national hygiene and sanitation campaign
- Develop sanitation marketing approach in collaboration with private sector



# Hygiene Improvement in Madagascar (cont'd)



- Promotion of privately operated fee-for-use public toilet/shower/washing service facilities
- Support for improved sanitation infrastructure at schools, health clinics, transport points

# Sanitation Marketing in Uganda

- Operationalize behavior change component of the Improved Sanitation and Hygiene Promotion Financing Strategy
- Spearhead creation of sanitation marketing approach for rural Uganda
  - Develop field tools and guidelines
  - Pilot SanMark activity with PLAN Uganda
- Plan to scale up in 2009



# Sanitation as a Business in Peru

- Design and validate Sanitation Marketing strategies with WSP
- HIP support includes:
  - Formative research
  - Development of Sanitation Hardware packages
  - Knowledge Management
  - Models (with tools) that can be replicated in Peru and Latin America at a reasonable cost



# Integration of WSH into HIV/AIDS

## Policy and programming guidance



- Develop guidance on integrating WSH practices into HIV/AIDS care and support
  - Concrete guidance to countries
  - Technical considerations
  - COP planning tool
- Build capacity of PEPFAR implementers and partners
  - In-service training to technical working groups
- Technical assistance to Missions

# Guidance for Safe Feces Handling and Disposal

- Identify “small doable actions” through participatory research and pilot programs
- Use of appropriate technologies
  - larger stalls, stools, supports/handles, potties
- Pilot strategies through home-based care and OVC
- Integration of best practices into national policy/manuals
- Training and capacity building

# Child Survival and Health Grants Program

- 39 grants in 27 countries to NGOs with “Control of Diarrheal Disease” components, including sanitation
- Total LOP budget of \$107 million with 21% (over \$22 million) focused on diarrheal disease control
- Detailed technical reference materials on hygiene and sanitation for applicants (and others)

# Scaling up Sanitation: GH Vision for the Future

- Increase access to and use of sanitation products and services
  - Sanitation marketing
  - Effective hybrids of CLTS
  - Sanitation in health facilities
  - Safe feces disposal for PLWHA
  - New sanitation technologies
- Increase coordination/collaboration on sanitation within USAID and with external partners

# Scaling up Sanitation: GH Vision for the Future

- Develop effective models for WSH implementation, with strong sanitation component, in priority MCH countries
- Identify core set of sanitation interventions, guidelines, tools for integration in MCH programming



For further information:

Merri Weinger

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Washington, DC USA

[mweinger@usaid.gov](mailto:mweinger@usaid.gov)

1-202-712-5102

## Appendix 4

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### External Partner Presentations

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- a) World Bank Water and Sanitation Program
- b) UNICEF

# Sanitation and Hygiene

## Sector Trends – Good news

- IYS has raised the political profile of sanitation and hygiene
- Increasing number of countries are developing national sanitation policies
- Improving knowledge regarding what works and what does not work
- Promising programmatic approaches
- Investments in sanitation are increasing
- Key global sector agencies are prioritizing sanitation and hygiene

# Sanitation and Hygiene

## Sector Trends – the Bad news

- IYS ends in 6 months
- Failure to achieve MDG targets;
- Global attention starting to focus on other issues such as climate change
- Rising income inequalities and disparities in sanitation coverage between rich and poor
- Urbanization is accelerating – mega slums and small and medium towns;
- Decentralization of service provision (creates scaling up challenges)
- Still very little knowledge regarding hygiene behavior change at scale

# Ideas for USAID Sanitation Strategy

## “Sanitation for the Poor”

- Get high level USAID and State commitment to support a focus on improving access to hygienic sanitation of the poor
- Identify a sanitation champion within USAID
- Carry out an objective assessment of the quantity and effectiveness of existing sanitation and hygiene programs within USAID and identify constraints to doing more and better work
- Develop sanitation and hygiene expertise within USAID and its contractors and NGO grantees
- Develop tools and guidance for Missions (build on good work from WASH and EHP as well as existing tools from global partners such as UNICEF, WSSCC, WSP, etc.)
- Create incentives for missions to design and implement programs
- Work with global partners and promote harmonization of approaches in countries. Work with MCC?

# Ideas for USAID Sanitation Strategy

## “Sanitation for the Poor”

- Improve DHS to get more and better data on sanitation access for the poor
- Focus on scaling up and programmatic sustainability – No more technology pilots
- Focus on institutional, policy and financial issues

