This factsheet provides information on the link between sanitation and agriculture as well as related implications on health, economy and the environment. It presents examples of treating and using treated excreta and wastewater in a productive way and describes the potential for urban agriculture and resource recovery in rural areas. Institutional and legal aspects, business opportunities and management of associated health risks are also discussed.

Productive sanitation is the term used for the variety of sanitation systems that make productive use of the nutrient, organic matter, water and energy content of human excreta and wastewater in agricultural production and aquaculture. These systems should enable the recovery of resources in household wastewater, minimise consumption and pollution of water resources, support the conservation of soil fertility as well as agricultural productivity and thereby contribute to food security and help to reduce malnutrition.

The implementation and scaling-up of productive sanitation systems is inhibited by weak, non-existing and sometimes prohibiting legislation. It is therefore necessary to develop relevant legislation along the sanitation chain taking into consideration the type of crops, occupational health, food hygiene and other preventive and risk management measures. This requires awareness raising, advocacy and behavioural change by all stakeholders. Further applied research is also needed to assess risk management options at the interface between agriculture and sanitation to support policy dialogue at the local and national level.

The resource perspective
Considering the number of people to be fed and the existing resource limitations, the food security issue should be approached with having resource preservation and recovery in mind. Here, productive sanitation systems play a key role.

At present farmers worldwide use around 164 million tons of synthetic fertiliser\(^1\) in terms of N, P\(_2\)O\(_5\) and K\(_2\)O annually (IFA, 2011). The production of the most important and commonly used fertiliser ingredients i.e. nitrogen (N), phosphorous (P), and potassium (K) is energy-intensive. Furthermore, the mineable phosphorus and potassium reserves are finite. The crop yields today depend to a large extent on mined phosphate rock and potassium, a significant departure from historical food production methods (UNEP, 2011).

Food security and the access to safe water and sanitation are fundamental human rights that for many people remain a promise unfulfilled. Globally still some estimated 2.6 billion people do not use improved sanitation facilities (WHO/UNICEF, 2010) and around 925 million worldwide are chronically undernourished (FAO, 2010).

To meet the dietary demands from a growing world population, projected to reach 9 billion by 2050, the world food production in 2050 would need to increase by 70% (FAO, 2009). A great deal of the population growth will take place in urban areas leading to a substantial increase in urban food demand and a corresponding increase in the amount of organic waste, human excreta and wastewater from cities to be managed in a safe and productive way. The safe recycling of sanitation products can contribute to improved resource management, reduce environmental impact and improved health and nutrition.

How long exactly the phosphorus and potassium reserves will last is hotly disputed as estimates depend on many factors, like the potential discovery of new reserves, increasing population growth and demand, increasing difficulty to extract reserves, and related market price developments (Cordell et al., 2009; UNEP, 2011). One additional concern is that lower grade phosphorus which might increasingly be mined in the future is often contaminated with radioactive uranium.

Recent phosphorus fertiliser price increases and the uncertain phosphorus future, stress the need for resource recovery on a global level (Rosemarin et al., 2009). It is estimated that the globally available phosphorus from urine

\(^1\) The term “synthetic fertiliser” in this factsheet equates more or less to other terms used colloquially for this type of fertiliser, namely industrial, chemical, commercial or inorganic fertiliser.
and faeces could account for 22% of the total global phosphorus demand (Mihelcic et al., 2011).

Nitrogen can be extracted from the surrounding air but the industrial Haber-Bosch process is energy-intensive and today strongly based on limited fossil fuels. Furthermore, human activities now convert more nitrogen from the atmosphere into reactive forms than all of the earth’s terrestrial processes combined (reactive nitrogen is ammonia, ammonium, nitrate, nitrite and nitrous oxides, i.e. NO and NO$_2$) (Gruber and Galloway, 2008). This is four times the rate proposed as the planetary boundary for human modification of the nitrogen cycle, in order to avoid large-scale ecological impacts, such as oceans becoming eutrophic due to nitrate (Rockström et al., 2009).

This results in a triple driver for treated excreta use in agriculture in terms of nitrogen – to reduce fossil fuel use, reduce emissions of gases responsible for climate change and to reduce the input of reactive nitrogen in ecosystems.

Another essential resource in food production is water. Agriculture is a water intensive process and consumes 70% of the total water withdrawn globally (FAO, 2011). The supply and availability of water is increasingly diminishing and is unevenly distributed globally. Already today, large parts of Asia, Africa and the Middle East face either physical or economic water scarcity.

Environmental consequences

As urbanisation has outpaced sanitation infrastructure in many countries, today only a small fraction of human excreta receives appropriate treatment, and generally resource recovery is not included. Cordell (2009) estimated that only 10% of nutrients in excreta return to arable soil.

The disposal oriented sanitation systems together with continuous and excessive use of synthetic fertilisers on farmlands can lead to serious environmental consequences such as eutrophication of surface waters, dead zones along coastal estuaries and high nitrate concentrations in groundwater with a negative impact on human health.

Although in conventional agriculture the loss of the most important macronutrients is being compensated through application of synthetic fertilisers, these fertilisers cannot replace the loss of organic matter, microorganisms and many micronutrients equally important for fertile top soils. In many parts of the developing world the “mining” of soil nutrients is severe and crop yields are falling, as nutrients removed by the crops are often not replaced.

Health impacts of undernutrition

Undernutrition causes weakness and fatigue, inhibits mental and physical development particularly in children (where it also causes stunting), and makes people susceptible to other fatal diseases such as pneumonia and diarrhoea. In fact, it is estimated that the underlying cause for around one third of all deaths of children under five years old is undernutrition².

Children and adults who are suffering from diarrhoea and intestinal worm infections like ascaris, trichuris and hookworm obtain fewer calories from the food they eat. See for example DFID (2009) and Humphrey (2009) for more information on these health issues.

Productive sanitation could lead to higher crop yields, leading to less undernutrition and hence less susceptibility for disease, growth stunting in children and death. In addition, preventing diseases caused by lack of sanitation, such as diarrhoea and helminth infections, would lead to a more efficient use of available nutrients in food.

3 The historical link between sanitation and agriculture

Food production is historically linked with using liquid and solid waste from human settlements in agriculture. In former centuries the removal of organic matter and nutrients from the soil through harvested crops was compensated through application of animal manure, human excreta, compost or long fallow periods (see Lüthi et al., 2011). Only after the introduction of phosphorus mining in the mid 19th century, and industrial ammonia production at the beginning of the 20th century, it became the prevailing practice to replace nutrients removed with the harvest from the soil and the addition of human excreta with synthetic fertilisers.

In the same era water based sanitation systems with flush toilets and sewers were installed as a response to the acute health crisis in large cities at that time. Although these new sanitation systems did improve public health at that time significantly, they also contributed to polluting water resources and broke nutrient cycles.

The idea that human excreta is a waste product without a useful purpose is a modern misconception: pits, water bodies and landfills are used nowadays as sinks for nutrients, organic matter and pathogens.

4 Economic implications

A high percentage of the population in areas affected by the sanitation crisis carry out subsistence farming (IASTD, 2009), and struggle to maintain an income for feeding their families. Workdays and income won through improved water and sanitation services are thereby also a contribution to food security.

Many farmers are nowadays facing higher prices of fertilisers, due to increasing demands, higher energy and transport costs as well as rising production costs (IWMI, 2011). Food and fertiliser prices have been particularly unstable since the beginning of 2008 (see Figure 2). When fertiliser prices rise, developing countries which are dependent on fertiliser imports for agricultural production are particularly vulnerable. Poor infrastructure and high costs of transport, particularly to remote areas, adds to the problem and further increases the local market prices for synthetic fertilisers.

Synthetic fertilisers are often not affordable for small-scale farmers in developing countries unless they are subsidised. Recycling of nutrients and organic matter from human and

² See also www.childinfo.org/undernutrition.html
animal excreta, wastewater and organic waste can therefore make a big difference to local crop yields.

![Food price index and fertiliser prices during 1990 to 2010](source: FAO, 2011). Urea is a nitrogen fertiliser and TSP is a phosphorus fertiliser (Tri Super Phosphate).

There is almost a completely closed mass balance between nutrient consumption and excretion since – "what we eat is what we excrete". Therefore, the protein consumption of a person can be used to estimate the nitrogen and phosphorus content in their excreta (Jönsson et al., 2004).

An estimate of the value of plant nutrients in human excreta can be made based on the local cost of synthetic fertilisers with an equivalent quantity of nutrients. Such an estimate for urine in Burkina Faso was 7.5 EUR per person per year (Dagerskog and Bonzi, 2010) and in the case of the Philippines around 3.1 EUR per person per year (Gensch, et al, 2011). To give another example: the average rural family of 9 in Niger excretes annually the nutrient equivalent of 100 kg (2 bags) of synthetic fertilisers (Dagerskog and Klutse, 2009).

![Fertiliser bags brought along to illustrate annual nutrient amount present in excreta from one rural family in Niger](source: L. Dagerskog, 2010).

The resource reuse in agriculture can boost yields considerably. For example vegetables fertilised with urine produced 2-10 times more crops compared to those grown unfertilised (Jönsson et al., 2004). Fertilising with urine can achieve comparable results to synthetic fertilisers (Gensch et al., 2011).

The increase in crop yield improves the availability and affordability of food and can result in higher food security. The increased agricultural yields can have a significant impact on the household income for the poor population, even if only subsistence farming is practised. Within the poor population in developing countries an estimated 40-80% of all generated household income is used for food (Viljoen, 2006). Where there is space for gardens, productive use of sanitation products can reduce household expenditures for the purchase of food.

5 The productive sanitation approach

Productive sanitation is a general term used for the variety of sanitation systems that make productive use of the nutrient, organic matter, water and energy content of human excreta and wastewater in agricultural production and aquaculture. These systems enable the recovery of nutrients and/or energy in household wastewater, minimise consumption and pollution of water resources and support the conservation of soil fertility as well as agricultural productivity and thereby contribute to food security. Productive sanitation systems can be considered sustainable if technical, institutional, environmental, social and economical aspects are appropriately addressed, according to the Vision Document of SuSanA.

Treated human excreta and wastewater, animal manure and organic solid waste can serve as important sources for soil amelioration, as they deliver relevant micro and macronutrients, organic matter and water needed for plant growth.

Some technologies out of a great number of options for treating and using excreta and wastewater in a productive way include:

- **Use of source-separated urine**: Separately collected and treated urine is a complete fertiliser rich in nitrogen that can replace or complement synthetic fertiliser. Urine can be applied on fields, beds, vertical or container gardens, school gardens, or rooftops. This can be done on household or community level without sophisticated transport and application, but it is more difficult at city level due to high transport costs.
- **Struvite production**: Struvite is a mineral powder with high fertiliser value that can be produced from urine. Volume and weight are reduced compared to urine, it can be stored in a compact form and is easy to handle, transport and apply. Industrial struvite precipitation reactors exist (see [www.saniresch.de/en](http://www.saniresch.de/en)).
- **Arborloo**: The Arborloo is a shallow pit latrine filled over time with human excreta and ash or soil added after each defecation and is only suitable for rural areas. As soon as the pit is full, the superstructure can be moved to a new area while a tree (such as fruit trees like banana or mango) can be planted on top of the nutrient-rich substrate of the old pit.
- **(Co-)Composting**: Organic solid waste can be collected from households and composted at community-based or household level.

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3 Based on the average annual exchange rate of the USD in 2009 (1 USD equals 0.75 Euros)

4 For more information see respective SSWM technology sheets under: [www.sswm.info/category/implementation-tools/reuse-and-recharge](http://www.sswm.info/category/implementation-tools/reuse-and-recharge).
centralised composting plants. Pre-treated faecal sludge can be co-composted together with organic solid waste.

- **Short rotation plantations:** Short rotation plantations are an integrated agro forestry land-use system combining biomass production with wastewaster use. Fast growing tree species are managed in short cropping cycles. These non-food crops have a high demand for nutrients and water, which may alternatively be met by using pre-treated wastewaster and sewage sludge. The biomass produced can be used as renewable fuel for heat/power generation.

- **Biogas plants:** This process produces biogas and fertiliser under anaerobic conditions (absence of oxygen) from organic inputs. Biogas production from organic waste is interesting, as the revenue generated in that market might offset some of the costs for transport and treatment of organic waste (IWMI, 2011).

**Flow streams**

Wastewater and human excreta consist of different streams. Due to their different characteristics, it can be advantageous to consider separate collection with adapted treatment processes and application methods according to the flow stream’s properties:

- **Human urine** contains essential plant nutrients like N, P, K and smaller fractions of micronutrients, in plant available form. On average, an adult person produces around 500 litres of urine per year. Human urine, when leaving the body, is essentially pathogen-free and can be considered a well-balanced nitrogen-rich liquid fertiliser.

- **Human faeces** contain lesser amounts of nutrients than urine and are rich in organic matter but also contain a high number of pathogens especially when a person is sick. On average an adult person produces around 50 kg of faecal matter annually although this figure varies widely depending on diet. Faeces are a valuable soil conditioner and can improve pH, nutrient content and water retention capacity of the soil and the ability of plants to withstand insects, parasite attacks and pests.

- **Greywater** is the wastewater from kitchen, baths and showers. It contains a low nutrient load compared with excreta or wastewaster and hardly any pathogens. After appropriate treatment or other risk reduction measures greywater can be safely reused for irrigation.

- **Wastewater** is a term used for all kinds of wastewater and storm water mixed together. Due to its high nutrient and water content it can also be used as a fertiliser and irrigation source. However, due to the high pathogen load in domestic wastewater, treatment and appropriate risk reduction measures should be applied before use in agricultural production.

- **Organic solid waste** consists of organic kitchen waste, leaves, grass etc. that accumulate in households. Organic waste can also be used for gardening after a treatment process such as composting.

Benefits of productive sanitation include:

- The efficient resource reuse minimises uncontrolled excreta discharge in surface and groundwater with less environmental degradation.

- The use of treated wastewater as irrigation water can lead to a more economical use of potable water.

- In terms of soil fertility the nutrient loss through the harvest is almost completely compensable with excreta-based fertilisers.

- The organic matter from human and animal excreta improves the water retention capacity of the soil reducing irrigation water requirements and the vulnerability to droughts. Moreover the organic matter balances the soil temperature and enhances the buffering capacity of the soil.

- It can reduce health costs due to a better nutritional status of the population and less exposure to pathogens.

### 6 Cities as hot spots for resource recovery

The current global urban population is expected to double by 2050 compared to 1990, with 90% of urban growth taking place in developing countries (Drechsel et al., 1999). We need a transition to sustainable and resilient cities, which requires enhancing quality of life while minimising resource extraction, energy consumption, waste generation and safeguarding ecosystem services. This is directly related to city planning: to the development of city-based energy, waste, transportation, food, water and sanitation systems (Lüthi et al., 2011).

Urban and peri-urban agriculture (UPA) is the production of food and related services within and around cities. UPA includes urban horticulture, livestock, (agro-) forestry, aquaculture and related processing and marketing activities. Production of food by poor urban households can supply up to 20-60% of their total food consumption (De Zeeuw and Dubbling, 2009). Urban households that are involved in farming or gardening have in many cases a better and more diverse diet and are more food secure than households not involved in urban agriculture. UPA also increases the availability of fresh, healthy and affordable food for a large number of other urban consumers.

Urban centres are hubs of consumption of all kinds of goods including food, which makes them major waste generation centres. If this waste remains in the urban areas, the result will be vast, uncontrolled sinks for resources such as water, nutrients and organic matter. This poses environmental, health and economic challenges. Moreover, water demand for food production is increasing due to rising populations as well as due to changes in urban food consumption patterns.

Urban producers and farmers have a variety of motives for using untreated or partly treated wastewater. In semi-arid and arid areas it is often the only source of water available all year round. It is also an inexpensive source, not just of water but also of nutrients. Irrigated urban agriculture provides livelihoods and has an important niche function (Drechsel et al., 2010).

Management of urban wastes is a high-cost concern for many cities. Instead of flushing waste out of the city or bringing the waste to heaps in landfills, illegal dumps or transfer stations, there is growing understanding that composting and local reuse is an environmentally attractive way to manage parts of these otherwise wasted resources.

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5 http://esa.un.org/unpd/wpp/Analytical-Figures/htm/fig_1.htm
Institutional and legal aspects

Weak, non-existing or sometimes prohibiting legislation on reuse of excreta and wastewater makes it difficult to implement and scale up productive sanitation systems. Ideally, a regulatory framework should facilitate the safe reuse of resources from sanitation systems. Resource reuse may require changes to existing sanitation, environmental and agricultural policies, or the development of new policies. Effective laws and regulations establish both incentives for complying as well as sanctions for not complying with the requirements.

The “Guidelines for safe use of wastewater, excreta and greywater in agriculture and aquaculture” (WHO, 2006) can be used as a reference when national policies and legislation are developed. These guidelines aim to protect the health of individuals and communities by recommending safe practice requirements and supporting the development of risk management.

It is necessary to develop relevant legislation along the sanitation chain, from excreta treatment and transport to application of fertiliser, restrictions on the type of crops grown, occupational health, food hygiene and other preventive measures.

A legal framework that focuses on desired functions of the sanitation system rather than specific technologies stimulates innovation and is not out-dated as fast as technology prescriptive regulatory frameworks. This is described by Kvarnström et al. (2011) using Sweden as an example where in 2006 national guidelines for on-site sanitation were developed.

The Swedish guidelines are not focussing on technology per se but on the function of the sanitation technology instead. They guide local authorities on what kind of expected results from the sanitation system they should impose on the house owner. The national guidelines especially emphasise the need to reduce the phosphorus loads to the recipient water bodies and the importance of nutrient recycling.

In a setting with large-scale recycling of excreta (or “sanitation products”), it is important to guarantee the quality from both a hygienic and an agricultural point of view to maintain trust between stakeholders. This could be achieved with a system of certification, including permits for professionals who work in the sanitation chain, as well as quality control of the sanitation products. It is important not to over-burden the control system as the regulations should be feasible to implement under local circumstances.