# Sanitation & Health

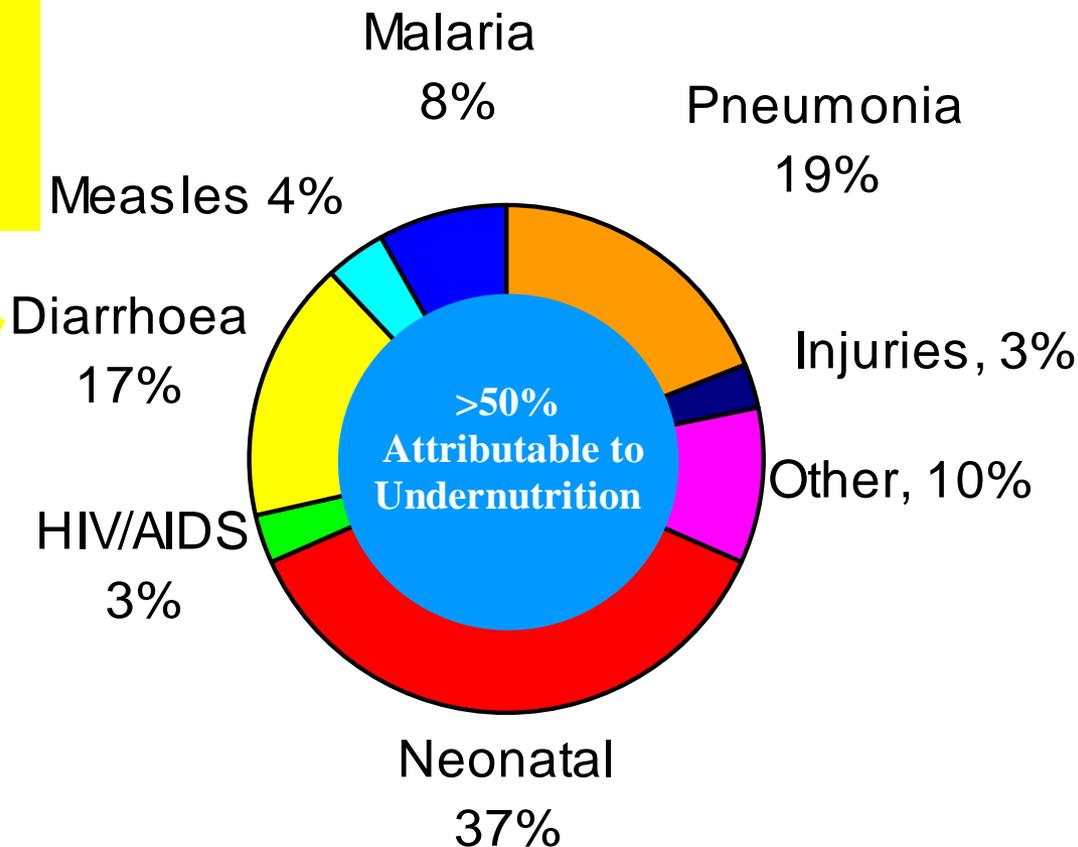
Thérèse Dooley  
UNICEF

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



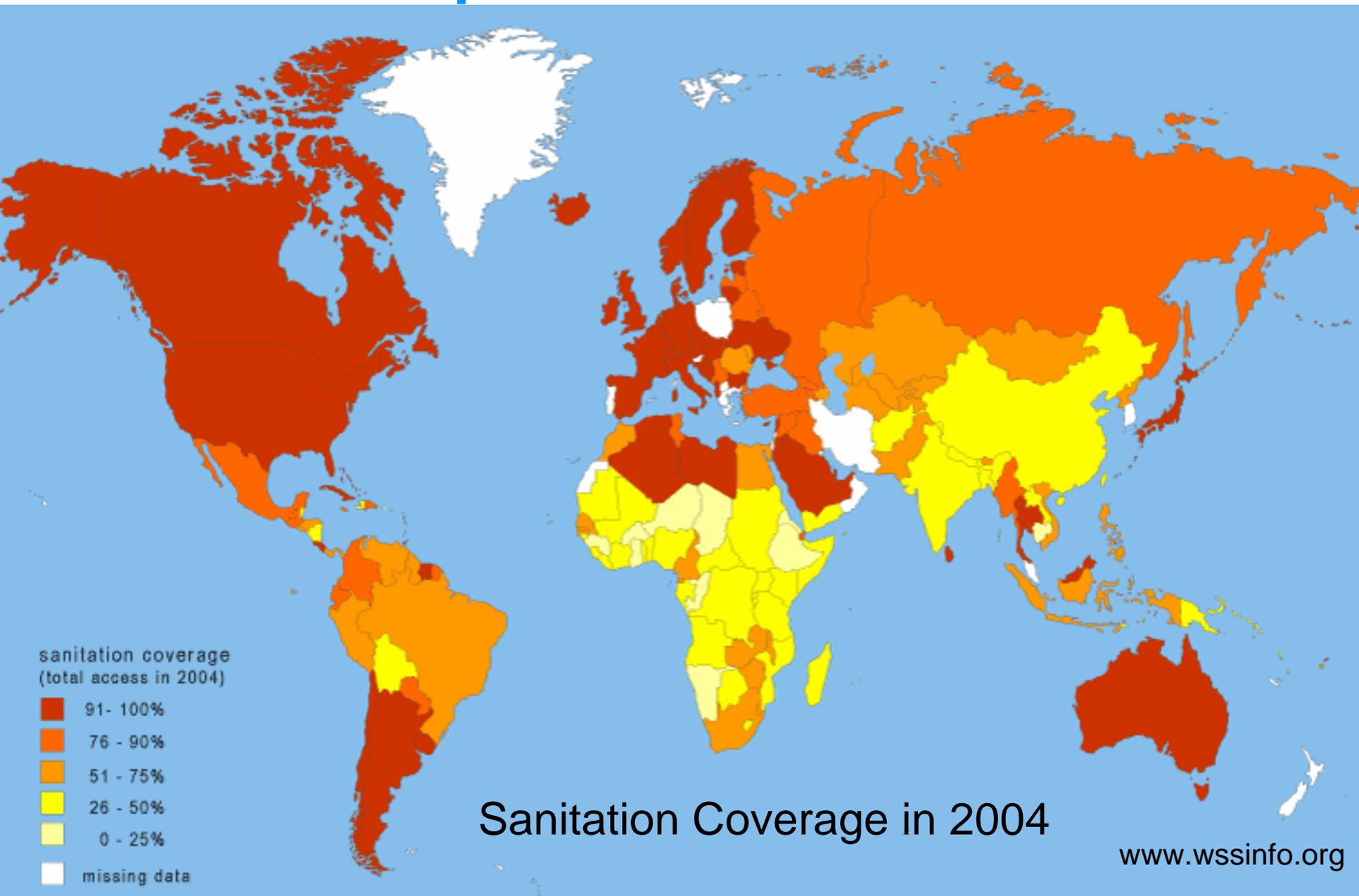
# 10 million children U5 die each year

Poor hygiene, lack of access to sanitation and unsafe drinking water together contribute to about **88% of diarrhoea** deaths