Allowing treated excreta as fertilisers and organic matter sources in organic and conventional agriculture would certainly boost recycling. The International Federation of Organic Agriculture Movements (IFOAM) restricts the use of human excreta on food crops, but exceptions may be made where detailed sanitation requirements are established by the standard setting organisation to prevent the transmission of pathogens (IFOAM, 2005). However, if the use of sanitised excreta in agriculture is prohibited in the food importing country, the exporting country will not use it except for own consumption. An example is the EU legislation on...
organic farming, which does not allow the use of sanitation products as fertilisers for organic crops to be sold in the EU (Richert et al., 2010).

9 Management of health risk

Sanitation related health risks occur mainly through persistent pathogenic organisms in excreta such as bacteria, viruses, protozoa and helminths. If not collected, treated, transported and applied properly this can lead to transmission of infectious diseases such as diarrhoea and the proliferation of intestinal worms. The purpose of every sanitation system is therefore to protect human health and install effective barriers against possible exposure to pathogens.

In this context the WHO has set up guidelines to protect the health of individuals and communities regarding the productive use of excreta, greywater and wastewater and recommend a flexible multi-barrier approach for managing the health risks. The guidelines give recommendations for adequate use in agriculture and offer management solutions if effective wastewater treatment is not possible. It is stated in these guidelines that wherever the use of wastewater, excreta and greywater “contributes significantly to food security and nutritional status, the point is to identify associated health hazards, define the risks they represent to vulnerable groups and design measures aimed at reducing this risks” (WHO, 2006).

The WHO recommends that the additional disease burden arising from wastewater and excreta use in agriculture should not exceed $10^{-6}$ DALYs (disability-adjusted life years). This means that only one year out of a million human life years should be lost because of disability or death from a disease caused by the use of wastewater or human excreta. This high level of protection was adapted from the recommendations used for WHO drinking water guidelines and is currently under discussion as possibly being too strict (Mara, 2011).

Partially treated or untreated wastewater can be used provided that barriers are applied at various stages of the process, like crop restrictions, application techniques, and food handling by vendors and consumers. This requires awareness raising, advocacy and changes in attitudes of a wide variety of stakeholders, both rural and urban. In addition to the WHO guidelines, the Stockholm Environment Institute recently published a support tool for practitioners, planners and engineers to allow for a rapid assessment of health risks associated with the components or functional groups of sanitation systems (see Stenström et al., 2011).

Hormones and pharmaceutical residues do occur in wastewater and sludge as human beings excrete them with their urine and faeces. There is a theoretical possibility that if wastewater is reused in agriculture, but even more so in aquaculture, these micro-pollutants could enter the human food chain. However, these risks are small in comparison to the dangers of pathogens and diarrhoea which are the main challenges when sanitation is lacking, but also in comparison to pharmaceutical residues contained in animal manure, or risks resulting from pesticide use. Soil is considered a more suitable medium for natural degradation of pharmaceuticals than water. Pharmaceuticals can be degraded better in aerobic, biologically active soil layers with a high concentration of microorganisms and longer retention times than in the more sensitive ecosystems of water bodies (Richert et al., 2010).

Contamination of wastewater with heavy metals from industrial wastewater should be avoided through introduction of cleaner production approaches which keep industrial wastewater apart from domestic wastewater and imposing proper treatment processes within industries.

Figure 5: WHO multi-barrier approach to safe use of excreta and greywater in agriculture.
10 Business opportunities

The water, nutrients and energy recovered could enable cost reduction or recovery in the sanitation service chain and could offer market opportunities\(^6\).

Increasingly there is agreement on the need to move from “treatment for disposal” to “treatment for reuse” (Drechsel et al., 2011). Successful involvement of the private sector in providing sanitation services and recovering resources in waste materials will directly enhance the livelihoods of millions of households in rural and peri-urban areas of developing countries (ibid.).

In low-income countries, sanitation and waste management traditionally have been either neglected or subsidised by public-sector agencies, with service quality varying across locations and income levels resulting in notable health and environmental problems. This reliance on public-sector provision has prevented development of markets in sanitation services that might be best provided by private companies. The market analysis and business planning needed to promote private sector or public-private activities has not been conducted, although interest in developing viable business models is increasing among donors and international organisations (ibid).

11 Challenges and way forward

Despite all known and convincing benefits of productive sanitation, a number of challenges and problems still need to be overcome which differ largely between countries and regions. These concern cultural barriers and perceptions, political will, missing knowledge on economics of waste management and reuse, development of appropriate regulations and legal frameworks, and technical aspects of making reuse profitable.

In most parts of the world, the productive sanitation concept has not been fully embedded in legislation. The cultural barriers, fear of health impacts, and the neglect of sanitation and wastewater management in general might explain the lack of clear policies in support of safe reuse options.

Reversing current trends and patterns requires the adoption of holistic and integrated approaches. Multi-stakeholder consultation, joint planning and decision-making will be needed to adapt existing policies or develop new ones. More applied research is also needed to assess risk management options in the agriculture and sanitation interface in support of policy dialogue at the local and national level.

12 References


IAASTD (2009) Agriculture at a crossroads: Synthesis

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1 Summary

This factsheet deals with the planning of sustainable sanitation for urban and peri-urban areas of developing countries and its importance for achieving comprehensive and inclusive sanitation coverage in cities.

The key messages of this factsheet are:

- Top-down, supply-driven planning continues to dominate much of sectoral planning in the developing world. The resulting capital-intensive solutions tend to be costly, energy-intensive and inflexible, and often fail to reach large proportions of the urban poor.

- Experience has shown that importing sanitation planning models from industrialised countries and implementing centralised “one-size-fits-all” solutions is in many cases inappropriate and not sustainable in developing countries. Thus, planning approaches must be adapted to better allow for the planning and implementation of context-specific sanitation systems.

- Recent innovations in sanitation planning include a more integrated planning approach; a greater emphasis on the actual needs and financial capacity of the users, encompassing close consultation with all stakeholders and a systems approach to sanitation, integrating all domains of the city.

- There is a lack of integration between the various components of environmental sanitation – excreta, domestic and industrial wastewater, solid waste and storm water are managed in separate systems, which are often run by different agencies or institutions. Better use of generated synergies through integrated approaches could lead to more sustainable and cost-effective solutions.

- Political economy issues: improving sanitation coverage especially for the urban poor means tackling vested interests and corrupt practices of regulatory authorities, the private sector and politicians. Planning must openly deal with these issues and seek to increase incentives for anti-corrupt behaviours and to achieve greater transparency at community and city levels.

- Local authorities, utilities and donors have to be convinced that commitment and effective participation from all stakeholders are needed to achieve adequate and inclusive sanitation services.

This factsheet elaborates on the shortcomings of supply-driven planning and presents three demand-led approaches which recognise that stakeholder involvement is a prerequisite to effective planning. Based on past experiences we propose guiding principles for better sanitation planning in cities of developing countries.

2 Introduction

The United Nation’s International Year of Sanitation 2008 highlighted the need for an enormous increase in the number and use of sanitation facilities in order to meet the MDG target on basic sanitation (to halve, by 2015, the proportion of the population without sustainable access to basic sanitation). Although 1.3 billion people gained access to improved sanitation between 1990 and 2008, the world is still likely to miss the MDG target by one billion people. And even if the target was achieved, 1.7 billion would still remain unserved (WHO/UNICEF, 2010).

Figure 1: An unplanned urban area with iron sheet and mud houses in Mathare (Nairobi, Kenya) (source: L. Kraft, 2010).

One of the reasons why the world is not on track to meet the MDG sanitation target is that service provision cannot keep up with the unprecedented growth in urban populations and the increasing socio-economic disparities. While the number of people practicing open defecation declined in rural areas between 1990 and 2008, it increased in urban areas, with the poorest segment of the population being much more likely to practice open defecation than the wealthiest (WHO/UNICEF, 2010).

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1 Stakeholders in the sanitation sector are households, local and national authorities, community-based organisations, community leaders, utilities, private service providers, NGOs and farmers.

2 Environmental sanitation includes sanitation, stormwater drainage and solid waste management. Water supply is also addressed in so far as it impacts on the above environmental sanitation services.
The daunting task of improving global access to sanitation is complicated by the fact that conventional technologies such as pit latrines or sewer systems that discharge into local water bodies are often not environmentally and economically sustainable (SuSanA, 2008).

To address these tremendous challenges, improved approaches for planning and implementation of sanitation infrastructure and services are urgently needed.

Planning in its most general sense is about decision making and can be defined as “a process of making choices among the options that appear open for the future and then securing their implementation” (Roberts, 1974).

Ever since the beginning of urban civilisation 5000 years ago, humans have to some extent been planning urban environments and their corresponding services and infrastructure. Since the 19th century, urbanism and urban planning have developed into a field of knowledge whose principles of planning that continue to dominate the thinking of urban and infrastructure planners and political decision-makers in the South are based on the concept of “manageable towns”. Today, however, large parts of cities in developing countries are completely neglected by mainstream planning. The majority of urban populations live in informal, unplanned settlements which are often considered illegal or unauthorised and only tolerated at best. The combination of the pace and scale of urban population growth in developing countries is undermining the efforts of city and municipal administrations to plan and guide urban development.

Current practices of town planning tend to be dominated by top-down, technocratic approaches which are excessively restrictive, divorced from reality and oblivious to the present and future needs of poor citizens. This type of planning is adopted in the so-called Master Plan3 or Comprehensive Development Plan approach. Experiences from the last few decades have shown that the implementation of master plans rarely keeps pace with the development of new areas. The practice of planning lags behind what happens on the ground: first, there is occupancy or squatting; second, construction; third, “informal” planning of basic infrastructure; and fourth, normative regularisation.

There are other problems with a top-down, technocratic planning practice:

3 A master plan is a comprehensive long-term strategy with detailed guidance and instructions in achieving its set goals.

- It is often dominated by vested interests, powerful elites and influential figures at national and local level that tend to promote expensive “supply-driven” approaches (see following section). Little attempt is made to include the views of all stakeholders, particularly the users, when large schemes and new neighbourhoods are planned and implemented.
- A major disadvantage of master plans is their inflexibility in form and content. This inflexibility stems from the burdensome procedure to produce and later amend the official plans. If a plan requires modification after formal adoption, councils must repeat all of the procedures required prior to adoption.
- The restrictive nature of city master plans is also problematic. Current urban planning departments are heavily biased towards development control, covering only a fraction of the built city.
- The majority of national legislation and regulations tend to favour planning of centralised sewer-based solutions – neglecting household interests and their ability to pay for these systems. Centralised sewer-based solutions carry with them a technology lock-in, have high capital, operation and maintenance costs, and need a reliable supply of energy to run. Often, the process lacks consideration of other decentralised solutions that could prove to be more economical and environmentally viable options.
- The lack of a holistic approach in establishing a service delivery chain from collection to reuse and disposal often leads to dysfunctional decentralised solutions.

**Supply-driven planning**

The traditional planning approach to urban sanitation infrastructure has been one in which planners and engineers assess the needs of a given area, and then decide what type of service will be provided (supply-driven approach). A common failure of planning and implementation in the past, was the failure to take into account the needs and conditions of the users of the sanitation facilities as well as of other important stakeholders (land owners, financial institutions, users of wastewater or other products generated from sanitation systems).

Government and donor agencies generally continue to rely on supply-driven approaches that have distinct drawbacks (Wright, 1997):

- The main beneficiaries are the richer neighbourhoods that can afford higher levels of services (sewers, septic tanks, household water connections, etc.) which are often also subsidised. Poorer neighbourhoods tend to be excluded for both cost and technical reasons.
- Investment and operation and maintenance (O&M) costs are often not recovered, with the result being that neither proper O&M nor service extensions are possible.
- Due to the costs of these capital-intensive solutions being so high, public investment to improve sanitation coverage also in poor urban areas is typically not available.
- If solutions are sought for low-income neighbourhoods, they tend to be “one-size-fits-all” solutions, with little consideration of the negative effects such as possible environmental pollution.
A high initial cost of such large-scale projects restricts competition as only large companies have the resources to tender for such construction contracts, hence smaller and medium-size local contractors are excluded.

An example of supply-driven sanitation is the Centrally Sponsored Rural Sanitation Programme (CRSP) which was launched in 1985 in India to improve sanitation coverage in rural areas. The approach adopted by the Government of India was to provide free or heavily subsidised services in the form of twin-pit pour-flush toilets. The only potential customers were upper-income land owners living in large permanent dwellings and a few influential local figures who had these toilets built for themselves at the state's expense (Black and Fawcett, 2008). Fortunately, the Indian Government has drawn lessons from failed programmes like these and is now supporting more demand-led initiatives such as the Total Sanitation Campaign (WSP, 2010).

Unfortunately, most infrastructure planning and service delivery to date continues to be supply-driven with a high degree of centralised control, little local accountability and little involvement of the end users. Gradually utilities and service providers are “waking up” to the fact that “more of the same” will not suffice. In the past decade, several new multi-stakeholder and partnership approaches have been developed and tested. These will be focussed on in the following section.

4 Innovations in sanitation planning

There are three important approaches to sanitation planning for urban and peri-urban areas of developing countries which recognise that stakeholder involvement is a prerequisite to effective planning, and seek to overcome the shortcomings of top-down and supply-driven approaches:

- The Strategic Sanitation Approach (Wright, 1997)
- Community-Led Urban Environmental Sanitation Planning: CLUES (Lüthi et al., 2011a)
- Sanitation 21 (Parkinson and Saywell, 2011)

Example 1: The Strategic Sanitation Approach (SSA)

Strategic planning is an integrated, comprehensive approach that emphasises not only the technical and economic aspects, but also the challenges of institutional capacity and public participation. Central to the approach is the comprehensive systems analysis of the strategic options selected. The strategic planning process differs from sectoral planning in its global approach and from the classical master planning approach, in its methodology and its orientation – it is more flexible and responsive, less static and not overly complex.

The Strategic Sanitation Approach (SSA) was developed in the 1990s by the UNDP-World Bank “Water and Sanitation Programme” (WSP) and tested in two pilot towns in Kumasi, Ghana and Ouagadougou, Burkina Faso (Saidi-Sharouze and Botte, 1994). The most comprehensive review of the SSA was published by Wright (1997).

Central to SSA are the twin principles of demand and the attention paid to incentives. The former is seen first and foremost in economic terms and strongly linked to the concept of willingness to pay. This has raised a debate on the appropriateness of limiting demand to economic aspects only. While urban poor residents may indicate a high willingness to pay for services such as water and electricity, they may indicate a low willingness to pay for other services such as sanitation or drainage which have important impacts on environment and health (Cotton and Tayler, 2000). Demand is a multi-faceted issue which must also include cultural norms, individual behavioural aspects as well as economic aspects (ability to pay and financing mechanisms).

Preconditions for adopting a strategic sanitation planning approach include the formulation of demand-based policy (as opposed to supply-driven approaches described above) and the development of an institutional framework to provide the right incentive structure. Programme management is done by a “core group” of experts from the City Engineers Department, the Planning Department and selected short-term consultants.

Box 1: Kumasi Sanitation Project (1989-1994)

The Kumasi Sanitation Project in Ghana applied SSA to develop a flexible strategy for urban sanitation in Kumasi, a city of 770,000 inhabitants in which 75% lacked adequate sanitation services. A demand-oriented approach was adopted that differed from previous agency-led initiatives by:

- tailoring recommendations on technical options to each type of housing in the city;
- considering user preferences and willingness to pay;
- using a short term planning horizon (10-15 years);
- emphasising actions that can be taken now;
- breaking the strategic plan into projects that can be implemented separately.

The project partners were the Kumasi Metropolitan Assembly (KMA), the UNDP-World Bank Regional Water & Sanitation Group for West Africa for technical assistance and the Kwame Nkrumah University of Science and Technology (KNUST). By the end of the 5 year pilot project, 160 KVIPs (with 240 individual units) serving a population of 4,000 in the low-income pilot areas were built and a simplified sewerage system cum septic tanks was built in the Asafo area serving around 20,000 persons.

Source: Saywell and Hunt (1999)

The UNDP and World Bank funded Strategic Sanitation Approach was a great step forward in adopting more realistic and appropriate sanitation planning strategies for cities of developing countries. There are however, three drawbacks worth mentioning:

- Despite the rather high amounts invested by the project (1 million US$ for Phase 1 during 1990-2000), coverage rates in Kumasi remained very low, due to the high construction cost and the amount of subsidy of the strongly promoted KVIP4 (~200 US$); households did not have a choice of lower-cost options.

4 KVIP stands for Kumasi Ventilated Improved Pit Latrine.
• The technical, planning and promotion approach followed was biased towards the technology choice rather than health or hygiene promotion.

• The SSA does not deal with all processes of the sanitation system and failed to plan for the wider aspects of faecal sludge management (transport, treatment, and disposal or reuse).

The SSA was also implemented in India, Pakistan, Thailand, Indonesia, Brazil and Burkina Faso\(^5\). Its effectiveness has been proven in Indonesia where the government intends to scale up the formulation of city strategies from 2010 onwards (Collin et al., 2009).

Example 2: Community-Led Urban Environmental Sanitation (CLUES)

CLUES is a demand-led approach for the planning and implementation of environmental sanitation infrastructure and services in deprived urban and peri-urban communities. It is a multi-sector and multi-actor approach which emphasises the participation of all stakeholders from an early stage. It places the community at the core of planning and implementation.

CLUES is a further development of the Household-Centred Environmental Sanitation (HCES) planning approach (Eawag, 2005) with a revised and simplified set of planning guidelines, which is based on the Bellagio principles for sustainable sanitation (WSSCC, 2000). Intensive piloting and evaluation of the HCES approach took place between 2006 and 2010 in Africa, Asia and Latin America, in seven different urban and peri-urban sites (see Box 2).

Example 2: Community-Led Urban Environmental Sanitation (CLUES)

CLUES is a demand-led approach for the planning and implementation of environmental sanitation infrastructure and services in deprived urban and peri-urban communities. It is a multi-sector and multi-actor approach which emphasises the participation of all stakeholders from an early stage. It places the community at the core of planning and implementation.

CLUES was field-tested in Nala, a peri-urban setting in Nepal. The aim was to validate the planning approach, identify challenges and improve the process. The participatory multi-stakeholder process involved household mapping and surveys, user needs identification and prioritization as well as stakeholder analysis.

Following an experts’ assessment of potential sanitation options, community sensitization campaigns took place through exposure visits, a sanitation bazaar (figure 3), and focused community interactions. Among the pre-selected sanitation alternatives the community members showed strong preference for a small-bore sewerage system with a decentralised wastewater treatment plant. An action plan which details the wastewater, stormwater and solid waste management concepts was developed. Health and hygiene upgrading as well as local capacity building were additional components of the plan. Implementation started in 2010, focusing on upgrading household sanitation facilities, constructing the sewer network and decentralised wastewater treatment system, and building local capacity.

Several experiences and lessons have been gained from this participatory, integrated environmental sanitation planning exercise in Nala. Setting the right balance between empowering people to take informed decisions and keeping the participation process intact until the final stage was a major challenge. Although participatory planning consumes time, it is worth investing as it builds local ownership and assists in informed decision-making processes for selecting affordable sanitation options that best meet the users’ needs.

Source: Sherpa et al. (2012)

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\(^5\) IWA Water Wiki: http://iwawaterwiki.org/xwiki/bin/view/Articles/Strategic+Sanitation+Approach#EvidenceofEffectiveness
There are three cross-cutting tasks which are relevant throughout the entire planning process.

1. **Awareness raising and communication** are key to creating demand and raising people’s ability to make informed choices about the most appropriate solutions.

2. **Capacity development** aims to strengthen skills for process management and collaborative planning and skills like engineering, construction, operation and maintenance.

3. **Process monitoring and evaluation** allows one to identify and correct mistakes, imbalances or even to change the shape and direction of the project before it is too late.

In order for a CLUES process to be effective and successful, it has to be embedded in a so-called enabling environment. An enabling environment can be seen as the set of interrelated conditions that impact on the potential to bring about sustained and effective change (adapted from World Bank, 2003). The six elements that define an enabling environment (see Figure 4) need to be nurtured and pro-actively fostered to provide favourable conditions for planning in challenging urban environments.

![Diagram of CLUES Planning](source: EAWAG, 2011)

CLUES adopts a flexible and neutral approach with regard to technology choice, taking into account economic factors (ability and willingness to pay) and social benefits such as privacy, dignity and convenience. The approach combines expert knowledge at national and municipal level with local knowledge at community level. CLUES is primarily focused on solving sanitation problems in unserved (often informal) settlements and aims at deriving solutions requiring minimum external support and, at the same time, complementing citywide and strategic approaches such as Sanitation 21.

**Example 3: Sanitation 21 – Simple approaches to complex sanitation**

Sanitation 21 is a comprehensive approach for the assessment of planned or unplanned sanitation situations. However, unlike the previous example which provides detailed guidelines, this is a planning framework, and it does not provide in-depth guidance for planners and operators. The Sanitation 21 approach suggests that technical planners and designers have to develop more sophisticated planning systems that respond to the needs of rapidly growing cities. With regards to the human and political context, this will require a change in the manner of making technical decisions. Sanitation 21 draws on well-established principles of good planning and design practice from within the technical world and also from a lot of inputs by the developing world contexts (Parkinson and Saywell, 2011).

**Box 3: The 9 planning steps of Sanitation 21**

**Part 1: Defining the context**

1. Identify key actors at each level. Carefully assess the range of interest groups.
2. Identify interests of key groups - what do they want from a sanitation system?
3. Understand what external factors drive decisions at each level. Are they fixed or can they be changed?
4. Identify capacities at each level for implementation and long-term management of any system. Include interests, skills, resources, and time.

**Part 2: Sanitation systems or options**

5. Analysis of existing systems. Where there is an existing system, map this against the identified levels. Segregate the system to make it clear what elements exist and function at each level.
6. Identify in detail the management requirements for the systems segregated across each level. These requirements include skills, human resources, time, tools etc.

**Part 3: Fit for Purpose**

7. Does the proposed or existing system meet the objectives at each level? Does it provide the service households expect? Will it address environmental concerns at the city level?
8. Can the system be managed the way it needs to be managed at each level? If not, what are the alternative system arrangements (institutionally or technically) making it more likely for management to be carried out in the long term?
9. By taking all the previous steps and technical considerations into account, will (or does) the system work? If a number of workable options are thus identified, these (and only these) may be suitable for an economic and financial assessment to identify the long-term costs of the solution.

*Source: Parkinson and Saywell (2011)*

The Sanitation 21 planning framework includes three parts (see Box 3):

- **Part 1: The Context – understanding the context and environment;**
- **Part 2: Technical Options – the sanitation system and its components;**
- **Part 3: Fit for Purpose – how well does the system fit with the context?**

Sanitation 21 was conceived with the same vision as the community-led approach presented above. Similarities include the concept of dividing the city into different domains of intervention (household to city level), the system options analysis and the importance of analysing stakeholders’
interests or “drivers” at each level. Unlike the two previous approaches, Sanitation 21 has not yet been tested on the ground.

Sanitation 21 identifies eight generalised system typologies depending on the different flow streams. The systems range from on-site dry toilets with (semi-)centralised treatment to conventional waterborne sewerage with centralised treatment.

Sanitation 21 includes further planning innovations such as in Part 3 of the framework, where the likelihood of success at each level should be assessed. The “level approach” allows an assessment of the proposed or existing system across all urban levels. This can reveal why a system which appears to meet the city’s objectives may not result in better services for households, or why a system selected by households may result in worsening the situation at “downstream” levels.

Table 1 provides an overview of the features and strengths of each approach presented. The three examples illustrate that there is no “silver bullet” for planning for sustainable sanitation – each approach has advantages and disadvantages depending on context, available skills and capacity. Future research efforts must focus on how these approaches can be further improved, linked with each other, institutionalised and taken to scale.

### Table 1: An overview of the main characteristics of the three sanitation planning approaches

<table>
<thead>
<tr>
<th>Focal aspects</th>
<th>Strategic Sanitation Approach (SSA)</th>
<th>Community-Led Urban Environmental Sanitation (CLUES)</th>
<th>Sanitation 21 – Simple approaches to complex sanitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder involvement &amp; methods used</td>
<td>- socio-economic</td>
<td>- user involvement</td>
<td>- socio-economic</td>
</tr>
<tr>
<td></td>
<td>- technical</td>
<td>- enabling environment</td>
<td>- technical</td>
</tr>
<tr>
<td></td>
<td>- institutional set-up</td>
<td>- action planning</td>
<td>- environmental aspects</td>
</tr>
<tr>
<td>Technology choice</td>
<td>- all stakeholders encouraged</td>
<td>- open to all system options</td>
<td>- open to all system options</td>
</tr>
<tr>
<td></td>
<td>- to participate</td>
<td>- solutions according to expressed needs &amp; available resources</td>
<td>- integrated solutions across boundaries</td>
</tr>
<tr>
<td></td>
<td>- include community in all planning steps</td>
<td>- involvement of stakeholders, final choice by community</td>
<td></td>
</tr>
<tr>
<td>Special features</td>
<td>- cost-recovery important</td>
<td>- waste diluted as little as possible integrated solutions: environmental sanitation</td>
<td>- holistic: from households to downstream domains</td>
</tr>
<tr>
<td></td>
<td>- contingent valuation survey - willingness to pay</td>
<td>- complementary to city-wide approaches</td>
<td>- city-wide approach</td>
</tr>
</tbody>
</table>

When planning for the complex realities of the one billion people currently living in informal urban settlements worldwide, some radical rethinking is required. This factsheet maps out the key issues that need to be addressed in order to achieve progress in replicating good practice and moving to scale. Some key issues and pointers for adopting successful planning approaches are summarised below.

### a) Understand power relationships

Stakeholder assessment, institutional mapping and regulatory review tools of analysis are effective for analysing existing power relationships and vested interests in an urban context. Such an analysis must include formal and informal institutional arrangements, as well as public, private and civil society institutions. It should focus on groups and individuals whose interests are likely to diverge. Understanding the dynamics and the regulatory environment of an urban setting is a prerequisite for producing informed planning solutions. This means being aware of and trying to work against corrupt practices by promoting the greatest possible transparency of planning decisions.

### b) Ensure effective participation

All of the above planning approaches underline the importance of stakeholder participation. It is of great importance to empower local people through raising their skills and capacities. The key issue here is information sharing from the outset of any project or programme.
There are three capacity components which should be developed for improving participation and action. These are (adapted from Goethert and Hamdi, 1997):

- **Individual capacity** (particular skills individual people in the community have)
- **Collective capacity** (a community’s capacity to organise, mobilise and support collective actions)
- **Institutional capacity** (the institutional framework having an influence on communities and their longer-term sustainable development)

c) **Build partnerships and reach consensus**

Good partnerships and participatory programmes begin when actors come together to achieve a common goal based on agreed priorities. Of great importance is developing local champions at community and municipal level which can drive the process forward. Wherever possible, one should utilise participatory action planning methods to converge the interests of stakeholders and to pool resources, and effectively incorporate them in the project objectives. It should be noted however, that partnerships are not always easy and that it takes considerable effort and time to maintain them and to keep them going over time.

d) **Aim for closed-loop solutions if appropriate**

Waste should be considered as a resource and its reuse should be encouraged from the very start of any planning process. Examples for reuse or “productive sanitation” are greywater reuse, production of biogas, liquid fertiliser or soil conditioner, composting etc. (see also Gensch et al., 2012). These technologies may also be less energy intensive and have lower capital and operation costs than other end-of-pipe solutions which are purely disposal oriented. Testing of pilot technologies can be the first step in convincing users about safety, advantages and convenience.

e) **Be realistic about the complexity of sanitation interventions**

Lacking political will, unclear land ownership and tenure, as well as technical, financial and institutional challenges of providing affordable and manageable sanitation solutions for dense, informal settlements have been the main reasons for low coverage to date. To move forwards, initiatives should aim for the “unbundling of interventions”: breaking the plan into projects that can be implemented separately and incrementally. There is a trade-off to be made between short-term “quick fix” solutions versus long-term sustainable infrastructure improvements.

f) **Understand the drivers of sanitation**

We should recognise that sanitation improvements have many drivers and sources of motivation – not only the existing sector institutions and their agendas, but also individual aspects such as customs and habits, context specific practices, social status, or the demand for reusable products such as fertiliser from sanitation systems. To bring urban sanitation coverage to scale, new innovative tools like social marketing, Urban Community-Led Total Sanitation campaigns and public-private partnerships must be adopted and applied in a context-specific manner. This is discussed further in the SuSanA factsheet on public awareness and sanitation marketing.

The concepts presented in this factsheet have formed the basis for a more extensive book entitled “Sustainable sanitation in cities: a framework for action” by the same authors which was published in 2011 (Lüthi et al., 2011b).

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**6 References**


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7 See Sijbesma, C. (2011) Sanitation financing models for the urban poor, see Chapter 5.2: [www.irc.nl/home/information_services/publications/publications_by_date/sanitation_financing_models_for_the_urban_poor](www.irc.nl/home/information_services/publications/publications_by_date/sanitation_financing_models_for_the_urban_poor)


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1 Summary

The aims of this factsheet are to:
1. Advocate for sustainable sanitation in schools in developing countries and countries in transition
2. Highlight existing challenges
3. Explore various innovations both in hardware and software using examples from developing countries
4. Identify the common principles that are needed to achieve the desired outcomes.

The guiding principles for successful and sustainable school sanitation are:
• Stakeholder involvement in decision making and planning, particularly to ensure children’s participation and good leadership.
• Creating demand through stakeholder involvement (demand-driven approaches) and identification of suitable sanitation technologies for local conditions including reuse options in school gardens if possible.
• Monitoring outcomes, impacts and processes, including health and hygiene assessments, school attendance and usage of facilities.
• Using many channels and different media for sanitation and hygiene advocacy beyond health benefits only (multi-faceted approach) including advocacy through working with local institutions.
• Establishment of an enabling environment at policy level with relevant government ministries through the development of guidelines and standards, legislation and enforcement and sufficient budget provision.

This document’s target audience includes practitioners, policy-makers, researchers and the general public who would like to learn more about sustainable sanitation in schools.

2 Background

Sustainable sanitation systems in schools include both hardware (toilet and handwashing facilities) and software (sensitisation, hygiene practices, monitoring, training and advocacy) components. Toilet options may be selected from a wide range of simple to more complex technologies.

Sustainable sanitation is defined as promoting and improving health and hygiene, protecting environmental and natural resources, and being technologically and operationally appropriate, financially and economically viable and socio-culturally and institutionally acceptable (SuSanA, 2008).

Sustainable sanitation solutions must be implemented against the backdrop that “acceptable levels of safe water, sanitation and hygiene are not met in many schools worldwide” (WHO, 2008).

In developing countries two-thirds of schools do not have sanitation facilities (CARE et al., 2010). Also many countries in transition, for example in Central and Eastern Europe, have low coverage of access to safe water and sanitation in schools (Deegener et al., 2009). Even many schools in industrialised countries have challenges of hygienic use and maintenance of their toilet facilities.

Figure 1: Pupils at a school in Epworth, Harare in Zimbabwe learn to build their own toilets: digging the shallow pit of an Arborloo inside a concrete ring beam (source: Aquamor. Zimbabwe, 2009). More photos of this school available here: www.flickr.com/photos/gtzeosan/sets/72157626300000229/

Schools, the very places to educate children and provide a healthy environment, are unable to fulfill these obligations mostly due to the lack of political motivation and attention for sanitation and hygiene. This leads to:
• Schools with inappropriate, poorly managed and insufficient facilities for children, especially for children with disabilities, adolescent girls and young children under the age of eight years old.
• Lack of financial resources for cleaning and maintaining toilet facilities in schools.
• Lack of proper hand washing facilities and anal cleansing material such as water, toilet paper, or leaves.
• Lack or poor enforcement of regulations and guidelines related to school sanitation and keeping the premises clean.
Insufficient or non-existing budgets and financing for new sanitation facilities and also operation and maintenance of existing facilities.

Lack of awareness of the importance of safe school sanitation.

Access to safe sanitation is a human right that has to be recognised and fulfilled (Stock, 2011). The major challenge to reach the Millennium Development Goal for improved sanitation (MDG 7) is not merely technical nor economic, but lies in raising awareness on preventable sanitation-related diseases, changing traditional views and encouraging habits for good hygiene (UNICEF/WHO, 2008).

A number of challenges for sustainable school sanitation are described below. Many of these are not specific to schools but relate to sanitation in general. Where this is the case, the specific school factors are highlighted.

3 Defining the problems

a) Poor access and use of sanitation facilities

It is estimated that approximately two-thirds of primary schools in the developing world do not have adequate sanitation (CARE et al., 2010). Lack of sanitation leading to diarrhoea in children is attributed to 272 million school days lost each year and to intestinal worm infestation of an estimated 400 million children. Where facilities do exist, as many as 150 children have to share one toilet in some schools. At that ratio, pupils have to queue up to use the facilities; also the toilet pits fill up quickly (in the case of pit latrines) and toilets become smelly making them both unattractive and unhygienic for the pupils to use (Zomerplaag and Mooijman, 2005).

A study in Colombia found that 40% of diarrhoea cases were transmitted at schools and not at the children’s home, further underlining the importance of the availability and proper use of school sanitation facilities (CARE et al., 2010).

Moreover, the provision of hand washing facilities in schools and day-care facilities resulted in a 30% reduction in cases of diarrhoea (CARE et al., 2010). In spite of these findings, most schools in developing countries do not provide appropriate hand washing facilities with soap. Where these facilities do exist, they are often poorly located, have insufficient hand washing materials or have other shortcomings (World Bank, 2005). Hand washing facilities are possible to implement with innovations to bring water to the schools by rainwater harvesting, carrying water from home in jerry cans or tanks filled by water trucks. Soap can also be made locally.

b) Lack of policy framework and institutionalisation of school sanitation

Generally, there is a lack of political frameworks for sanitation and WASH in general at all levels to guide implementation, operation and maintenance. Where sanitation policies do exist, they are often unclear, or even contradictory, in their aims and objectives (Elledge, 2003). There is also a lack of responsibility taken for school sanitation by the school principal or even school inspectorates who do not prioritise the responsibility for proper operation and maintenance of facilities.

School principals are more likely to implement sustainable sanitation approaches if guided by a policy or strategy. Policy influences incentives and can encourage positive institutional behaviours and actions through regulation, enforcement, economic measures, as well as related information and education programs. Policies are pivotal in assigning rights and responsibilities for providing services

Sanitation issues for urban schools tend to differ somewhat from those at rural schools. For example, urban schools often have less space, but sometimes have the possibility to connect to a centralised sewer system. Some technologies like pit latrines and Arborloos might be feasible for rural schools but not for most urban schools. The involvement of parents and the wider community might also have a different intensity at urban schools. Nevertheless, the same guiding principles apply to school sanitation in all settings.

Figure 2: School children in Epworth, Harare, learning how to make simple low-cost hand washing devices (source: Aquamor, Zimbabwe, 2008).

Figure 2: School children in Epworth, Harare, learning how to make simple low-cost hand washing devices (source: Aquamor, Zimbabwe, 2008).

Behaviour is formed during childhood and therefore education on health and hygiene in schools is vital to improving conditions of people’s lives from childhood to adulthood. School sanitation and hygiene programs can have important outreach functions for targeting households. Children have demonstrated that they can be effective agents of change as demonstrated in School-led Total Sanitation programs in Asia, Latin America and Sub-Saharan Africa.

Children are change agents. Schools are important links to reaching individual families and communities. Children pass on their knowledge from school to their families and thus influence the community.

Sanitation issues for urban schools tend to differ somewhat from those at rural schools. For example, urban schools often have less space, but sometimes have the possibility to connect to a centralised sewer system. Some technologies like pit latrines and Arborloos might be feasible for rural

1 Toilets at schools are not counted in the MDG monitoring system of WHO and UNICEF, called Joint Monitoring Program (JMP), and thus do not directly support reaching the MDG Number 7 for sanitation. However, sustainable school sanitation leads to lasting behaviour change which will result in a higher degree of demand for sanitation amongst the children once they are adults.
Public schools, like most public institutions, are generally not cost-effective. This is because of the lack of incentives to do so, since they are not fully in charge of their own annual budgets. Education ministries are responsible for schools, but technical support for sanitation, hygiene and water supply comes from Ministries of Water, Health and or even Public Works (or Infrastructure). Where decentralisation or devolution of government services is taking place, local government also has a role in coordination and management of budgets for water and sanitation facilities at schools. This leads to the need for complex new working arrangements.