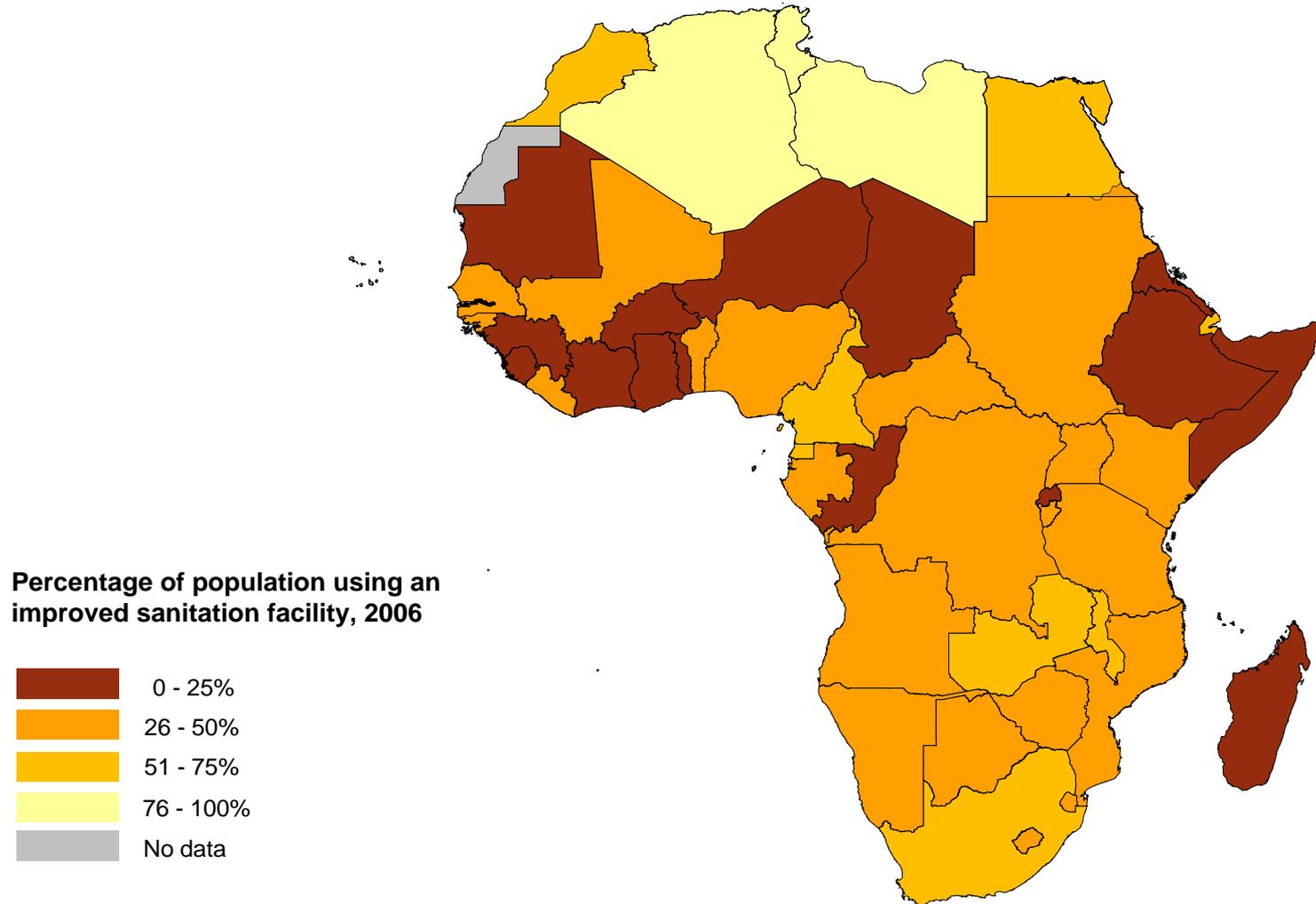
**Causes of Mortality among under-five Children**

# Global Snap Shot

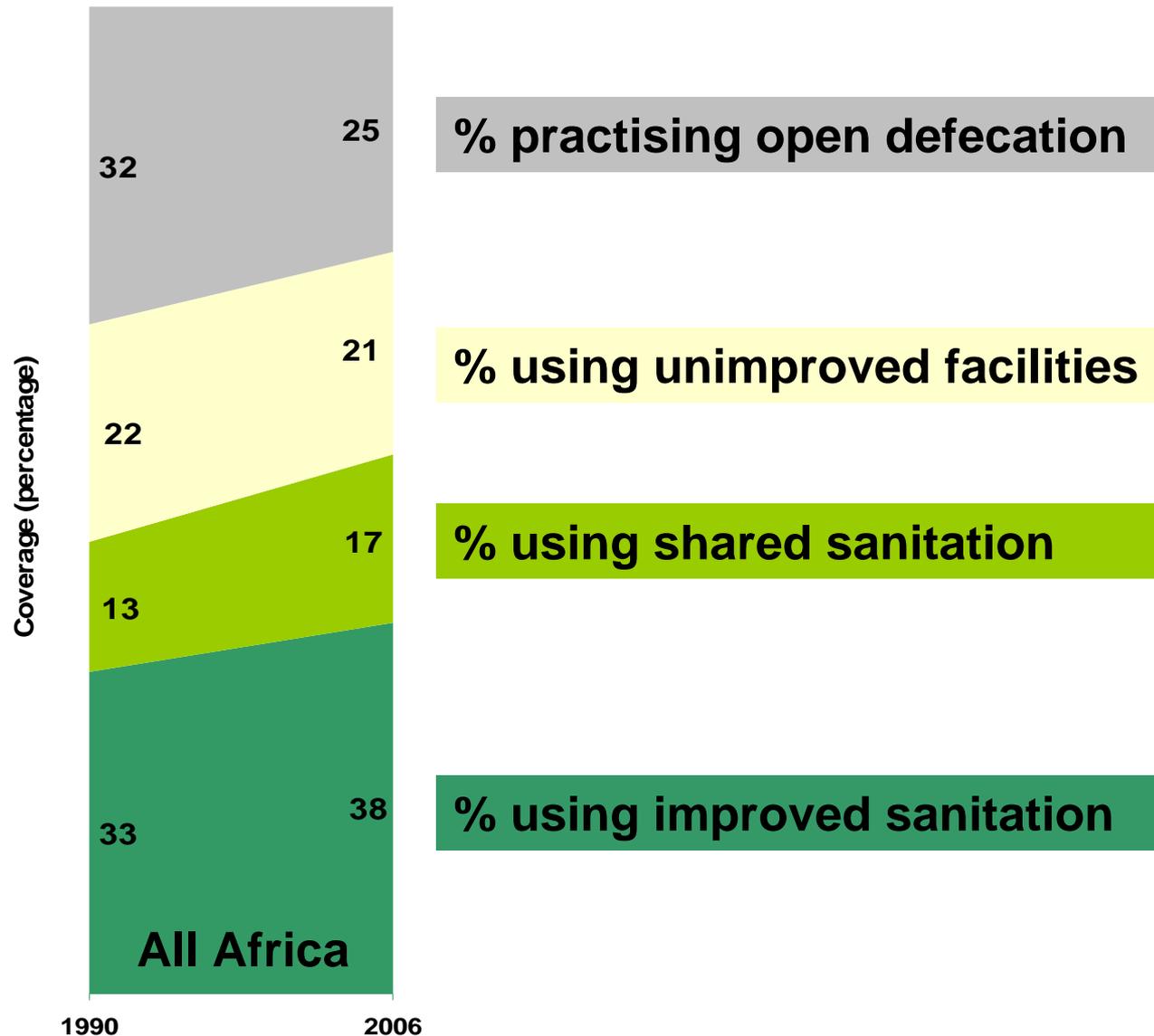


Sanitation Coverage in 2004

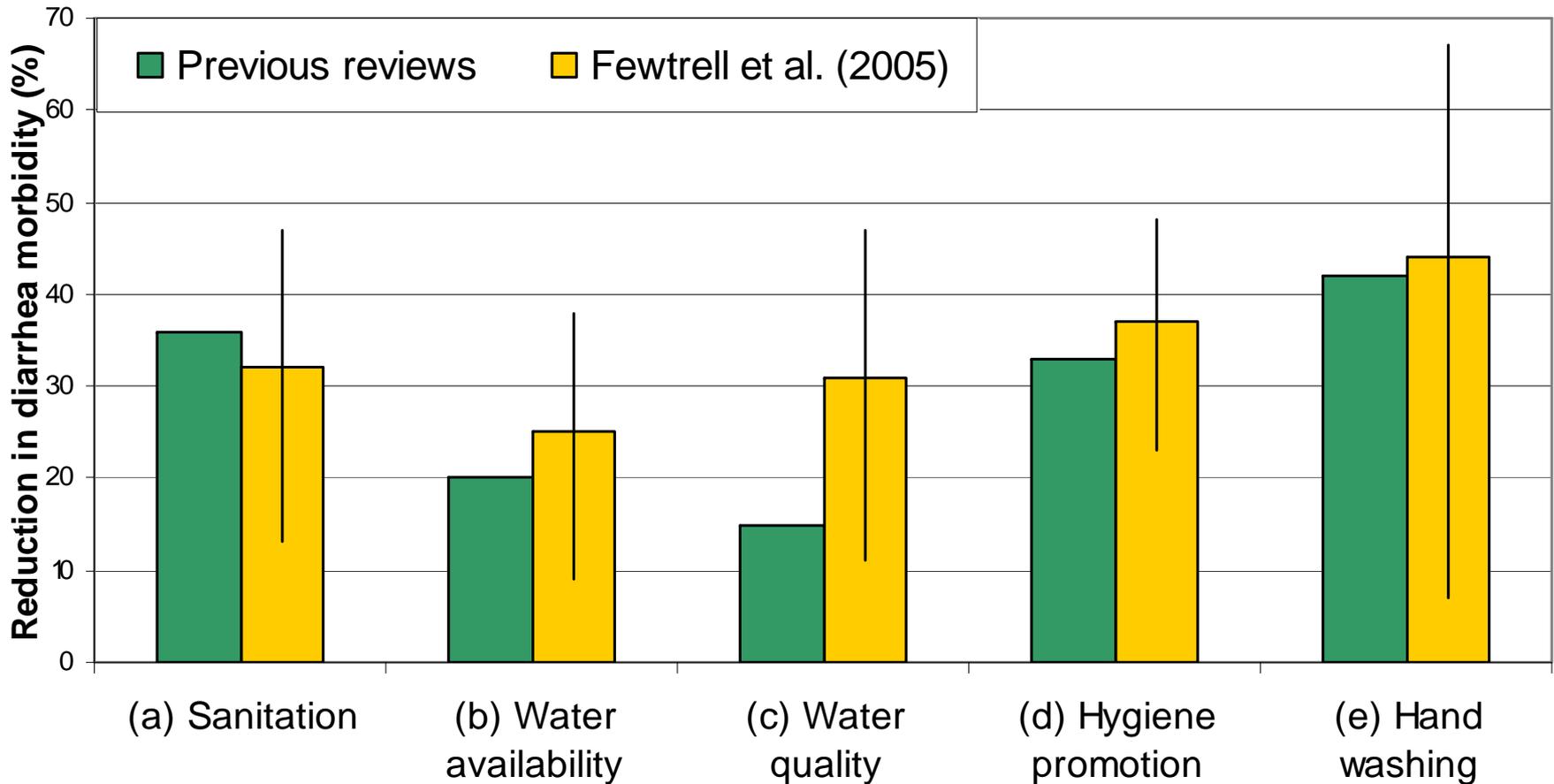
# In 16 of the 54 countries in Africa, sanitation coverage is less than 25 per cent



# Trends in sanitation practices, 1990 - 2006



# Diarrhoea Risk Reduction



## Previous reviews:

a – d Esrey SA et al. (1991) Bull WHO 69 (5): 609-621

e Curtis V, Cairncross S (2003) Lancet Inf Dis 3: 275-281.

**Fewtrell L et al. (2005) Lancet Infect Dis 5(1): 42-52.**

# Sanitation and child health

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## Diarrhoea (incl. cholera)

Still among the major causes of death among children under five years of age: **1.5 million each year; 5,000 each day!**

88% of diarrhoeal deaths are from poor hygiene practices, contaminated drinking water, poor sanitation

**Diarrhoea morbidity** – a massive burden of disease (4 to 5 bouts/year/child, 4 billion cases/ year) causes malnutrition and opportunistic infections

ORT can prevent death, but improved hygiene, water, sanitation is the only way to prevent the illness



# Sanitation and child health

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## Other diseases

Helminth infections

Schistosomiasis (20 million severely affected patient, 20,000 deaths/yr)

Trachoma (6 mln blind ...)

Typhoid

Guinea worm disease (11,000 cases)

Fluorosis and arsenicosis

Skin & eye infections,

Dengue

Geohelminths

SARS?