Institutional reform is necessary to delineate roles and responsibilities such that facilities can be properly managed by schools and communities, get the necessary technical back-up from NGOs, community-based organisations and the private sector through a facilitated and regulated process (World Bank, 2005).

Where national standards do exist for school sanitation, they may also be stifling innovation, as they tend to prescribe technologies which are based on "Western" influences and norms, such as flush toilets connected to sewer systems. If schools cannot afford to operate such types of toilets, they often do not get enough institutional support to look for alternative, low-cost solutions.

Inappropriate designs for children, especially girls, small children and children with disabilities

Sadly, the few toilet facilities present at schools often do not meet children’s needs. Small children are affected in terms of the size of the drop hole in the case of pit latrines, size of squatting pan or pedestal as well as issues of darkness in the toilets which creates fear. Children with disabilities are often excluded altogether by the lack of accessible facilities.

Another disadvantage of lockable doors can be that they are locked to keep children from using the toilets because children make the toilets “dirty”. Here again, doors for privacy end up being a barrier for girls to use the facility (example from UNICEF Cambodia).
Adolescent girls are affected and distressed in terms of privacy, security and menstruation management. Facilities intended for children are often not designed with the children in mind. This is primarily because approaches for sanitation and hygiene often do not involve or consult user groups in the decisions of design, location or numbers. This has led to facilities being too large for children to use, such as pit latrines with wide-spaced foot rests, or hand washing facilities too high for children to use unassisted.

Toilets which are not designed to be “child friendly” may be scary or difficult to use for small children, as in Malawi where children feared falling into the large drop holes of pit latrines or entering the dark facilities with little light or ventilation. The results were that children defecated in the latrines or entering the dark facilities with little light or ventilation. The results were that children defecated in the entrance to the latrine and in the corners of the latrine – rendering them filthy and unhygienic to the next user (B. Abraham, personal communication, 2010).

Issues of access are particularly challenging for children with disabilities, as schools and toilets are not adequately designed to cater for their needs. Children with disabilities are unable to use facilities without assistance because of poor design choices. Children with mobility or vision challenges may be forced to crawl or feel their way to a toilet often coming into contact with faeces on the ground (Bwengye, 2004). To further exacerbate the situation, there is frequently not an accessible or functioning hand washing facility either.

In the case of urine diversion dehydration toilets (UDDTs), it is important to use the bench design or to build ramps in order to cater for the needs of people with disabilities such as wheelchair users. This is required because UDDTs have the faeces vaults fully or partly above ground and have stairs towards the entry of the toilet cubicle (Rieck et al., 2012; von Muench and Duering, 2011).

For adolescent girls, considerations for menstrual hygiene, privacy and security are often overlooked. Fearing the possibility of not being able to change menstrual hygiene products or the embarrassment of soiling oneself, teenage girls often choose to stay home during their menstrual period (Nahar and Ahmed, 2006).

Given the fact that girls on average begin menstruating at around 12 years old, and menstruate for about 3-5 days per month, the total number of school days lost during schooling years of a teenage girl can be significant (approx. 40 school days per year). If the girl is not attending classes during her menstruation, these missed school days likely lead to low performance and eventual drop-out from school.

Listen to the girls! We are learning from examples in Malawi that girls want lockable doors with no bottom and peek-proof ventilation as well as find the use of girls urinal attractive (DeGabriele et al., 2004).

4 Examples of what is working well and lessons learned

There are many examples of school sanitation projects and programmes throughout the world from which we can learn important lessons towards improving school sanitation approaches. See for example the case studies on the SuSanA website (www.susana.org/case-studies).

Figure 4: School girls inspecting the faeces chamber of a urine diversion dehydration toilet in Nakuru, Kenya (source: R.M. Gacheiya, 2009). More photos of this school available here: www.flickr.com/photos/gtzecosan/sets/7215762406945409/

e) Social and cultural norms against dealing with human excreta

Sustainable sanitation solutions with a component of reuse of treated excreta or wastewater are generally perceived to be more complex to operate and maintain than conventional technologies without reuse. On the other hand, they can be utilised to teach children about growing vegetables in school gardens, using compost and fertiliser from “productive” sanitation systems; see Section 5 in this factsheet.

In terms of ecological sanitation (ecosan), which is part of sustainable sanitation, human excreta are regarded as a resource which can be used as a fertiliser in agriculture or to produce biogas. However, for many people, the idea of handling excreta brings a strong feeling of disgust, related to unpleasant past experiences of strong odours, flies and the unsightliness to the immediate environment.

Hence methods to bury excreta, flush it away or just walk away from it have become the practice of millions of people worldwide – in order to avoid having to “deal with” human excreta. The resulting solution usually has a low degree of sustainability and can lead to abandoned pit latrines after the pits are full or environmental pollution in the case of flushing without wastewater treatment.

f) Lack of stakeholder involvement

The importance of stakeholder involvement is addressed in detail in Section 6.

This project at Crater View Secondary School is also described further in a SuSanA case study: www.susana.org/lang-en/library?view=ccbt&itemid=2&id=125.
5 Linking sanitation and nutrition

Malnutrition, iron and zinc deficiencies are major nutritional shortfalls from which pre-school and primary school children suffer. This makes a good case for sustainable sanitation linked to school gardens with three main objectives: 1) an educational objective to teach children about growing healthy foods; 2) a nutritional objective to provide children with healthy food and; 3) an economic objective to generate a supplementary income for schools (Drescher, 2002; Morgan and Shangwa, 2010).

One of the advantages with choosing those types of sustainable sanitation technologies which emphasise reuse of treated excreta (such as urine diversion dehydration toilets (UDDTs), Arborloos and Fossa Alternas) is that human waste can be used as fertiliser and soil conditioner after sanitisation (see Richert et al., 2010). Also, the children can be involved during the construction of these toilets.

Sanitised human excreta can be used for nutrient recycling in school gardens, where children can be taught how to grow their own vegetables (see Morgan and Shangwa (2010) for examples in Zimbabwe). Biogas produced from human waste and other organic matter in biogas digesters can be used for cooking in the school kitchen. Treated wastewater can be applied in the school garden for irrigation.

If the local socio-cultural norms do not support the reuse of excreta, additional awareness raising is necessary by demonstrating the nutritional and economic benefits for the schools. Planning needs to be done in collaboration with school staff and adjacent farmers to investigate possibilities for transport and use of urine and treated faecal matter on nearby farms.

Selling vegetables from a school garden which is more productive due to the additional “toilet fertiliser” could give the school a small income, covering for example provision of soap and toilet paper. This incentive may also lead to greater care for the school toilet by users and cleaning staff as the fertiliser production would have a real value for the school.

Without proper consideration of the reuse part of toilets which were designed for reuse, facilities can become obsolete and not used, as observed by SNV in Rwanda (Verweij and Nyirishema, 2010). By providing back-up support and an incentive for the reuse of faeces and urine, an inherent incentive for schools can be created to adopt and maintain productive sanitation for better nutrition and supplementary income.

6 Guiding principles for sustainable sanitation in schools

General factors for achieving long term success in implementing sustainable school sanitation are:

- Awareness raising among the decision-makers on the importance of school sanitation.
- Stakeholder involvement in decision making and planning, particularly children’s participation and good leadership
- Creating demand through stakeholder involvement by employing demand-driven approaches.
- Monitoring outcomes, impacts and processes, including health and hygiene assessments, school attendance and usage of facilities.
- Using many channels and media for promotion of sanitation and hygiene emphasising also benefits beyond health benefits alone (multi-faceted approach).
- Having an enabling legal, technical, economical and social framework in place for the implementation of new and sustainable sanitation concepts for schools.

Figure 5: School children in the Philippines practising to wash hands with soap (source: R. Gensch, 2008). More photos on this project: www.flickr.com/photos/gtzecosan/sets/72157611890084172/

Sustainable sanitation in schools does not need to be expensive. A simple, low-cost toilet can meet all the principles of sustainable sanitation (health, hygiene, environment, economical, technologically appropriate and socio-culturally acceptable). However, superstructures made of cheap materials might need to be renovated faster (and re-investment financing is difficult to find again). Investments for school sanitation should focus on the long-term maintenance and operation to ensure sustained use and health benefits for children.

4 An impressive example for a well set-up monitoring and evaluation system in the school health context is the large scale “Fit for School” program in the Philippines (www.fitforschool.ph).
Conditions for successfully planning and building sustainable school toilets with the involvement of key stakeholders include (Deegener et al., 2009):

- The school ensures the training of all pupils before and after the toilets are constructed. Training for pupils must be carried out every year again when new pupils come to school.
- The same type of toilet should be installed for the teachers.
- The pupils can even be involved in building their own toilets (see Figure 1 and Morgan and Shangwa (2010)).
- All teachers and staff members participate in the trainings. Information on operation and maintenance of the toilet facility is available for school staff and caretakers.

The school employs paid cleaning staff who clean the toilets several times a day, ideally after each break.

- In the case of UDDTs: the toilet products are ideally reused as fertiliser by the school or a nearby farmer.
- The school or community takes the responsibility for maintenance and repair of the facility.
- The school administration is ready and able to provide the hand washing facilities, water, soap, and toilet paper.
- All legal aspects must be considered and discussed with the local authorities in advance if a technology with reuse is implemented.

Further specific factors for achieving sustainable school sanitation are:

a) Children at the centre: Child-friendly facilities

The involvement of children in planning and design of both hardware and software is essential. Without a child-centred approach, the sanitation system may remain unused and unhygienic behaviours may prevail (such as open defecation and no hand washing).

Child-friendly facilities should (more details provided in IRC, 2007):

- Have appropriate dimensions for children to be able to use them correctly and at any time.
- Offer enough capacity and minimise waiting times, otherwise children may resort to open defecation.
- Use appropriate locations for young children considering cultural, environmental and practical aspects which encourage regular use.
- Address gender roles and needs, particularly those of adolescent girls during menstruation.
- Address the needs of children with special needs, particularly those with disabilities.

b) Demand-driven approach

School-led Total Sanitation uses schools as the entry point for total sanitation in communities. This was demonstrated with some positive examples in Nepal, Indonesia, India and Kenya (UNICEF, 2008; Kurniawan, 2008; Otieno, 2008). School children have provided the impetus through self-respect, pride, guilt, shame and disgust to end open defecation in schools and the communities, and have created a demand for sanitation.

c) Multi-facet approach to advocating and promoting sustainable sanitation through skills-based education

Construction of sanitation facilities alone is not enough to make significant impacts on health and livelihoods (World Bank, 2005). Based on the experiences of Community-led Total Sanitation (CLTS), advocating for sanitation purely on health benefits alone is also not enough to elicit change in behaviour and encourage households and pupils to adopt new behaviours (Kar, 2010). A multi-faceted approach which uses different concepts and methodologies to encourage people to assess their situation and find appropriate solutions is essential.

In schools, skills-based hygiene education which includes songs, drawings and daily routines are more likely to reach a wider audience and raise the interest of more children including their parents. One successful example for a skills-based approach in terms of handwashing is the Fit for School program in the Philippines (Benzian et al., 2012). Moreover, building arguments with demonstrated successes based on improved livelihood, increased attendance rates, convenience, economic advantages, environmental improvements, or pride and status, go a lot further to mobilise key decision-makers in schools and communities to support sustainable sanitation.

7 Conclusions

Sustainable sanitation in schools can contribute to reaching Millennium Development Goals 2, 3, 4 and 7 for primary education, gender equality, reduction of child mortality and access to sanitation. With greater attention to guiding principles (stakeholder involvement, demand-responsive approaches and skills-based education) and adequate financial instruments, schools have the potential to reach hundreds of millions of school children and their families with sustainable sanitation including good hygiene behaviours.

The examples mentioned in this document show how various considerations in different conditions are having positive benefits for children in terms of improved attendance rates, better health as well as economic and nutritional benefits.

Fortunately, a growing database of initiatives throughout the world is providing evidence that a lot can be done to improve sanitation in schools. Firstly, promotion of sustainable sanitation must consider the development of high quality advocacy campaigns which convince decision-makers of the “value-added” and benefits for society through effective targeting and awareness programs. Secondly, monitoring of sustainable sanitation systems must go beyond the focus on counting facilities to include health and hygiene baselines as well as monitoring regular use, quality of technology, operation, maintenance, and socio-cultural acceptability.
The over-riding element for success is stakeholder involvement and ownership. Beyond a superficial or passive engagement, stakeholders – in particular the pupils, teachers, parents, caretakers and school administration – should ideally be involved in the selection, design and if possible construction of facilities, as well as organisation of management, long-term monitoring and problem solving. Stakeholder involvement and subsequent ownership ensures that local and appropriate solutions are applied, making the sanitation system sustainable.

8 References


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More photos of sustainable school sanitation are available here: www.flickr.com/photos/gtzecosan/collections/72157626092939057/

For questions or comments please contact the SuSanA secretariat at info@susana.org or susana@giz.de. We invite you to join the SuSanA discussion forum: www.forum.susana.org. This document is available at www.susana.org.

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The overall objective of this factsheet is to provide background information on the needs and methods required to integrate gender perspectives into sustainable sanitation. Access to safe sanitation is a basic human right for all women, men and children. Our objective is to offer guidance to those seeking to incorporate gender into the sanitation sector.

Integrating gender in sanitation requires comprehensive information about the gender specific local context provided by assessments such as socio-economic analyses and impact assessments of policies and programmes on females. Project managers should consider a gender balance in project teams and make budget allocations for gender strategies. The involvement of women in leadership and management training programmes and adequate support to enable women to be involved in the operation and maintenance of sanitation facilities needs to be integrated into sanitation projects.

Key messages from this factsheet are:
- Gender equality is an integral part of sustainable sanitation meaning that the sanitation system should consider the differing needs and should be suitable for women, men and children.
- Women are often involved in water, hygiene and sanitation but lack support to deal with these issues.
- Planning, design and implementation of a sanitation programme should not be regarded only as a male domain but can and should be equally undertaken by women.
- There is a widespread lack of suitable sanitation facilities compounded by a lack of privacy. This increases female vulnerability to violence and impacts their health, wellbeing and dignity.
- Data regarding gender needs should be disaggregated to give recognition and acknowledgment to women's needs and priorities.
- There is an unspoken but grave situation in the everyday lives of millions of school girls and women that make it difficult for them to walk freely and in a comfortable manner, to go to the toilet or to manage their menstruation sustainably.
- The special needs of menstruating girls and women need to be considered in appropriate sanitation programme designs by providing adequate female hygiene materials, discreet disposal and washing facilities.

Access to safe and sustainable sanitation is essential to ensuring health and wellbeing. It reduces the burden of treating preventable illnesses and is a prerequisite for ensuring education for all and the promotion of economic growth in the poorest parts of the world. Access to adequate sanitation is a matter of security, privacy and human dignity.

Integrating a gender perspective into the sanitation sector does not only require addressing differences in gender relations, it also means uncovering and challenging uneven hierarchical structures based on gender. Consequently, a gender-sensitive approach seeks to equalise the uneven distribution of sanitation roles and responsibilities and the access to safe and appropriate facilities by considering the basic needs of all men, women and children.

One of the most significant divides between women and men, especially in developing countries, is found in the sanitation and hygiene sector. The provision of water, hygiene and sanitation is often considered a woman's task. Women are promoters, educators and leaders of home and community-based sanitation practices yet their own concerns are rarely addressed. Societal barriers often restrict their involvement in decisions regarding sanitation facilities and programmes (GWA, 2006).

In many societies, women's views, in contrast to those of men, continue to be systematically under-represented in decision-making bodies (ADB, 1998). This lack of a
participatory approach is closely related to the uneven power structures in decision-making processes that characterise these societies and the sanitation sector in particular. Where sincere efforts have been made to integrate gender perspectives into the water and sanitation sector, these have unfortunately often failed to address strategic gender needs (Coles and Wallace, 2005).

Women suffer more than men when there is a lack of appropriate sanitation facilities. Women suffer more indignity from defecating and urinating in the open than men and in some countries are regularly at risk of assault and rape while going to the toilet (COHRE et al., 2008). In many countries, hygiene conditions in public toilets are poor and spread infectious diseases. In the absence of sanitary facilities or due to cultural reasons, women in many countries often have to wait until dark to go to the toilet or the bush. As a result, these women try to drink as little as possible during the day and often suffer from associated health problems such as urinary tract infections, chronic constipation and other gastric disorders (GWA, 2006; Milhailova and Diaz, 2007).

In rural areas, men avoid the stench of unimproved pit latrines and relieve themselves outside whilst women remain dependent on the pit latrines. Often in urban areas, women and girls face innumerable security risks and other dangers when they use public facilities which are open to both men and women. Research in East Africa indicates that safety and privacy are women’s main concerns when it comes to sanitation facilities (Hannan and Andersson, 2002). Without safe sanitation, women’s dignity, safety and health are at stake.

3 What does gender mean?

Gender identifies the social relationships between women and men. Gender is socially constructed; gender relations are contextually specific and often change in response to altering circumstances (Moser, 1993). Men and women fulfill a number of concurrent social roles and social relations that are influenced by other people. Race, ethnicity, age, culture, tradition, religion and an “individual’s position” (wealth, status) also contribute to differentiating the experience of being a man or a woman within a particular society. Gender identity and gender roles are the result of learned behaviour and given the right impetus and motivation can change. The challenge in this context is that men’s and women’s gender roles determine their access to - as well as their power and control over - adequate water supply, sanitation facilities and hygiene. Unchallenged, these roles can continue to have a direct negative effect on communities, households and individuals, in particular women and children.

Gender equality (or equity) means equal visibility, opportunities and participation of women and men in all spheres of public and private life. Gender equity is often guided by a vision of human rights that incorporates ac conocitate of the equal and inalienable rights of women and men. Gender equality is not only crucial for the wellbeing and development of individuals but also for the evolution of societies and the development of countries. However, gender equality has not yet been achieved. Male violence against women continues to be a cause of death and suffering worldwide. There are 600 million illiterate women compared to 320 million men worldwide. In South Asia and Sub-Saharan Africa in particular, girls have a lower chance of completing primary education compared to boys. Although important progress has been made, for example in respect of universal school enrolment, and women’s access to the labour market and the political sector, gender inequality is still one of the most pervasive forms of inequality worldwide (UNFPA, 2005; UN, 2007; UN, 2011).