Emerging evidence of a link between hand-washing and acute respiratory infections (the other major killer of children)



# Cost effectiveness

| Interventions against diarrhoeal disease   | Cost-effectiveness ratio (US\$ per DALY averted) |
|--|--|
| Cholera immunizations                      | 1,658 to 8,274                                   |
| Rotavirus immunizations                    | 1,402 to 8,357                                   |
| Measles immunization                       | 257 to 4,565                                     |
| Oral rehydration therapy                   | 132 to 2,570                                     |
| Breastfeeding promotion programs           | 527 to 2,001                                     |
| Latrine construction and promotion         | ≤270.00  |
| House connection water supply              | 223  |
| Hand pump or stand post                    | 94   |
| Water sector regulation and advocacy       | 47   |
| Latrine promotion                          | 11.15  |
| Hygiene promotion (including hand washing) | 3.35   |

**Source:** Disease Control Priorities in Developing Countries, 2<sup>nd</sup> edition 2006 ([www.dcp2.org](http://www.dcp2.org)) – Chapter 41

## Cost/Benefit

Annual economic benefit estimates for achieving the Sanitation MDG in the “off-track countries” **\$ 35 billion**

Annual cost estimates for achieving the Sanitation MDG for the “off-track countries” **\$ 3.8 billion**

Return on \$1 investment in improving sanitation in the MDG “off-track countries” **\$ 9.1**

**Source:** Hutton et al. 2007. *Economic and health effects of increasing coverage of low cost household drinking-water supply and sanitation interventions to countries off-track to meet MDG target 10*

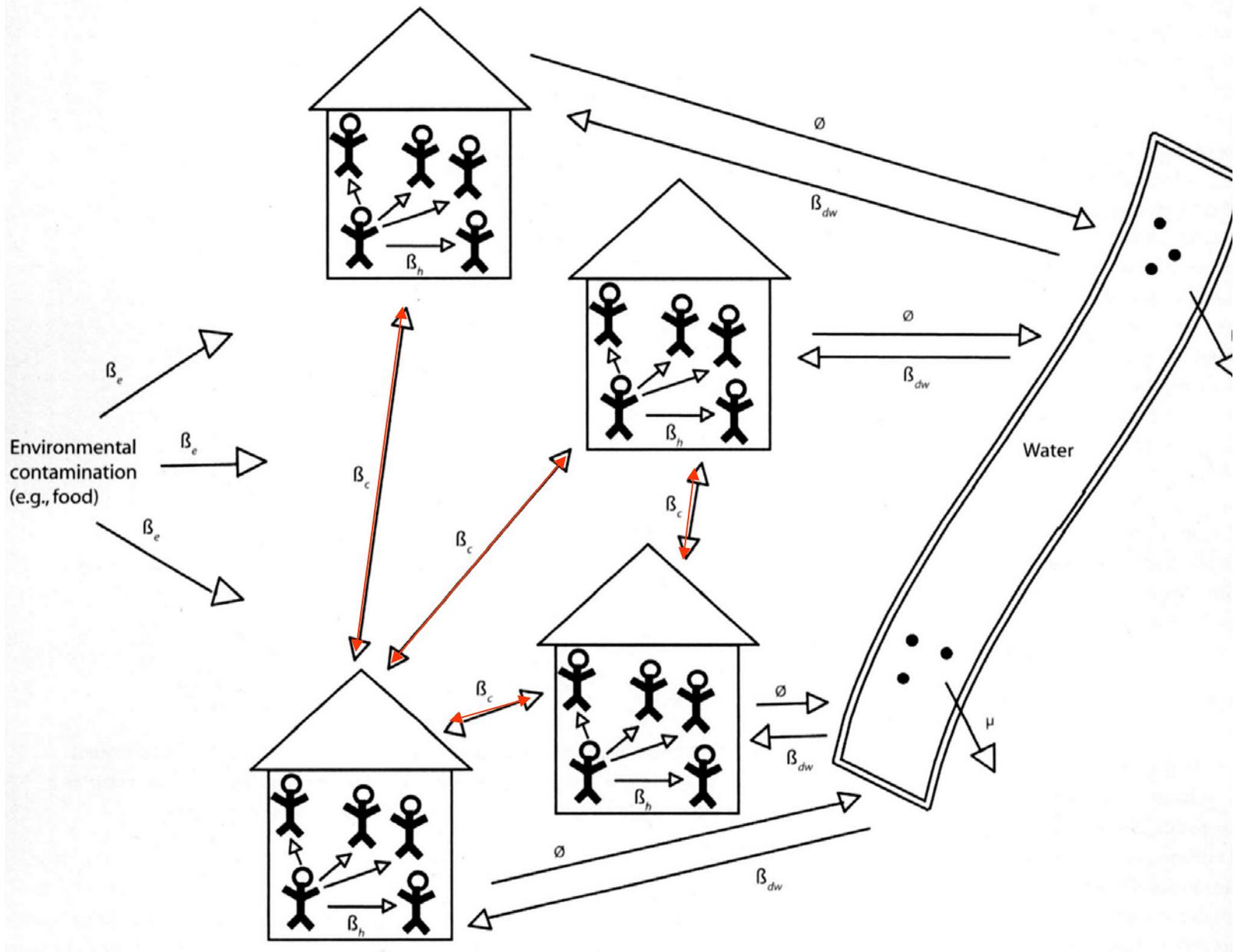
# Evidence Base – Quick Wins

**Hand Washing** – Correct hand washing at critical times can reduce diarrhoea by 44%+,  
New studies suggest that it can also reduce respiratory diseases by over 30%