4 International commitments and goals for gender equality in relation to sanitation

Millennium Development Goal (MDG 3) calls for the promotion of gender equality and women’s empowerment. Four indicators are used to monitor progress: education, literacy, wage employment and political representation.

In addition to the millennium development goals, resolutions, comments and expert reports recognising the right to water and safe sanitation there are some specific international instruments relevant to promoting a gender perspective within the sanitation sector (WEDO, 2003):

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) (1979) is the most important legally-binding international instrument for the protection of women’s rights. Addressing the living conditions of women in rural areas, the CEDAW states in article 14(2) (h), that parties shall ensure that women have “the right to enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communication.” The CEDAW already asserts the right of rural women to water (article 14). However, because women often lack land rights, they are unable to assert their water rights.

The UN Resolution of the 23rd Special Session of the General Assembly. New York in June 2000 emphasised “Further actions and initiatives to implement the Beijing Declaration and Platform for Action”. Actions should be taken by governments at the national level to: “Ensure universal and equal access for women and men throughout the life-cycle to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health education”.

Human rights¹: In July 2010, the UN General Assembly recognised for the first time that access to water and sanitation is a basic human right. This right was confirmed in a resolution by the Human Rights Council in October 2010 and was declared legally binding. The content of the human right to water and sanitation is still under discussion. Five normative criteria (availability, accessibility, quality/safety, affordability, acceptability), and five cross-cutting ones (non-discrimination, participation, accountability, impact and sustainability) are used to define this right.

¹See also a compilation of relevant documents here: www.susana.org/lang-en/library?view=ccbktypeitem&type=2&lid=1331
5 The role of women and men in sanitation

In most countries, cleaning toilets is primarily the responsibility of women, for any type of sanitation system. Men are generally responsible for the construction and technical maintenance of the sanitation facility (e.g. digging and repairing). In many households, women are responsible for making sure there is sufficient water for sanitation purposes which may involve carrying water for long distances. They are also involved in pit emptying activities; although this is a burden for men as well (anecdotal evidence suggests that e.g. in India and Pakistan, more women than men have to empty pits whereas in countries in Sub-Saharan Africa it is the other way around). Either way, the conditions under which such manual pit emptying is carried out are usually appalling, regardless of whether it is men or women doing the work.

In the design, location, selection and construction of sanitation facilities, too little attention is paid to the specific needs of women and men, girls and boys as well as their respective roles in terms of maintaining the facilities. Sanitation programmes, like many other development programmes, often assume a high degree of gender neutrality. This results in gender-specific failures such as toilets with doors facing the street in which women feel insecure, school urinals that are too high for boys, a lack of disposal facilities for female sanitary materials and pour-flush toilets that increase the workload of those women who have to carry the water needed for the toilets.

Sanitation blocks are sometimes used for other purposes as well such as washing and drying clothes and provision of shelter from rain. Despite the role of women in hygiene and sanitation at the household level, many programmes presume that it will be the men who will be more suited for such entrepreneurship. However, both women and men can benefit from income generation through sanitation related businesses if a sustainable sanitation chain system approach is implemented. Businesses may include production of sanitation hardware, installation of sanitation systems, operation and maintenance (O&M), promotion and advertisements, emptying of toilets, collection and safe disposal of faecal matter, training and education and reuse of nutrients, water, organic matter and biogas.

A combination of unequal and uneven power and legal structures based on discrimination and a lack of political commitment often leads to the neglect of women’s needs and hinders their involvement in sanitation development and planning. The majority of the world’s 1 billion people living in poverty are women and the feminisation of poverty, particularly among women-headed households continues to increase in a number of regions. Land tenure is a particularly significant stumbling block. It is generally estimated that men’s landholdings average three time those of women. Women represent fewer than 5 percent of agricultural landholders in North Africa and Western Asia and an average of 15 percent in sub-Saharan Africa (IFAD, 2011). As a result women often lack access to related assets and resources for toilet construction (COHRE et al., 2008).

Experiences with gender aspects in water and sanitation projects in Armenia, Bulgaria, Romania, Ukraine and Mexico showed that stronger involvement of civil society, women and minority groups in decision making on sanitation and wastewater systems is necessary to make a breakthrough and to enhance participation and capacity building (Milhailova and Diaz, 2007).

Figure 2: School toilet in Tanzania: The special needs of girls and women during the time of menstruation – such as privacy, facilities for disposal of sanitary materials – must be brought to the forefront (source: M. Sommer, 2009).

6 Methods to assess the role and impact on females in sanitation

Although at the level of policy formulation there is no shortage of support for gender inclusion by official agencies and governments, the improvements in gender equality in the water and sanitation sector in a number of countries is still slow.

This lack of progress is partly due to the general absence of specifically collected data from and about females in water and sanitation. This lack of data causes issues such as:

- Difficulties to adequately measure change over time, and the impact interventions have had on gender equality and whether such changes contribute towards the Millennium Development Goals (MDGs) or other goals.
- Difficulties to make effective analytical assessments of the comparative situation of women and men.
- Sound policy formulation is hampered by the lack of information about the gender-related realities of water and sanitation access as well as the need and use of sanitation in private and public sectors. Gender-disaggregated data is crucial when assessing the effects of policy measures on women and men.

Monitoring data is essential in evaluating and tracking the pivotal role of women in development and understanding the specific contribution of women in society (UN-DESA, 2009). A closer definition of the gender-disaggregated indicators needed for data collection can be found in UN-DESA/UNW-DPC (2009).
7 Special needs of girls and women during menstruation

The disposal of female hygiene products needs special attention as tampons, pads, clothes or rags can lead to blockages in pipes (in the case of water-flushed toilets and septic tanks) or make reuse of excreta more difficult (if disposed in the faeces vaults of urine diversion dehydration toilets). Other hygiene-related needs also need to be taken into consideration. Therefore, wrapping materials and adequate bins to enable discreet disposal should be provided. This is particularly important in public places and in schools (WECF, 2006; Wendland and Dankelman, 2008; Sommer and Kirk, 2008).

Box 1: Menstrual hygiene management (MHM) in Magadi Secondary School, Kenya, a town in the Great Rift Valley, located southwest of Nairobi

Menstrual Hygiene Management is an enormous challenge for the 45 girls in Magadi Secondary School. The number of girls receiving education is very low in Magadi as the Maasai tribe restricts girls from attending formal education.

Most of the girls at Magadi Secondary school don’t have money for sanitary towels therefore most do not go to school when they are having their period. Even if the girls get sanitary towels, they have no underwear. They therefore use old pieces of rags and jeans to hold the sanitary towels up. The boys regularly tease the girls when their clothes are stained.

Most of the girls drop out by the time they are 15 because they already have 1-2 children. Another difficulty is that most undergo Female Genital Mutilation (FGM) when they are about 13 years old. Therefore if alternative solutions such as menstrual cups are to be incorporated in MHM, this should be combined together with awareness raising, education and addressing the cultural factors that form barriers when including the girls in finding sustainable solutions to address MHM.

The girls face further challenges in disposing the sanitary towels. Before, they used to litter the sanitary towels all over the school compound behind bushes. The teacher then told the girls to collect all the sanitary towels weekly and they would collectively burn them behind the school.

The solution here should include sustainable approaches to addressing MHM such as menstrual cloths and cups. Educational materials on MHM that can be understood by the girls should be incorporated in the school curricula. In addition, all stakeholders need to be involved in the decision making processes so that cultural barriers that negate approaches towards sustainable MHM can be addressed.

*Source: Doreen Mbalo, personal communication, 2011*

School sanitation is a neglected issue in many parts of the world. After the onset of menarche in puberty, many girls miss school or even drop out partly, because of lack of sanitation facilities or the absence of separate toilets for girls and boys. A study of 20 schools in rural Tajikistan revealed that girls chose not to attend school when they have their period because there were no toilets available (Mooijman, 2002).

In rural Pakistan, more than 50% of girls drop out of school in grade 2-3 due to a combination of religious rules and a lack of separate toilets for girls and boys. When a Muslim girl reaches 7 years of age, she needs to use a toilet specifically for females as the mixing of sexes is not allowed from that age onwards (UNICEF, 2003).

The lack of adequate toilets and hygiene in schools is a key and critical barrier to school attendance and education for girls (COHRE et al., 2008). In addition, if there are inadequate sanitation facilities, women might decide not to attend (vocational) training and meetings. Simple measures such as providing schools with safe toilets, promoting hygiene education in the classrooms and ensuring private hand washing facilities are located very near the toilets increases school attendance amongst girls and reduces health-related risks (UN Water, 2006).

There is a long overdue need for the water and sanitation community to address the need for menstrual hygiene management (MHM) in schools in low-income settings as it has been overlooked in the past. Key components of a girl friendly school environment include:

- Well-designed, clean, safe, private toilets in sufficient numbers for female students with locks on the inside of the doors;
- Clean water inside or very near to the toilets so girls can wash menstrual blood off their hands and stains from their clothing without boys watching;
- Adequate and culturally appropriate disposal systems for used menstrual materials, including dustbins inside latrines and an incinerator or pit where materials can be burnt;
- A private location for girls who use menstrual cloths so these can be washed and dried;
- Availability of credible and empowering puberty and menstrual management guidance, such as the girl’s puberty book “Growth and changes” developed through participatory activities with girls in Tanzania (Sommer, 2009) or the guide to menstrual management for school girls “Growing up at school” developed in Zimbabwe (Kanyemba, 2011);
- Sensitising school administrators and teachers to challenges associated with menstrual hygiene management;
- The provision of menstrual adaptable underwear for girls (with removable sanitary pads).

It is critical to engage adolescent girls in the decision making process right from the initial stages of designing appropriate facilities and in identifying and ensuring that they have adequate MHM support and guidance (Sommer, 2010).

However this is not sufficient on its own. The water and sanitation community is encouraged to collaborate with education and health communities within each country and context in an effort to provide a holistic and interdisciplinary

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2 For further information and discussions about MHM, please visit the MHM section of the SuSanA discussion forum: [http://forum.susana.org/forum/categories/24-menstrual-hygiene-management-mhm](http://forum.susana.org/forum/categories/24-menstrual-hygiene-management-mhm)
response to ensure menstruating girls continue to attend and complete their education. Relevant stakeholders such as education departments and ministries, school authorities, WASH sector departments, politicians, leaders, teachers and most importantly parents need to be involved to make a significant and long term change to the situation.

Figure 3: Hygiene education at school for both girls and boys in Tanzania (photo by M. Sommer, 2009).

Urine diversion dehydration toilets (UDDTs) have one distinct difference compared to flush toilets and pit latrines when it comes to use by women during menstruation: Traces of blood can be visible in the urine section of the bowl or pan. Therefore, the users must be given an option to clean off the blood. A simple solution to the problem is to provide a cup with water to wash the toilet in the eventuality that blood is left. There is no harm in adding a little water to the urine jerry can or soak pit (WECF 2006).

**8 Integrating gender in sanitation**

There is an urgent need to prioritise gender in the sanitation sector whilst addressing strategic gender needs. The process of thoroughly integrating gender concerns into institutional operations is called gender mainstreaming.

According to the Ecosoc (UN Economic and Social Council) definition, gender mainstreaming can be understood as "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres. That way, women and men benefit equally and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality." (Ecosoc, 1997).

The concept of integrating gender should be free from discrimination against either sex to ensure balance and equality. Gender mainstreaming therefore works best through an adaptive, process-oriented approach that is participatory and responsive to the needs of women. Specific institutional arrangements are needed to ensure that gender is considered an integral part of efficient and effective planning and implementation. This includes, for example, the development of gender policies and procedures, commitment at all organisational levels and the availability of – internal or external – gender expertise (GWA, 2006). Gender must be addressed in policy formulation and by-laws. The following elements of the gender mainstreaming process can safeguard a gender perspective in sustainable sanitation (ADB, 1998).

a) Gender analysis

A socioeconomic gender analysis is required to explore the cultural concerns and the sociological and economical roles of men and women in a project area. There is a list of guideline questions in the following section that can provide a framework for such an analysis. A gender analysis facilitates an understanding of the demands and needs of women and men, their respective knowledge, expertise, attitudes and practices and it clarifies the constraints that hinder the participation of women and men in specific activities (Asia Water Watch, 2006).

b) Impact assessment

It is also important to assess the impacts of policies and programmes on women and men from different social and age groups. Here it should be questioned who benefits and who bears the burden or faces the drawbacks of these policies and programmes (Asia Water Watch, 2006).

c) Composition of project teams

Project teams in the field should strive for a gender balance and be sensitive to gender and related cultural concerns. This can be enhanced by selecting field team members with gender awareness, local knowledge, cultural understanding and a willingness to listen (ADB, 1998).

d) Empowerment

To ensure women’s participation and involvement, leadership and management training for women are important project components. Additionally, training women to help run and maintain sanitation facilities forms an important part of the empowerment process (ADB, 1998).

e) Financing and budget allocations

Adequate resources should be allocated to implement gender strategies in the sector (Asia Water Watch, 2006). This however is not enough. Institutional arrangements and policies coupled with budgeting that ensures that both men and women benefit from hygiene and sanitation efforts is indispensable in ensuring integration and participation.

f) Income generation

Opportunities should also be given to women to earn income through sanitation projects as builders, suppliers of materials, health and hygiene educators, and as contractors.

g) Involvement of boys and men

In order to successfully incorporate gender perspectives into sustainable sanitation policies and programmes, it is imperative that boys and men are also involved. This will
When mainstreaming gender in sanitation, one has to be aware of a few pitfalls:

- Women are often encouraged to take on sanitation management roles and additional work, but they may not have received the necessary resources (i.e. time, capacity, resources) to perform these tasks.
- The introduction of a “user pays” system for sanitation facilities may create a considerable burden for women, particularly for those living in poverty. On the other hand, there are also studies that show women are willing to pay for hygienic and safe sanitation (GWA, 2006).
- If hygiene education is identified solely as a “women’s area”, men may be reluctant to be involved and as a result, sanitation components in a project may be seen as less important. Therefore men must also be included in the decision making process regarding hygiene education so that they understand the challenges that women face.
- Women may receive more training but may be prevented from putting their own skills and knowledge into practice by cultural or social norms.

### 9 Guiding questions for integrating gender perspectives into sustainable sanitation

The following guiding questions can be helpful in the process of integrating gender perspectives into sustainable sanitation planning, designing and implementing (ADB, 1998; Van Wijk-Sybesma, 1998; UNICEF, 2003; Asia Water Watch, 2006; UN Water, 2006; UN, 2007; COHRE et al., 2008; UNICEF, 2008). The authors consider a critical engagement with the following guiding questions crucial to identifying strategic gender needs.

#### a) Gender aspects

- Has a socio-economic and cultural profile of the target population been developed including the different roles and tasks assigned to men and women?
- Have the particular issues of concern to females related to sanitation provision and use in the project area been investigated?
- Have the separate sanitation needs, interests and priorities of men, women, boys and girls been considered?

#### b) Institutional aspects

- Ensure expertise in social development, sanitation and hygiene education is available in the organisation, project or programme team.
- Are women and men fully integrated at all levels in the organisation and have external and internal discriminatory factors been tackled successfully? Are there any constraints for women and/or men in accessing and controlling resources?

#### c) Gender impact assessment

- Will the programme’s objectives and activities have an impact on existing inequalities between women and men, as well as between boys and girls?
- How will females and males be affected by the programme? For example, will their work burden increase or decrease? Will their health be affected? What are the economic benefits? Is there a gender balance in the burdens and benefits?

#### d) Gender specific monitoring and evaluation

- How do you measure and monitor the specific effects on females and males?

#### e) Location and design

- Does the design and location of sanitation facilities reflect the differing needs of children, women and men?
- Are toilets and hand washing facilities situated in such a way that the physical security and wellbeing of women and girls is ensured?
- Is the toilet location in the home (ideal case) or close to home and is the path to the toilet easily accessible, secure and well-lit?
- Have separate toilets for females and males been constructed and are these being operated and maintained (for example in schools, factories and public places)?

#### f) Technology and resources

- Does the technology used reflect women’s and men’s priorities and needs?
- Is the technical and financial planning for the on-going operation and maintenance of facilities in place? How are men and women involved?
- Have funds been earmarked for separate sanitation facilities for girls and boys and for hygiene education in school curricula?

#### g) Empowerment and decision making

- Has the capacity of women been developed and their participation in training encouraged?
- Have women and girls been enabled to acquire access to relevant information, training and resources?
Productive sanitation and UDDTs

Productive sanitation is a new term for sanitation systems which focus on increased crop yields by using treated excreta and greywater in agriculture\(^5\). It is important to closely monitor sustainable sanitation projects and the way they operate in a gender specific way. However, gendered perspectives of productive sanitation projects have not been fully explored yet. In many parts of the world, women are primarily responsible for food production and food security. In terms of its impact, it will therefore be women who will benefit directly from the increased availability of soil nutrients that can be used for rural and urban agriculture (Hannan and Andersson, 2002).

The urine diversion dehydration toilet (UDDT) is one type of technology that is often used within productive sanitation concepts. UDDTs require no water for flushing and this will reduce the workload of women if they have to fetch the water for sanitation. In Zimbabwe, women in some rural areas preferred the ecological sanitation alternative – the “Arborloo”– to the conventional pit latrines because they can be built closer to their home. When the pits are full, the women plant fruit trees on the full pits. Men also preferred the Arborloo because the pits are shallower and require less labour to dig.

Anecdotal evidence seems to suggest that women's attitudes towards UDDTs are more positive than those of men. In one project in rural Romania for example, women preferred the UDDTs while men had a distinct preference for water flush toilets. Women would like to have the toilet in their home, as this would reduce walking distances while men preferred the Arborloo because the pits are shallower and require less work. In such a case, a urine infiltration system would have been the better option so as to decrease the work load for the women. It is important to provide follow-up for at least one year on the use and maintenance of the toilets but people complained about community workers checking on their toilets (Ramirez and Penan in Mihailova and Diaz, 2006).