**Evidence base + costing = High Impact/Low Cost Interventions**

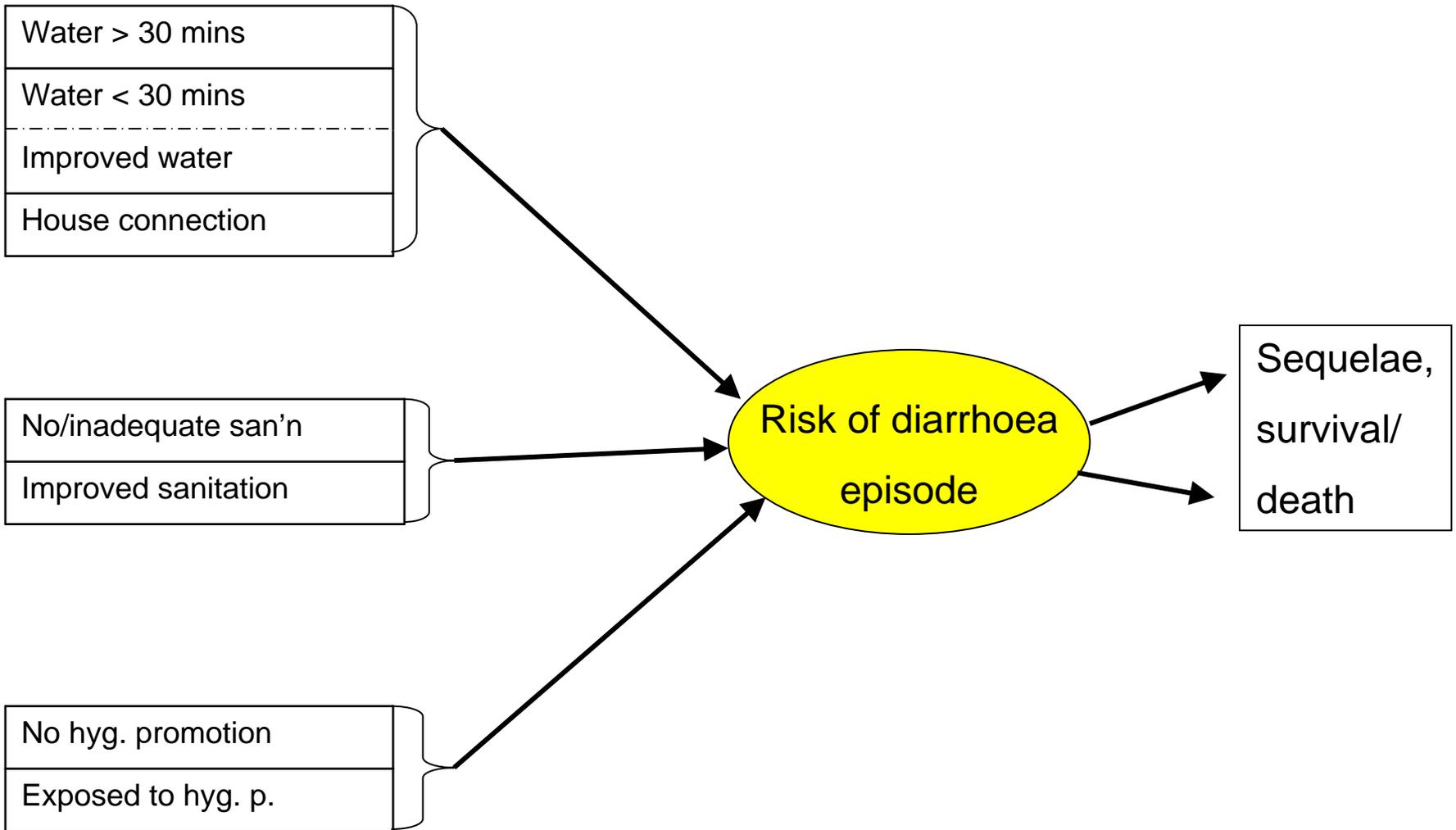
**Quick wins for Children**





Note.  $\beta_c$  = between-household transmission;  $\beta_h$  = within-household transmission;  $\phi$  = contamination of water;  $\beta_{dw}$  = exposure from contaminated water;  $\beta_e$  = other sources.

Source: Eisenberg *et al.* 2007. *AJPH* 97, 5; 846-52.



## Activity

- A** **Cochrane review: impact of excreta disposal on health.**
- B** **Water-borne vs. -washed transmission by pathogen**
- C** **Review of Ascariasis and handwashing.**
- D** **Assess prevalence of safe disposal of child faeces in selected countries using DHS or MICS data**
- E** **Review of the relation between child faeces disposal and child health**
- F** **Review the availability of data on hygiene behaviour and exposure promotion.**
- G** **Compile existing evidence of efficacy of interventions**

**Assess population needing > 30 min. for water collection**

# Community Based Sanitation Approaches

Open Defecation Free Communities

Community based process

Demand Driven

Technology choice secondary

Social change – pride and dignity

Community managed

# Community Based Sanitation Approaches

Asia – Cambodia, Bangladesh, India, Indonesia....

Ramakrishna Mission, Total Sanitation Campaigns – *Gram panchayat* (529 Districts). The Latrine *Bupati* – Clean Friday movement

Africa – Ethiopia, Zambia, Sierra Leone -Kaka free villages

America's – Bolivia

In total approximately 17 countries

SLTS – School Led Total Sanitation in Pakistan

# The process

- District Council led
- Training of CLTS facilitators
- Identification of villages
- Community mapping of defecation areas
- Shit volume calculations
- Faecal-oral transmission
- Health cost calculations
- Toilet cost calculations



***'One Family, One Toilet!'***

**HRH Chief Macha**

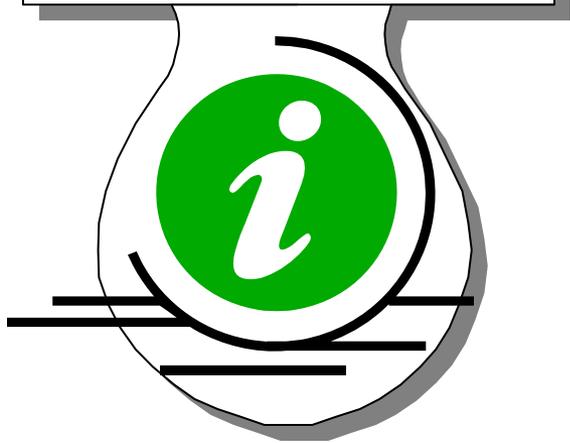
# The process

- ‘Walk of shame’
- Community resolution
- Technical advice for toilet construction
- Formation of Sanitation Action Groups (SAGs)
- Monitoring, verification and certification

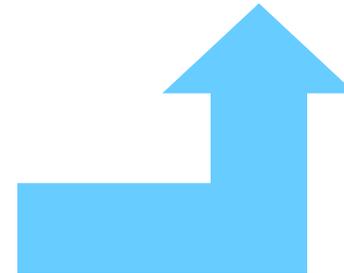


# Open Defecation Free (ODF)

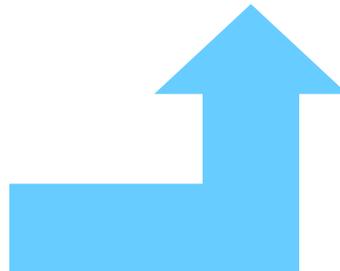
This is an ODF Village!



District Certification Committee



Chieftom Verification Committee



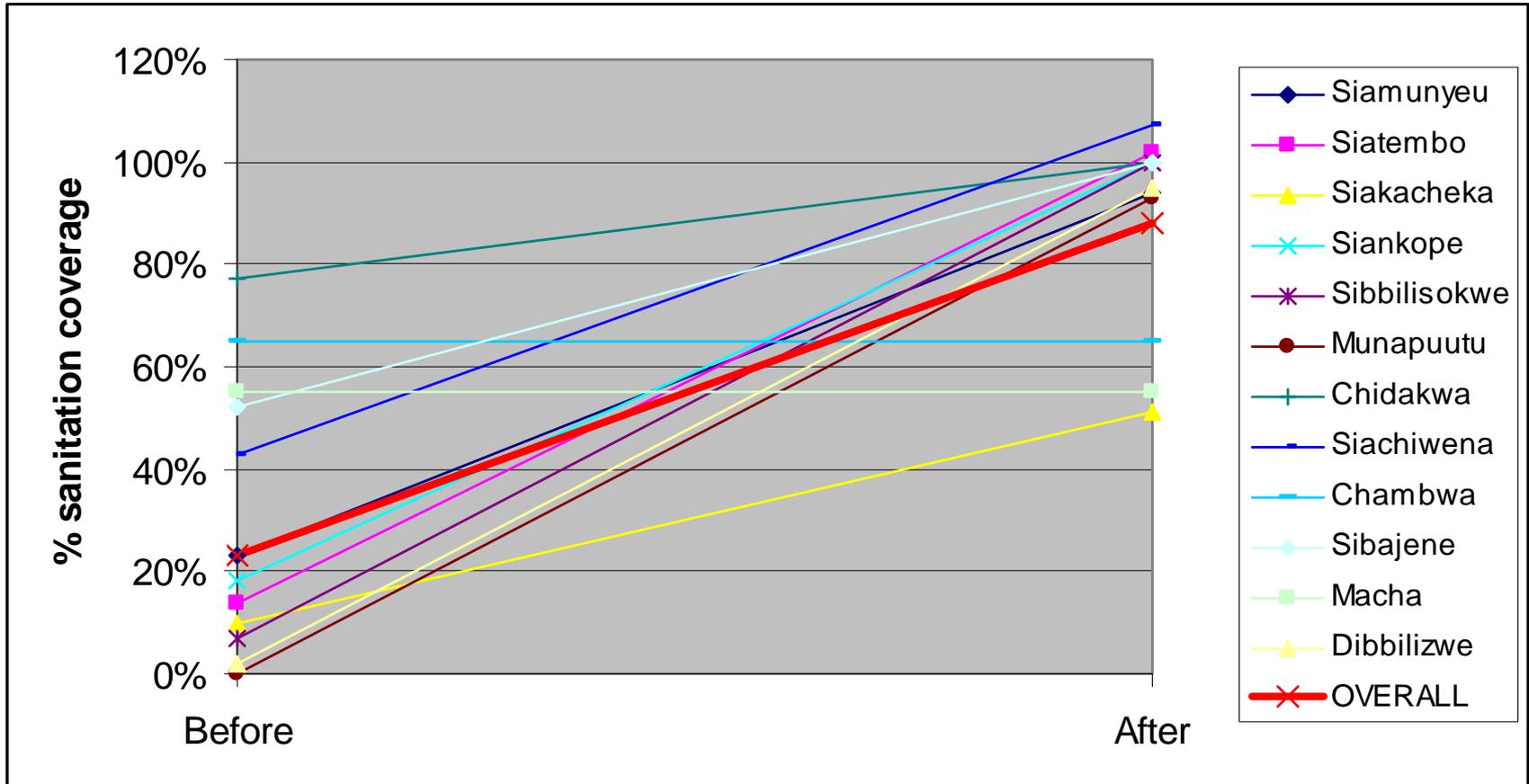
Village Monitoring Committee (SAG)



# Review after 2 months

| No.           | Village      | Popn.       | No. of households | Number of toilets and % coverage |            |             |            |
|---------------|--------------|-------------|-------------------|----------------------------------|------------|-------------|------------|
|               |              |             |                   | Before CLTS                      |            | CLTS Review |            |
| 1             | Siamunyeu    | 253         | 35                | 8                                | 23%        | 33          | 94%        |
| 2             | Siatembo     | 927         | 116               | 16                               | 14%        | 118         | 102%       |
| 3             | Siakacheka   | 645         | 86                | 9                                | 10%        | 44          | 51%        |
| 4             | Siankope     | 633         | 89                | 16                               | 18%        | 89          | 100%       |
| 5             | Sibbilisokwe | 186         | 27                | 2                                | 7%         | 27          | 100%       |
| 6             | Munapuutu    | 618         | 68                | 0                                | 0%         | 63          | 93%        |
| 7             | Chidakwa     | 281         | 26                | 20                               | 77%        | 26          | 100%       |
| 8             | Siachiwena   | 137         | 14                | 6                                | 43%        | 15          | 107%       |
| 9             | Chambwa      | 169         | 20                | 13                               | 65%        | 13          | 65%        |
| 10            | Sibajene     | 326         | 52                | 27                               | 52%        | 52          | 100%       |
| 11            | Macha        | 265         | 40                | 22                               | 55%        | 22          | 55%        |
| 12            | Dibbilizwe   | 96          | 42                | 1                                | 2%         | 40          | 95%        |
| <b>Totals</b> |              | <b>4536</b> | <b>615</b>        | <b>140</b>                       | <b>23%</b> | <b>542</b>  | <b>88%</b> |

# Review after 2 months



# Review summary

- Overall sanitation coverage increased from 23% to 88% for population of 4,536
- 68% of toilets met the NRWSSP (MDG) definition
  - Coverage increased from 15% to 60%, therefore MDG sanitation target (58%) surpassed in just 2 months
- 9 out of 12 villages (75%) ODF
- 3 non-ODF villages had respective latrine coverage of 94%, 95% and 100%
- Villages with 55% and 65% coverage were still ODF
- Unused sanplats were applied under CLTS
- Only 22% of toilets had hand-washing facilities

## Appendix 5

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### Synthesis of Working Group Discussions June 19, 2008

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## **Sanitation Consultation – Synthesized Outputs from Day 1**

### **WHATs – things that USAID does (field level programmatic ideas)**

1. Sanitation Marketing
2. Develop harmonized sanitation indicators for missions – Outcomes vs. outputs
3. Private sector financing mechanisms for sanitation
4. Urban Sanitation
5. CLTS
6. Capacity building - local, municipalities, NGOs (Mimi Jenkins idea)
7. School Sanitation
8. Handwashing technology
9. Soap cement / Supply chain management
10. National policy formation
11. Operationalizing national policies and strategies
12. Access to sanitation products
13. Safe disposal of children feces
14. Advocacy to broaden water utility responsibility for sanitation
15. Add soft side to hardware (behavior change and demand creation) + systems supporting management of hardware
16. Sanitation promotion for PLWHA