Demonstration projects that centre on local women’s groups can have the effect of stimulating rapid and sustainable change (Mihailova and Diaz, 2007). Some experts however point out that UDDTs may require more work for women as far as cleaning, maintenance and the subsequent application of urine and faeces as fertiliser are concerned (Samwel et al., 2006b).

Box 3: Are UDDTs resulting in a heavier work load for women?

The Centro Mujeres Tonantzin in Mexico carries out women’s empowerment and leadership training amongst the very poor in the slums of Ciudad Juarez, close to the border between Mexico and the USA. Here 700,000 people live in poverty in desert-like conditions without any water or sewage facilities. The women work in factories, clean houses or sell second hand clothes in order to support their families. Between 2001 and 2007, 250 in-house bathrooms with UDDTs were built in this area. However some women stopped using their UDDTs because the compost and urine containers have to be emptied out which meant heavy work for the women especially as they got no help from the men. In such a case, a urine infiltration system would have been the better option so as to decrease the work load for the women.

It is important to provide follow-up for at least one year on the use and maintenance of the toilets but people complained about community workers checking on their toilets (Ramirez and Penan in Mihailova and Diaz, 2006).

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1 Summary

This factsheet addresses current developments, challenges, gaps and solutions in the planning and implementation of sustainable sanitation for emergencies and reconstruction situations focusing on low and middle income countries. It is mainly intended for students, researchers, policy makers and practitioners.

Shortcomings of current approaches for emergency prevention and relief include: Insufficient resources invested in sanitation, lack of prioritisation of sustainable solutions, inadequate human resource capacity for urban sanitation in humanitarian agencies and lack of good governance for reducing disaster risks. The last issue particularly impacts the risk reduction potential of countries. To reduce the risk and potential effects of disasters, sanitation solutions need to be robust to buffer against certain challenging environments. In emergency situations, groups with specific needs need to be considered (i.e. children, women, elderly, injured and people with disabilities) and appropriate emergency relief measures for each stage of an emergency situation need to be selected.

We recommend the following to the actors in the emergency and reconstruction sectors:

- Increase funding for sanitation in emergency and reconstruction situations with regards to software as well as hardware components.
- When implementing immediate sanitation solutions, apply those which can be adapted in later phases to become more permanent and sustainable.
- Use adequate sanitation options which are robust and can cope with challenging environments.
- Build capacity in local entrepreneurship for long-term self-help in the reconstruction phase.
- In between emergencies incorporate risk reducing measures in local and urban planning which will prevent and reduce the need for response efforts.
- Engage in learning activities and experiment together with other professionals to increase innovation of options.

2 Introduction

The United Nation’s International Year of Sanitation 2008 highlighted the need for improved access to sanitation systems in general. In addition, many disaster situations demonstrate the need to address sustainable sanitation solutions in particular. Sustainable sanitation systems take into consideration aspects of health, environmental resources, economic viability and socio-cultural acceptance as well as technical and institutional appropriateness (SuSanA, 2008).

Sustainable sanitation systems in emergencies also require examining the resilience and robustness of existing systems to function during the entire emergency. For example, disaster situations often present additional challenges of difficult environments, such as flooding, lack of transport and access of materials. There are also challenges of a traumatised and injured population and disruption of societal functions exposing vulnerable people to even more health risks.

![Figure 1: Raised toilets in Haiti provided by IFRC for 275,000 people per day with materials produced in Dominican Republic and constructed in Haiti (source: Spanish Red Cross, 2010).](source)

Sustainable solutions also have to manage the transition into a post-disaster phase and future development, and assure that immediate measures do not create unwanted health hazards or other undesirable consequences in the longer term. Many humanitarian actors (mostly NGOs, UN, unilateral aid, etc.) acknowledge that current sanitation practices are often not sufficient.

There is a need for innovation through interaction with experts who are not normally involved in emergency responses, such as private manufacturers, urban sanitation engineers, and industrial designers. This exchange and learning is not that easy as the various actors involved in disaster response usually have little time for networking, research and updating their expertise on other systems. The SuSanA Working Group 8 is aiming to act as an open platform to bring people together with the purpose of pushing towards more sustainable solutions and information exchange.
3 Shortcomings of current approaches

a) Insufficient resources invested in sanitation

Emergencies pose huge challenges for containing large volumes of excreta of the affected or displaced population. Interventions need to be carried out as quickly as possible in places submerged by flood water or in ruins after an earthquake or due to other disasters. The great focus on water supply in emergencies has made sanitation a forgotten area, often resulting in a sanitary disaster threatening the very health objectives which clean water supply aims to address. Agencies and donors are generally more willing to fund expensive water treatment units (which are often high-tech and can easily be shipped in one container) than to make the expenditure for sanitation systems – which are also less attractive in terms of media coverage (Andy Bastable, Oxfam GB, personal communication, 2011).

The result is that toilet pits or containers fill up quickly and become sanitary hazards. For existing sanitary facilities, there is often a lack of consultation with users at the design stage, leading to facilities that are not used as intended. Insufficient resources provided for maintaining and cleaning public facilities lead to unused toilets. Finally, inadequate supervision of self-build sanitation programmes can cause incorrect positioning and construction (Groupe URD, 2010).

b) Lack of prioritisation of sustainable solutions

Due to the focus on speed and quantity, sustainable solutions are often not prioritised. This is related to the phased approach of sanitation interventions in an emergency. In the height of an emergency, options are applied as short term measures (e.g. trench latrines\(^1\)). These options are later replaced in a phased manner by more permanent options such as pit latrines, septic tanks, urine diversion toilets etc.

Challenges commonly faced are high water tables, unstable sandy soils and crowded urban areas, which require creative ideas in the height of the emergency and in the long term for a sustainable solution. If these challenges are not addressed the result can be overflowing, leaking, malfunctioning, or unused toilets, even for solutions designed for that particular emergency phase. When humanitarian agencies leave, there is a lack of sustainable alternatives for the long term, which is a challenge in the prolonged emergency.

c) Inadequate human resource capacity in humanitarian agencies for urban sanitation

There is an increasing number of urban disasters. At the same time humanitarian agencies have inadequate human resource capacity to implement urban sanitation solutions. Such sanitation systems would have to be integrated in the existing urban systems which were often not working well even before the emergency and which are complicated to fix (Heeger, 2011). The most common solution currently used, the pit latrine, is not a viable solution for crowded urban conditions, where it may contaminate the groundwater and thus the water supply. Pit latrines remain however a better solution than a total lack of sanitation solutions i.e. open defecation. The recent response after the earthquake in Haiti in 2010 has led to innovative thinking by many WASH practitioners working in the urban environment of Port au Prince for the first time (see Box 1 and 4).

d) Lack of good governance for reducing disaster risk

In 2010, the earthquakes of nearly the same magnitude in Haiti and Chile disclosed the importance of better building codes, resulting in only 200 lives lost in Chile compared to 200,000 in Haiti. In addition, Haiti had inadequate water and sanitation systems before the earthquake, making the system vulnerable to disasters. For example, it was difficult to agree on a designated area for waste disposal and this led to dumping solid and faecal sludge in the same uncontrolled ways as before the earthquake (see figure 3).

Bad governance, poverty and corruption make a population very vulnerable to disaster. Also, urban development in coastal areas is increasing and consequently there is also a growing exposure of the inhabitants to coastal hazards on a regular basis. Due to lack of planning and infrastructure (e.g. drainage), peri-urban low income areas are turned into sanitary health hazards especially in the rainy season. Vulnerable people with low coping capacity living in these areas might easily get locked in poverty cycles. Peri-urban areas present furthermore a risk as authorities often do not assume formal responsibility and they are effectively left ungoverned (Andrew Parker, UNICEF, personal communication).

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1 For further information see: [www.susana.org/lang-en/library/?view=ccbktypeitem&type=2&id=1206](http://www.susana.org/lang-en/library/?view=ccbktypeitem&type=2&id=1206)

2 The term “toilet” is used for the general function of a user interface and for toilets which are above ground. “Latrine” is used for types of toilets which require a hole in the ground, e.g. a pit latrine.
Apart from buffer capacity or robustness of technologies, challenging environments which include for example:

- Solutions need to be robust to buffer against certain of a population to the impact of natural hazards.
- Unstable soils (e.g. sandy soils) make the lining of pits necessary to prevent them from collapsing.
- High groundwater tables and flooding cause problems with the containment of the excreta. Potential solutions include sealed pits or above ground structures.
- Rocky soils make digging difficult and uneven
groundwater pollution with pathogens and nitrate.
- Spatial constraints mainly in urban areas where the construction, replacement and maintenance of toilets, as well as pit emptying, is restricted due to a high population density.

Apart from buffer capacity or robustness of technologies, resilient systems also involve the adaptive (social) capacity to learn, adapt and self-organise (Folke, 2006). When disasters occur, informal social structures are important, and in most cases government bodies and local volunteers from organisations such as Red Cross/Red Crescent are early on site and mobilised quickly.

**Box 1: Sanitation technology development in Haiti**

After the earthquake in Haiti (2010), a very crowded environment combined with extremely difficult digging conditions made many agencies install a considerable number of raised and portable toilets. Haiti thus triggered more innovative thinking about sanitation solutions from all agencies e.g. biodegradable plastic bags, biogas systems, urine diversion and compost toilets. An indicator of the effort in sanitation by the agencies was the fact that the cholera outbreak in Port au Prince did not become an epidemic in the camps, while this was the case outside the camps (Johannessen, 2011).

Apart from robust technology or “hardware solutions”, appropriate “software methods” that engage target groups, create demand for services and encourage the change of behaviours also need to be applied. This is often coordinated by the WASH cluster. Good practice includes the introduction and support of health committees, training WASH (water, sanitation and hygiene) workers, appointing a focal point for cleaning, and paying people to do this with a certain rotation frequency. Further examples include:

- PHAST (Participatory Hygiene and Sanitation Transformation) triggers behaviour change in communities, and empowers them to plan and operate WASH systems, and is used during emergencies.
- Community Health Clubs have been used for cholera mitigation in Zimbabwe (2008-09) where health education and changes of hygiene practices prevented a cholera epidemic. It has also been applied in refugee camps in Uganda (Waterkeyn et al., 2009).
- During the flood in Pakistan in 2010, a great number of camps used CLTS (Community Led Total Sanitation) to encourage people to use toilets (Johannessen, 2011).
- An “EcoSan toilet beauty contest” by SCOPE after the Indian Ocean tsunami in 2004 was a popular form to involve communities during the reconstruction phase. In fact, the lack of a severe disease outbreak after this tsunami is to a considerable part credited to extensive hand washing and hygiene campaigns.

Interventions in emergencies tend to be managed well when they are implemented by dedicated groups of staff working with small communities with whom they develop clear reciprocal relationships and understanding. Local NGOs already active in the area are often invaluable in mobilising and reaching local communities and building their trust.

**Box 2: Adapting toilets to fit special needs**

In 2011 ACF cooperated with the manufacturer Nag Magic to develop an improved plastic slab design. The new design makes it possible to transport more slabs at a time, to support people who have difficulties with squatting, to make it easier for wheelchair users to enter and turn, has bright colours which help visibly impaired people and has adaptations for children (Johannessen, 2011).

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3 More information on the WASH cluster (WASH stands for water, sanitation, hygiene): www.humanitarianreform.org
4 SCOPE in Trichy, India: www.scopetrichy.com
a) Specific needs of children
- Young children defecate either in the open or in a potty, which needs to be managed by their parents or carers. Cleaning and disposal of children’s faeces needs to be done rapidly and hygienically, as the faeces can be highly infectious.
- Young children prefer bright toilets, without a roof and door (Harvey, 2007) or only a slab. They need to be near the women’s toilet and require accessories such as: extra step, potty and low hand washing if integrated with adult toilets.
- Children’s latrines can be painted with hygiene related messages specifically targeted at children thus creating awareness and ownership.
- When surrounded by chaos, schools can provide children with a sense of normality and personal safety, helping them to recover psychologically. Appropriate WASH measures in schools should be taken.

b) Specific needs of women
- Women should be consulted on the design and location of the toilet, to consider their preferences and reduce security risks, especially at night (Adams, 1999).
- In many cultures, toilets and relevant training needs to be separate for women, men and children.
- There is a need to provide menstrual pads and underwear in an emergency, bearing in mind the cultural context and appropriateness e.g. colour, shape, disposable versus recyclable. In the long term, refugees can produce their own pads out of local and recycled materials (Ann-Kathrin Scheuermann and Annelie Albers, GIZ, personal communication, 2011).

Box 3: Key socio-cultural considerations
- User consultation is crucial also in the immediate phase.
- Accountability of the operation and maintenance can be supported by limiting access (e.g. using a padlock).
- Information, training and sensitising can achieve significant reductions of diarrhoeal diseases.
- Cultural considerations, e.g. people who practice anal cleansing with water need access to water. Toilet seats and urinals oriented towards Mecca might be rejected in Muslim cultures.

6 Solutions for the immediate to short-term stages of an emergency
Top priority in immediate emergencies is containing excreta as fast as possible. Defecation fields are frequently mentioned in the literature but are not often implemented. Often the implemented minimum standard is a simple pit latrine structure. In addition, it is necessary to equip each toilet or block of toilets with a hand washing facility with soap. Desludging and safe disposal of the collected excreta is crucial for the mitigation of health risks but is often very challenging.

Humanitarian agencies usually install so called rapid latrines. These latrines are ready-made solutions and normally part of the agency’s contingency stocks in the region or are ready at the headquarters’ warehouses to be shipped at the height of a crisis. At the initial stage, there is also a need to plan intermediate steps, such as communal toilets, setting up a slab manufacturing facility and collecting local materials for superstructures.

In 2011, WASTE and Oxfam GB organised a workshop in Stoutenburg, the Netherlands, involving sanitation specialists from different humanitarian agencies and the development sector to discuss how to improve gaps in technologies for the immediate phase and to understand more of the product design process. Three technology gaps were identified: 1) raised toilets; 2) improved desludging options; and 3) sludge disposal and treatment kits. These three gaps were selected acknowledging that much work


Figure 4: Child friendly toilet which is open and bright for use by young children in a post Tsunami camp in Sri Lanka in 2004 (source: J. Lapegue, ACF, 2004).
had already been done on slabs and on biodegradable bags. Each of these would need design specifications to fulfil the requirements of an emergency (lightweight, pallet size, flat packed etc.) (Johannessen, 2011). In the following some of these more sustainable immediate solutions are described.

Box 4: Oxfam’s new sanitation approaches in Haiti
Oxfam’s response in Haiti included pit latrines, septic tanks, portable toilets (“port-a-loos”), urine diversion, and biodegradable toilet bags. The latter two approaches are described below:

1) Urine diversion dehydration toilets (UDDTs) were funded and installed in cooperation with the local partner SOIL. This involved the installation of 200 urine diversion toilets in 31 camps in PAP in the months immediately following the earthquake. Urine was diverted either to a soak-away or was stored for agricultural use. After each excreta deposit, users added a small amount of chopped sugarcane. The mix was contained in a plastic drum, which was removed weekly by the local partner SOIL, who composted it. The aim of the urine diversion was to reduce the volume of faecal sludge and to produce a demand for the urine and compost. Users indicated that they preferred this to pit latrines or raised toilets as the UDDTs were considerably less smelly (http://oursoil.org/what-we-do/ecosan/).

2) Peepoo toilets or simple biodegradable bags were used directly inside of cubicles or by placing them inside of small containers for home use. Male and female urinals were also part of this approach. People used the urinals and defecated into a bag, tied a knot in the bag and deposited it in a covered plastic drum, emptied daily. The contents were taken to a local composting site. This approach has also received very good feedback. It is a good solution when desludging trucks are unable to access the congested camps, or for use at night.

Source: Cocking and Bastable (2010) and Patel (2011)

a) Biodegradable plastic bags
Biodegradable bags can be inserted into a locally available small container to create individual toilets or to be used as part of a communal facility. During emergencies, biodegradable bags could help address the time needed to construct adequate latrines or where traditional options cannot be utilised, or if there are gaps in coverage (for household-level use especially by people with disabilities, children and women at night). Proper burial or collection for a composting system must be ensured to make it a hygienically safe system. Further research is needed regarding the cost effectiveness over time and phase-out points or upgrading strategies.

The “Peepoo toilet” is one such model on the market. Pathogens in the faeces which are collected in the bags are killed due to ammonia gas which develops when the urea granules supplied inside of the bags get wet. This technology can include a reuse aspect, and the fertiliser value of the bag’s content could create an income for collectors.

b) Emergency urine diversion toilet slab
The prefabricated plastic toilet slab for immediate dispatch is central in an emergency, as other toilet parts are often locally available. Some humanitarian agencies have taken measures to diversify the standard squatting slab by adding a urine diversion part to separate urine and faeces.

The urine diversion slab allows for immediate separation of urine. By reducing the liquid content the time that the toilet can be used for – before the container or pit fills up – is prolonged. Separating urine also accelerates the drying process of faecal matter and reduces odour and flies. The urine, which contains the most nutrients of human excreta, can either be drained into a soak pit or collected and reused. However, the reuse of urine and faeces is an “add on” and can only be applied at a later stage (in the recovery phase). Urine does not necessarily have to be reused if the only aim of the separation is to reduce volume of faecal waste, and reduce odour and flies.

Challenges may however be:
• User acceptance and willingness or behaviour change to use the toilets correctly, such as ensuring that anal wash water is discharged separately from the faeces.
• Urine pipe blockages.
• The urine diversion pan may be more difficult to clean compared to a normal pit latrine slab.
• Finding suitable local or regional suppliers in the longer term.

c) Raised toilets with or without urine diversion
The raised toilet is appropriate when it is physically not possible to dig into the soil (hard surfaces) or land ownership prohibits digging. In Haiti, for example, IFRC could not use their rapid toilets in many places. Disadvantages of raised toilets include relatively slow and costly installation and the need for more frequent desludging than toilet options dug into the ground where all liquids are allowed to infiltrate (Johannessen, 2011). The speed and cost issues are currently being optimised.

Figure 5: How to use the Peepoo (source: www.peepoople.com)

Figure 6: Left: Plastic urine diversion slab prototype by Indian manufacturer Nag Magic, is not yet available on the market (source: Oxfam GB, 2011). Right: Raised toilets in Bangladesh are still functional during flood events (source: S. Uddin, 2007).
The sustainability point of view is to design and place the latrines on an adequate site. Ideally, the immediate solutions should be suitable to be adapted. For details on sanitation technologies in the medium term stages of an emergency see Johannessen (2011).

### Table 1: Simplified overview of different priorities and technology choices depending on the phase of emergency.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Immediate (&lt;one month)</th>
<th>Short term (one to six months)</th>
<th>Medium term and recovery (six months to one year)</th>
<th>Long-term (&gt;one year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solutions</td>
<td>Fast containment of excreta (and hand washing)</td>
<td>Promoting use, organising people for O&amp;M of toilets, hand washing</td>
<td>Longer term use and sharing household solutions</td>
<td>Improvement of sanitation where people demand it</td>
</tr>
<tr>
<td>Technology choice (current practices)</td>
<td>Defecation fields, shallow trench, deep trench, biodegradable bags, raised toilets, urine diverting dry toilets (UDDTs)</td>
<td>Communally managed toilets, family toilets</td>
<td>Pit latrine, VIP latrine, UDDT, Fossa alterna, Arborloo, pour-flush toilets, septic tanks, decentralised wastewater treatment systems</td>
<td>Previous technologies and individual simple pit latrines may be an option in low-density, longer-term emergency settlements.</td>
</tr>
<tr>
<td>Socio economic factors</td>
<td>- Consultation - Special needs groups - Information - Hygiene training, sensitising</td>
<td>Previous factors and: - Monitoring (full toilets or pits) - Logistics and handling - Accountability</td>
<td>Previous factors and: - Financial resources and willingness to pay - Local champions</td>
<td>All previous factors</td>
</tr>
</tbody>
</table>

#### d) Waterless Urinals
Urinals are useful for keeping liquids out of the toilet pit, thus extending the period it takes to fill the pit. Where appropriate, the urine can be reused as fertiliser for crops following existing urine reuse guidelines.

#### e) Trench latrines and other wet toilet systems
Often excreta are buried in deep trench latrines. If water is available, wet systems such as pour flush pit latrines, may be selected. In any case, the most important aspect from a sustainability point of view is to design and place the latrines in a way to avoid groundwater contamination. Pit latrines and soak-aways for percolation into the ground should be at a suitable distance from any groundwater source, and the bottom of any latrine should be high enough above the water table (for details see Nick et al., 2012). Drainage or spillage from latrines must not run towards any surface water source or shallow groundwater source. Ideally, environmental health staff should be involved in ensuring that adequate sites are chosen and laid out to provide suitable conditions for sanitation.

### Box 5: Rapid latrines by IFRC
The immediate emergency requires sanitation solutions suitable for fast response. The IFRC "rapid latrine", has a prefabricated superstructure that can be shipped and easily erected. It has been developed in cooperation with UNICEF, Oxfam, and equipment suppliers. The technology is included in the Mass Sanitation Module 20 (MSM20) which provides hygiene promotion and sanitation for 20,000 people. The MSM20 includes 100 rapid latrines, and 100 squatting plates, with additional rapid latrines available if needed. The squatting plates have a pour flush option. The rapid latrine is built to cater for the first 1-4 weeks, when local procurement of materials is difficult. However, there are examples, where rapid latrines have become a permanent solution as during the emergency response to the Sichuan earthquake in 2008. Design principles for the rapid latrine are:

1. Easy to assemble, clean and transport
2. Rapid construction (20-25 superstructures per day)
3. Lightweight
4. Durable for 3-6 months and stable
5. Cheap

Source: Libertad Gonzalez and William Carter (IFRC), see in Johannessen (2011)

### 7 Solutions for the medium (recovery) to long-term stages of an emergency
In the medium (6-12 months) to long-term (>1 year) stage of an emergency the situation is stabilised and emergency toilets can be turned into more permanent structures. Ideally, the immediate solutions should be suitable to be adapted. For details on sanitation technologies in the medium to long-term stages see Harvey (2007). Some
examples of sanitation systems used in the past during the recovery or long-term stages include:

- Larger communal glass fibre systems which are affordable and light weight such as the DEWATS systems of BORDA in Indonesia.
- Biogas sanitation is an option investigated by IFRC (2010) for Haiti during the reconstruction phase. These systems produce biogas which can be used for cooking the same way firewood is used (addition of animal excreta or organic waste is recommended to obtain a reasonable amount of biogas). The design must be resilient to local disaster risks.
- Fossa Alterna with two alternating pits; this technology was successfully introduced in camps in Harare (Morgan, 2007).
- Raised UDDTs have been built such as in Bangladesh by Terre des Hommes to withstand flood events (Delepière, 2011).

8 Rehabilitation and disaster risk reduction

Re-building better after a disaster reduces risks from recurring hazards such as floods. Rehabilitation in urban areas poses very different technical challenges than those in rural environments, but can also be an opportunity. An example of this is the case of Maputo, Mozambique where MSF (Médecins Sans Frontières) after the floods in 2000 put in a system of water, sanitation, drainage, waste collection and hygiene education in a suburb, and empowered a local association to manage it. In 2011, ten years later, this is still functioning and provides a safer living environment with less cholera and other water related diseases than before. Functioning drainage plays a key role in avoiding flooding of the sanitation systems (Marculino Chemane, WaterAid Maputo, personal communication in 2011).

Disasters can thus act like a “wake up” call to trigger more investment in risk reduction, which also decreases the need for response in the future. A lack of risk reduction prior to a disaster makes the response more difficult after a disaster. For example, in Haiti, the sanitation systems prior to the disaster were inadequate where many people used plastic bags (“flying toilets”) or open defecation.

The solutions developed can provide livelihood opportunities in local communities for organisations like health clubs, women clubs, artisans, operators, manufacturers and the list goes on. A prime example being the production of toilet slabs which can be set up a few weeks after the disaster event. The motivation and social mobilisation is crucial for successful reconstruction, which also involves reconstructing the local economy and society.

9 Feasibility for reuse of nutrients

The UDDT (urine diversion dehydration toilet), can enable the reuse of urine and dried faecal matter. In the past, UDDTs have been used for sanitation provision during and after the emergency situation, and this was documented for El Salvador (hurricane in 1998), Afghanistan (civil war in 1992-1995), Guatauarda in Mozambique (after floods in 2000) and Pakistan (earthquake, October 2005). The UDDTs, without reuse activities, were successfully applied in the long-term phase of the emergency with a possibility that the reuse function could be activated later if demanded or feasible (Mwase, 2006).

Refugee camps in Nepal reuse the compost from double vault VIP latrines (Ganai, 2008). In the Farchana refugee camp in eastern Chad, the NGO SECADEV overcame constraints of limited space and unstable soils by building family pit latrines with simple urine diversion. These pits can be emptied once full and SECADEV is planning to incorporate a reuse component (Patinet, 2010). Biogas was generated in Haiti.

Enabling environment for reuse of treated excreta

- Where growing crops is possible. There is often some kind of agricultural activity in refugee camps.
- Social acceptance is needed.
- When it is feasible to educate, train and manage the facilities properly, preferably in collaboration with local agricultural extension workers.
- Use is mainly a household option, but could also be practiced at a communal level if managed correctly by following the existing WHO guidelines on the safe use of excreta in agriculture. Health risks from reuse activities are lower within a single family system compared to communal toilets and where the fertiliser produced or fertilised products are sold to others.

Box 6: Compost sale in emergencies

After the earthquake in 2010, SOIL conducted a study to identify possible markets for the sale of compost generated by toilets in Haiti. Results show that a few stores were very positive about the opportunity to switch from imported chemical fertiliser to a locally produced organic fertiliser. Most significantly, none of the organisations contacted said they would rule out the future possibility of purchasing compost if they were not already using it. With compost sales alone, reuse projects are unlikely to break even at their current scale in Haiti because the cost to produce toilet compost exceeds the current market rate for compost in Haiti.

Source: SOIL, 2011

10 References


6 For more information see www.borda-net.org/fileadmin/borda-net/Service_Packages/04EmSan_web.pdf

7 For more information see blog entry posted by Gui Castagna, on http://susanawg8.wordpress.com/ (13 February, 2011)


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More documents on this topic can be found on http://susana.org/working-groups/wg08 or on the blog of this working group http://susanawg8.wordpress.com/

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1 Summary

This factsheet discusses the role of different players in the sanitation sector, such as private businesses, governmental institutions and the non-profit sector with a focus on developing countries. Several project examples illustrate activities that can create revenues for investors and local entrepreneurs but also highlight some of the challenges in delivering sustainable sanitation services to the poor.

The key messages of this factsheet are:
1. Experiences worldwide show that sanitation can be a viable business opportunity, and has the potential to provide multiple benefits to the poor. Market-based approaches seek to address the challenges of financial sustainability and to strengthen the role of the private business sector while empowering local communities and individuals to make their own informed decisions about obtaining sanitation products and services.
2. The challenge is still to identify effective, scalable, and sustainable sanitation solutions with economic potential and to allocate investment capital and funding to implement these solutions on a large scale.
3. The process of identifying these solutions needs to be a collaborative effort between experts in marketing, design and engineering, which can be effectively supported by national and local governmental agencies as well as NGOs with in-depth local knowledge.

This factsheet’s target audience includes entrepreneurs, policy-makers, researchers and programme managers. It should be read together with the SuSanA factsheet on “Public awareness raising and sanitation marketing”1. Both factsheets are products of the SuSanA Working Group 9 on sanitation as a business and public awareness.

2 Introduction

Considering the sanitation sector as a marketplace full of business opportunities, is not a new concept. The private sector – be it internationally operating large scale enterprises, social entrepreneurial programmes or small and micro-scale businesses of masons, plumbers, cleaners, emptiers or wholesalers – has often been ignored as a reliable alternative or addition to public service providers in the sanitation sector.

As a result, particularly developing countries face major challenges in the delivery of safe sanitation products and services, which impacts most heavily on the economically poorer inhabitants.

Prior to the emergence of business models in sanitation, most traditional approaches to sanitation development have been based on subsidy driven infrastructure-focused programmes. For example: free or heavily subsidised toilets are built often with volunteer labour and imported hardware. These models “have poor records in effectiveness of use, efficiency of investments, sustainability of services, and scaling up access” (Frias and Mukherjee, 2005).

Furthermore, the sustainable impact of donor-driven sanitation models is challenged by many influential actors in the sanitation sector such as Jack Sim, social entrepreneur and founder of the World Toilet Organization (WTO) based in Singapore. He asserts that the “donor model” does not work on a large scale since “it lacks the sustainability and continuity that comes from mobilising a community to produce, market, sell, distribute and maintain their own sanitation products”2.

Figure 1: A man selling concrete slabs in Lilongwe, Malawi (source: L. Kappauf, 2011).

In 2005 the paradigm shift from beneficiary to “potential costumer” was backed by the publication “The Fortune at the Bottom of the Pyramid” (Prahalad, 2005), which identified the base of the world’s economic pyramid3 that includes four billion people living on EUR 5.50 or less a day as a market. Prahalad (2005) analysed the spending potential of the

2 In 2010 WTO received an urban innovation grant to help solve global sanitation problems: http://press.abc-directory.com /press/5779
3 Base of the pyramid (BOP) is used synonymously with Bottom of the pyramid.
world's poor as consumers and the power of business models to generate income and sustainable solutions to alleviate poverty at the bottom of the pyramid. Hammond et al. (2007) argue that the BOP constitutes a EUR 3.5 trillion global consumer market which reveals "significant opportunities for more inclusive market-based approaches that can better meet the needs of those in the BOP, increase their productivity and incomes, and empower their entry into the formal economy" (Hammond et al., 2007).

Based on this context, there is now a growing willingness of all actors in the sector (such as national and local governmental agencies, NGOs, service providers and private sector organisations) to search for innovative approaches to promote, finance and support business models for sustainable sanitation.

3 Market-based approaches

Market-based approaches to sanitation seek to address the challenge of financial sustainability, while empowering a local community and individuals to make their own decisions about obtaining sanitation products and services and strengthening the role of the local private sector. Sanitation is then seen as a vehicle for businesses to provide services and earn revenues that can be reinvested to keep expanding coverage of sanitation facilities and to develop economic activity while improving peoples' living conditions.

Studies show that each Euro invested in improving access to water and sanitation in developing countries is estimated to give a return of 5 to 12 EUR (Hutton et al. 2007). Moreover Hutton et al. (2007) estimated an additional benefit of 310 million working days per year for the total working population aged 15-59 years that would be gained by achieving the Millennium Development Goal on water and sanitation. These economic benefits should convince governmental agencies to invest in sanitation, create clear policies for sanitation supply and maintenance and to work with the local private sector.

The most effective anti-poverty measures are those that create sustainable and self-perpetuating local jobs. This could for instance be achieved by targeted investments in the sanitation sector in developing countries involving social entrepreneurs connecting investors with micro-entrepreneurs to serve the local market's sanitation needs. The sectors of energy (e.g. see Ashoka/HYSTRA, 2009) or telecommunication could be seen as promising examples in which business opportunities within the base of the pyramid have taken off. Lessons can be learnt there and should be applied in the sanitation sector where applicable.

Social franchising approaches are promising in terms of replication and scaling-up. In a franchising system, entrepreneurs with a suitable profile are identified and receive further training and capacity building in various areas, such as business development, marketing, financing, stock management and technical skills. In order to take the "sanitation as a business model" to the next level, a combined and coordinated effort from several entrepreneurs working together is needed (Devine, 2010, Sim et al., 2010).

Essential to this approach is to consider the economic base of the pyramid (BOP). The BOP does not only include the very poor (those living on under EUR 1 per day, for which most likely only subsidised sanitation products realistically can provide sanitation as an alternative to open defecation (unsafe basic facilities) but also those people that have an income of up to EUR 5.6 a day (UNDP, 2008). Millions of people in the BOP – especially in urban settings – are already consumers of items that can be classified as "non-essential" items, such as mobile phones, which illustrates that the poor do have purchasing power to a certain extent. In order to harness the purchasing power of the BOP, sanitation needs to be turned into a demand as Jenkins (2004) argues, "demand is created when consumers have motivation, opportunity and ability to purchase sanitation technology which suits their needs". Opportunity means having access to information, products and service, whereas ability refers to necessary resources (financial, time, skills, decision making).

Social entrepreneurs consider the BOP as a target market, and social business models have been proven to be viable, with one of the most prominent examples being the Grameen Bank in Bangladesh founded by Muhammad Yunus. Brooks (2009) defines a social entrepreneur as an individual – typically marked by innovativeness, achievement orientation, independence, vision of people that have an own destiny, low risk aversion, tolerance of ambiguity and community and social awareness – who adopts a mission to create and sustain social value, and recognises and pursues new opportunities to serve that mission.

Local governments, sanitation programme managers and other health and sanitation advocates need to provide strong incentives and work with effective sanitation marketing tools to urge individuals to reprioritise their household budgets and include sanitation products and services such as hygiene upgrades on their list of expenses. When working with the lowest income groups, social entrepreneurs, NGOs and governmental agencies need to take into account desirability, affordability and accessibility of sanitation products and services.

4 An exchange rate of 1.43 USD to 1 Euro was used.
5 The study scenario for the given range refers to investments linked to achieving Millennium Development Goal (MDG) 7C.
6 See New York Times article: Toilets and Cellphones from 24 May 2010
8 An exchange rate of 1.43 USD to 1 Euro was used
10 Upgrades could include improvements such as more attractive squatting pans or pedestals, adding a shower or building a more robust superstructure.
4 Who does what in sanitation? Responsibilities of different actors

Collaboration between different public and private actors is crucial within the sanitation sector. The central government’s involvement is important for effective policy-making and funding as well as for setting up agreements with private corporations which then implement appropriate infrastructure. Local governments can play an important part in engaging with small and medium enterprises, NGOs, social entrepreneurs and the civil society.

- In general, governments are most likely to have the mandate and human resources for organising and mobilising communities and awareness raising. However, in certain country contexts with e.g. weak political structures and high rates of corruption it might be more appropriate that other stakeholders like the private sector, NGOs, international agencies or different mass communication media such as newspapers, radio, television or internet play an important role in this process.
- NGOs are mainly financed by public funds, and need partnerships with enterprises in order to carry out projects that have the potential for scale and replication.
- Labour unions may help in complex transitions of national public sanitation bodies or programmes (Heierli et al., 2004).

Apart from the discussion of who is involved in sanitation, it is of utmost importance not only to look at single components of sanitation but to consider the whole sanitation services chain including all services that are required to be in place to deliver sustainable sanitation. The following selection shows different revenue opportunities within the sanitation services chain:

1. Production of sanitation hardware
2. Installation of sanitation systems
3. Operation and maintenance
4. Promotion and advertisements
5. Emptying of toilets and collection and safe disposal of faecal matter
6. Training and education
7. Reuse of e.g. nutrients, water, organic matter and biogas by e.g. commercial farmers

Examples of sanitation as a business with reference to the revenue opportunities (in brackets) that they include are discussed in the next section.

5 Examples of business approaches

The following examples for sustainable sanitation business approaches were provided mainly by members of the working group. They range from proven large business models (Examples in Section (a) and (d)) to small experimental models which are still in the development phase (examples in Section (c)). Giving these examples in this factsheet is not meant as a particular “endorsement” of the business model but primarily as interesting examples on how businesses around sanitation could be set up and about the challenges they face in order to achieve a sustainable system.

a) Example for (2), (3) and (4) - Installation, operation, maintenance and advertising: Public toilet management in city areas in Kenya

Since 2007, David Kuria (elected as Ashoka fellow in 2007) has been working with social business models in his social enterprise EcoTact. One of EcoTact’s social business products is the Ikotoilet mall, a community hub of stores and services built around a public toilet complex. People can use the facilities, as well as buy products and services available in the mall, such as shoe shining or barber booths, food stalls, phone and newspaper stands.