### **Principles – over-arching**

1. Use the Hygiene Improvement Framework (HIF)
2. Measuring outcomes vs. outputs
3. Working at scale
4. Corporate policy on subsidies
5. Cradle to grave excreta management
6. Tandem promotion of handwashing with sanitation
7. Donor Coordination
8. Private sector use of and involvement

### **HOWs– things that USAID has to do to implement the WHATS**

1. Decision-making matrix to set priorities
2. Working at scale
3. Building internal capacity
4. Internal norms and guidelines
5. Prioritizing countries and mapping
6. Establish external advisory group to USAID
7. Start a Sanitation and Hygiene Initiative Team (SHITeam)
8. Integrate sanitation across existing USAID programs - look for low hanging fruit
9. Initiate a Global Community of Practice for field practitioners to support Knowledge Management & Knowledge Sharing
10. Produce Fact sheets outlining benefits of sanitation to send to missions
11. Send cable to missions with guidance on how to program earmark
12. Develop programming guidance on the WHATs
13. Participate in multi-donor fora to develop shared donor priorities

14. Identify focal point on sanitation at USAID
15. Carry out objective assessment and baseline
16. Create incentives for Missions to design and implement programs
17. Get high level USAID/State commitment
18. Develop a sanitation strategy

And now.....

### **Plenary session**

The **WHATS** – what is missing? Are there things on the list that USAID should not do? Please rank top three using these festively colored self-adhesive dots.

The **PRINCIPLES** - We want to ratify these. Did we miss any?

The **HOWS** – These are the possible elements of an Action Plan. Did we miss any? Better way to articulate them?

The **SHIT** (Sanitation and Hygiene Initiative Team) - Move into this already-planned session.

Ratify/validate the members of the **SHIT**

### **Now Next Steps**

Who else needs to be involved in this sanitation discussion? Anyone Missing?

### **Merri's Next Steps**

We will have a meeting in the second half of July and we will follow up on the details with you – invitations extended next week.

## Appendix 6

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### Summary of Participant Evaluations

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# **USAID SANITATION CONSULTATION**

## **JUNE 19-20, 2008**

### **Evaluations Results**

Using a scale from one to five, 12 participants rated the degree to which the Sanitation Consultation met the objectives:

- 1 = the outcome was not achieved
- 5 = the outcome was successfully achieved

**Objectives: By the end of this Sanitation Consultation, participants will:**

- **Identify USAID's comparative advantages and opportunities in community and household sanitation programming for improved health.**

**4**

- **Describe specific program approaches that USAID should take to increase access to and use of basic sanitation over the next 3-5 years.**

**3.5**

- **Agree on next steps that will help USAID incorporate best sanitation practices into ongoing or new programs.**

**4**

### **Overall Rating for Objectives Met: 4**

**Which session(s) did you find most useful? Why?**

- Information experts; small group Thursday (second one)
- Panel: WB/UNICEF/WSP
- Presentations by outside organizations (WSP, WSSCC, UNICEF)
- External panel and discussion
- External Views & suggestions; good to know we are on the right track w/existing...
- All sessions relevant and well-planned
- Day 2
- External Speakers
- The final session – more concrete plan of action
- External scene setting, 2) 2<sup>nd</sup> day morning session
- Voting on 2<sup>nd</sup> day and mapping out top 6 WHATS

**Which session(s) could have been more useful? What would have made them more useful for you?**

- Friday morning – but unfair comment because only way it could have been improved was if lists were organized differently.
- The breakout session on day 1 was a bit frustrating. It may have been more useful if the task was more limited or focused.
- If you could have distilled the “whats” a little better to jumpstart day 2 – I know it is difficult when flipcharts don’t have the detail
- Very ambitious agenda for 1.5 days
- Having a map/matrix of existing sanitation programs + strengths / weaknesses will be helpful
- Give more time to outside organizations to present their ideas
- The strategizing meeting on 1<sup>st</sup> day p.m. The structure was odd – but the ends were achieved

**What specific follow-up do you recommend after this Sanitation Consultation?**

- Communicate results to key missions, who are engaged / interested in sanitation
- GH needs to articulate the agenda to top right 1<sup>st</sup> in GH, then AID and gain \$ to implement
- Disseminate report, continued consultation with outside organizations + mission staff.
- SHIT taking on task of detailing sanitation strategy. The HOWS
- Develop guidelines for missions
- Follow through vigorously on next steps
- Get strategic plan going
- Meet to discuss outcomes of this report
- The San. Working Group is a great way to move forward.

**What follow-up action(s) do you plan to take based on your participation in the Consultation?**

- Share results with USAID mission + WSP + Dutch embassy (which are our main sanitation partners)
- Read & track output’s impl. – particularly in Working Group
- Share outputs with RDMA + USAID/Philippines
- Participate in consultative group
- Determine who in DOS should be in working group; develop message for embassies
- Participate in the SHITeam!
- Respond with specific comments on how IRC may help in taking forward some of the outcomes
- SHITeam

**ADDITIONAL COMMENTS:**

- a. **Sanitation Consultation design and content**
  - Fine

- Good (4)
- Found it difficult to re-engage on day 2 because lists were not well sorted... v. much output & brainstorming from previous day
- Well planned, well run (good food and enough coffee, too!)
- There should be a little more instruction on how table dynamics should take place. Some individuals controlled conversations.
- More structure in activities.

**b. Sanitation Consultation background paper and supporting materials**

- Very good
- Good/Great
- Good, but under-used within the meeting
- Very good
- Helpful (2)
- Good – matrix of existing activities would have been helpful
- V. useful

**c. Presenters/Facilitator**

- Kathy's great, as usual
- Great (2)
- Excellent (arrow towards facilitator)
- Excellent (2)
- Awesome
- Very good specially (facilitator)
- Good
- Well chosen – no ... (doubt?)

**d. Logistical support and facilities**

- Liked Day 1 room better / Where were the cocktails & canape's?
- Great (2)
- Excellent (4)
- Good (2)
- Very good

**e. Other comments?**

- Wash you hands!
- Thanks for inviting people from the field + outside organizations
- Thank you for inviting me
- Please invite me again next year...