Figure 2: Ikotoilet at the Dagoreti marketplace (left) and close to the National Archive (right), Nairobi, Kenya (source: R. Ziegler and C. Dietsche, 2011).

The Ikotoilets are situated around Kenya with a concentration in the capital Nairobi including a number of facilities servicing urban slums. Due to inadequate sanitation provision in informal settings, slum dwellers either defecate in the open or use plastic bags (“flying toilets”). This poses negative consequences for urban planning, health and security for women.

David Kuria has worked together with urban slum dwellers and organised design workshops and held public health education courses for residents, private investors and local authorities to try and ensure the proper operation and maintenance of the facilities once built.

The public facilities have advertisement space that can be leased by companies for their promotion activities. The charging system of Ikotoilets differs between toilet blocks in low-income informal settlements and toilet blocks in middle or high income business areas. In middle and high income areas a pay-per-use system is applied which would be inadequate for low income informal settlements where families do not have household toilets and rely on the facilities on a regular basis. Hence in informal settlements where the Ikotoilets are served by a management committee which consists of 10-15 people from the community who

11 However, although listed as single components here, they cannot be viewed as stand-alone components when it comes to application. They are strongly interdependent and thus have to be viewed in conjunction.

12 Ashoka Fellow Profile of David Kuria: http://ashoka.org/fellow/4356

13 For further information see: www.ecotact.org
As of June 2011, 30 Ikotoilet buildings have been built of which three of them being in urban slums of Nairobi. Another ten in public primary schools are in the process of construction. In total the number of people being served by Ikotoilets (including the number of toilets under construction) adds up to about 30,000 people per day. EcoTact expects that in 2011 the number of Ikotoilet customers will continue to increase to 10 million customers per year compared to 6.2 million customers served in 2010.

Each Ikotoilet building provides squatting pans and flush toilets, waterless urinals and showers as well as a baby changing unit. The capital cost for one facility is EUR 14,000. Under Public Private Partnership (PPP) agreements the municipality provides the sites and approvals for the construction of the Ikotoilet buildings and thus the facilities become joint programmes displaying the authority’s logo. After a period of five years, the facility is transferred to the municipality which can then operate it independently or lease it out to EcoTact again. Some of the Ikotoilet buildings are connected to biogas digesters while others are connected to septic tanks or sewers. Currently, Ikotoilets employs 150 staff members in Kenya.

EcoTact is now in the process of launching a franchise framework under the name of the “Ikotoilet Youth Franchise Incubation Model”, which is aimed to generate young entrepreneurs in sanitation. This initiative is supported by the government of Kenya’s Youth Enterprise Development Fund, and has stimulated demand across East Africa. David Kuria regards urban slums as the main strategic market for scaling-up, plans to spread the facilities to the almost 200 slums in Kenya, and new programmes are planned to start in Kampala in Uganda.

The Ikotoilet concept is seen as a long-term collaboration between urban communities, city authorities, and business communities in the East African region in which sanitation needs of the many are turned into returns for private investors and income for the management committee members.

b) Example for (5) and (7) - Collection of faecal sludge and safe disposal or reuse: On-site sanitation (septic tanks and pit latrines) in cities of developing countries

About one third of the world’s population relies on on-site sanitation systems and will continue to do so in the foreseeable future (Koné and Strauss, 2004). As on-site sanitation technologies need regular emptying, there is a wide range of private (often informal) entrepreneurs in cities of developing countries providing services such as pit and septic tank emptying and transport of the faecal sludge. This can be manual or mechanised emptying with pumps, and subsequent transport. High emptying fees make this service unaffordable for some households thus leading to badly maintained and overflowing on-site facilities. Furthermore, faecal sludge is often indiscriminately dumped by the emptier to save costs and due to a lack of faecal sludge treatment plants. This may severely impact public health and the environment.

A case study conducted in the city of Dakar, Senegal, shows that companies struggle to be profitable if their services are focussed only on faecal sludge emptying for household on-site systems. Diversifying their services to include cleaning of sewage pipes, industrial waste services or even solid waste collection, can allow these companies to reach a return on investment upwards of 20%. Such an improvement of business opportunities might result in a drop of household emptying fees and thus significantly reducing the financial burden on the urban poor (Mbégouéré et al., 2010).

Investment and operational responsibility for existing treatment systems are often with the local authorities which have the mandate to ensure treatment of waste to protect human and environmental health. The aspect of creating value from waste has hardly been the centre of attention but this could change e.g. if fertiliser becomes more expensive (Box 1).

Box 1: Can nutrient reuse create a market for human excreta (example for (7))?}

The marketing of human excreta presents a promising option for generating money with a service that is often not delivered at all or implemented sufficiently in many regions of the world. Schroeder (2011) conducted a study in which he examined possible ways to dispose of human excreta from slum areas in Kampala, Uganda. The study aimed to design a logistics system that connects slums with agricultural areas requiring certain amounts of nutrients. The results of the study found that the logistics of human excreta collection should ideally be carried out by a private company in order to assure maximum efficiency and improve the system’s economic sustainability. Income could be generated by the sales of sanitised human excreta as fertiliser. Monetary (or alternatively material good) incentives should be used as motivators to align the efforts of the sanitation system stakeholders at the slum level.

There are several possible approaches for creating value from excreta. The concept of “productive sanitation” is described in detail in Gensch et al. (2012) and only short examples are listed here: use of source-separated urine, struvite production, Arborloo, (co-)composting and short rotation plantations.

Encouraging the development of products from excreta and identifying and developing markets for these products will help combat uncontrolled discharge of excreta, which is imperative to achieving public and environmental health objectives. In addition, it will also trigger private enterprise involvement in scaling-up and replication of such approaches (Koné, 2010). Urban-poor households will benefit from these improved business opportunities through lower costs for services, and improved quality and reliability, and availability.

In order to develop market-based approaches with business models that provide both long term social benefit and profit
in a sustainable manner, the last link in the value chain, nutrient reuse, needs to be developed into a marketable and demanded product. To make this reality, in a sustainable manner and to “harness” the potential value of excreta, innovative entrepreneurs, businessmen, governments, donors and NGOs need to collaborate and build such a market place.

c) Examples for (1), (2) and (3): Creating jobs and income with mobile UDDTs (Urine Diversion Dehydrating Toilets) and UDDT business in India

Ecoloove is an interdisciplinary social venture\textsuperscript{14}, founded in 2008. Ecoloove was started with the aim to develop affordable ecological sanitation (ecosan) solutions for people in developing countries. A mobile ecosan system (UDDTs) was designed to be run by women living in slums in India.

The overall objective is to provide more public toilets in low income areas, lower the risk of sanitation related diseases and to create jobs and micro-business opportunities in particular for women. Furthermore, Ecoloove aims to raise public awareness about sanitation.

The first product design is a mobile urine diversion toilet built on a traditional rickshaw. A metal base structure is welded to the cycle. Panels made of lightweight bamboo are attached to the metal base structure. The roof is made of epoxy plastic strengthened by a bamboo mat. The roof lets light in without being transparent. Currently, Ecoloove is using locally manufactured buckets\textsuperscript{15} on a shelf under the floor for collecting faeces and urine separately.

The female entrepreneurs, called “toil-o-preneurs” lease the toilets from Ecoloove at a minimal rate which is made possible by selling advertisement space on the outside and inside of the toilets. In partnership with the local NGO PLC WatSan, these women also receive training on sanitation, operating and maintaining the toilet properly.

The “toil-o-preneur”, can generate income by charging small amounts of money per use 0.03 EUR (2 Rupee), running a shop for sanitary products alongside the toilet and in the future when the project scales-up selling sanitised urine and faeces to farmers is foreseen to be viable.

A trial took place in Bareja, Ahmedabad, Gujarat state in India in 2010 with 23 users and one toilet\textsuperscript{16}. In order to increase social acceptance for their toilets, Ecoloove has implemented a constant feedback system to adjust the development to the user’s need. The participating “toil-o-preneurs” have received extremely positive feedback from all parties involved – users, farmers, one NGO, and the local leaders. The main reasons for their interest were: Generating income (all stakeholders), the need of having proper toilets (all stakeholders), the option of receiving cheaper ecological fertiliser and the prevention of crops being damaged by people using the fields as toilets (farmers).

A similar project model with mobile UDDTs has been carried out by the NGO Wherever the Need (WTN) in India. Since late 2009, WTN has been trialling a mobile UDDT system in Cuddalore Old Town, Tamil Nadu. The primary aim when launching the project was to discover whether mobile UDDTs could be used in an inner-city location. The challenges faced were the lack of space, the logistics of collection, storage, treatment and disposal of both urine and faeces. The secondary focus was to investigate whether these services could be turned into a viable business.

Figure 3: The interior of an Ecoloove with the “toil-o-preneur” and customers (source: A. Segtnan, 2010)\textsuperscript{17}

To begin with usage was low, but over time and with encouragement from WTN ground staff, more and more people started using the mobile unit. There was no charge for women to use the urinals, thus women could avoid urinating in the open where they felt vulnerable. Initially 0.015 EUR (1 rupee) was charged for defecation, this was later also changed to being free of charge. After one year, 150 people regularly used the unit daily.

Faeces are deposited in plastic crates and taken to a storage unit by a small vehicle designed specifically for this purpose. The faeces are stored in the crates for a short while and are then vermi composted. Urine is decanted into a container for storage, although to date much of it is immediately bought and used on fields. The logistics have been tested and a process agreed upon to ensure safe handling and storage.

Urine is sold to local farmers at 0.015 EUR for four litres, and the compost is currently used on a small trial field to demonstrate growing benefits. The estimated price that the compost could fetch is 0.10 EUR (7 rupees) per kilo if it were to be sold.

\textsuperscript{14} Ecoloove is funded by the Swedish industrial designer Annamaja Segtnan through awards from competitions, institutions, investors, farmers, factory owners and donations. The organisation’s portfolio includes industrial design, engineering, production, marketing, service design, business development as well as an ecosan NGO.

\textsuperscript{15} The bucket is locally produced, it is a “no-name” product without a specific brand. It is produced in Gujarat, India at a very low price, around 0.6 EUR per bucket.

\textsuperscript{16} See the blog entry on Friday, March 5, 2010 for photos at http://ecoloove.blogspot.com/

\textsuperscript{17} This photo was taken from: www.ecoloove.com/product_interior2.png where you can also find out more about the recent activities of Ecoloove.
The superstructure of the mobile toilet is made of steel and fibreglass. Additionally, there have been design modifications regarding the size of future toilet units and the needs of people with disabilities and the elderly with handrails both inside and outside making access easier.\textsuperscript{18}

A subsequent trial will be carried out at six locations with one of the units being a urinal only. Monitoring, maintenance, logistics of the products (urine and faeces) and its subsequent sale have been recognised as key success factors. WTN believes that the distribution network and sale of the product is crucial and that entrepreneurs could create micro-distribution networks. WTN is considering becoming one of the networks. Elaboration on various project details such as scaled up costs and how these will be covered still needs to take place.\textsuperscript{19}

The two examples given in this section are very innovative and promising but need further development work before they can finally be scaled up.

d) Examples for (2), (5) and (6): School toilet cleaning and maintenance services, training and hygiene education

In 1996 Trevor Mulaudzi launched “The Clean Shop”, a “clean-up business” for public toilets and school toilets in South African townships. This social enterprise succeeds in making sanitation a business by providing services and changing people’s mindsets about hygiene and cleanliness in public schools and communities.

The Clean Shop got engaged in community projects by using schools as a distribution channel for sanitation products and services. The company bought toilet paper and cleaning material on a large scale, and then sold the products to local schools at a low price. He encouraged the school staff to retail these products to parents and the community as a school fundraising effort. The schools could compete with shops offering the same products and act as a retailer for sanitation products which were not available in the area, and thereby generate an income.

With respect to sanitation services, the Clean Shop’s team of professional toilet cleaners provides training to students, teachers, and administration staff about good toilet and hygiene practices as well as training on maintaining and using the facilities correctly. The Clean Shop also offers maintenance services, such as thorough cleaning of school toilets, repairing pipes and plumbing.

In order to create a sustainable business model, the Clean Shop diversified its field of business and also started cleaning change houses, kitchens, hostels and residential flats for mining companies.\textsuperscript{20}

Since the start of the business in 1996, The Clean Shop has employed over 350 highly motivated and technically competent toilet cleaners, and the businesses turn-over has grown to about EUR 100,000 per month.

On the 2010 World Toilet Day (19 November) Trevor Mulaudzi was appointed by Unilever/Domestos South Africa, as Unilever’s implementing agent of good toilet facilities in public schools in South Africa. Unilever funds repair and plumbing work at school toilets and ablution blocks and The Clean Shop carries out the services. Furthermore the idea was to train parents (mostly mothers) as school toilet technicians, cleaners and hygiene education teachers who then could be hired by the schools. At the same time children are taught how to share their learning with their parents at home about good toilet manners like using toilet paper and washing their hands with soap (Unilever soap is promoted in this process).

A further example from Kenya of an enterprise with a decentralised business model and also providing similar services to those of The Clean Shop, is Community Cleaning Services (CCS) which was launched in 2006 in Nairobi as a non-profit social enterprise. CCS combines the expertise of local entrepreneurs, the household products multi-national SC Johnson and the international NGO Plan International. The combined expertise delivers what CCS terms an “innovative turnkey solution to the “software” (ongoing management and maintenance of toilets) challenges, as opposed to the toilet “hardware” or infrastructure construction challenges, of urban sanitation.”\textsuperscript{21}

CCS is currently active within the city of Nairobi.

The goal of CCS is to engage low-income urban communities to create demand for cleanliness, hygiene and sanitation which in turn creates a market for sanitation professionals to improve their livelihoods and their own communities. To achieve this goal the following two core areas are focussed on:

\textsuperscript{18} Photos from the project: www.wherevertheneed.org.uk/projects/indian-projects/mobile-unit-cuddalore/

\textsuperscript{19} Currently there is a private donor providing funds for the first, second and one mobile toilet module in the third phase of the project.

\textsuperscript{20} See Financial Mail article: Civic duty. Addressing social inequity by adopting a social approach to conducting business from 26 October 2007, http://free.financialmail.co.za/report07/shell07/jashell.htm

\textsuperscript{21} The contact person at CCS is Joseph Njenga: joseph.njenga@comcservice.com
• Training of sanitation service providers
• Ongoing quality assurance, mentoring and marketing support

The training of sanitation service providers includes three training sub-components which are: training on cleaning, business management, sanitation marketing and awareness raising. Two groups of sanitation service providers have been focussed on by CCS to receive training, namely Mobile Cleaning Teams (MCTs) and Public Toilet Operators.

CCS has measured their impact and in their latest report in May 2011 stated that over 200 people have been trained in sanitation services provision and business management, and that over 300 community members have been trained in sanitation awareness leadership and facilitation. At the time of the report there were 10 active Mobile Cleaning Team Leaders who employed 60 professional cleaners. With respect to sanitation awareness it is estimated that 2500 community members have become active in this area after open meetings initiated by the trained CCS community members. The CCS MCTs clean on average 780 school toilets and 225 household toilets per month in low-income areas in Nairobi, and a conservative estimate puts the number of people who benefit from this at 500,000 per month.

Box 2: Support for starting up a business in Sustainable Sanitation and Water Management
CEWAS - the international centre for water management services - combines advanced education and support to young professionals to start up a business in the field of sustainable sanitation and water resource management. It builds up SMEs (Small and Medium size Enterprises) that can offer technical and managerial expertise to national and international organisations and private clients. Start-ups are supported by a core group of international experts, bringing in their expertise and the current state-of-the-art knowledge. CEWAS was started in 2009. Since then, several trainings have been carried out on sustainable sanitation, business development, and business plan development as well as on presentation skills, team building, sustainability and ethics. The one year Start-Up programme including education and training personal coaching by international senior experts, a networking platform and office sharing facilities was launched in May 2010.

6 Outlook

The examples show that sanitation can be a profitable and viable business opportunity and offers many entry points in the value chain. In these particular examples, business was done by producing and installing sanitation products, providing maintenance or collection services, collecting user fees in public toilets and selling advertisement spaces in toilets and on vehicles. Other examples can be found for businesses in training and education and - possibly - reuse.

An observation from recent sanitation programmes is that they have been largely implemented by sanitation sector specialists, such as engineers, rather than business and marketing experts (Devine, 2010). This may be one reason that has contributed to the limited successes in scaling up projects to serve the mass market.

The sanitation sector has the potential to provide economically viable business opportunities for both public and private organisations. Although this factsheet puts a strong emphasis on private and social enterprises, the role of government must not be overlooked. Improved regulation in the sanitation sector, as well as simplification of the registration of micro-businesses in the sanitation sector, are key areas in which government can play a leading role. This would lead to facilitating an enabling environment for private sanitation suppliers.

Collaboration between private and public entities in sanitation should be encouraged with examples such as the Ikotoilets, where the municipalities provide sites and approvals for the construction and the private sector covers investment costs. Private and social businesses should be encouraged further to increase their presence in service provision in the sanitation sector. The sale of sanitation products will remain dominated by the private sector, but more social enterprises should become active in the product area so as to establish a wider distribution network to reach the people who need these sanitation products the most. NGOs will continue to play the part of advocates, innovators and implementers that work for more public awareness and social dialogue (cf. WTN).

Lastly, it has to be emphasised again that the 4 billion people that fall in the Base of the Pyramid (BOP) income bracket and are suffering from the sanitation crisis need to be viewed as valued customers and a potential market by sanitation businesses.

7 References


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1 Summary

This factsheet highlights the importance of public awareness raising and sanitation marketing to increase the efficiency and sustainability of sanitation improvements. It provides tools and best-practice examples for practitioners, researchers, policy-makers and those who understand the importance of sustainable sanitation and wish to disseminate up to date information.

Four key approaches to awareness raising include 1) raising overall public awareness; 2) professional marketing of sanitation to those lacking access; 3) stimulating private sector interest in the sanitation market and 4) advocating to decision makers in the public, private and civil sectors.

Most people who have access to functioning sanitation systems are not aware of the poor sanitation in vast regions of the world and fail to understand its significance in socio-economic development. Taboos surrounding the toilet and human excreta hinder global progress in this field. Therefore a stronger appreciation of the manifold society-wide benefits of sanitation and the challenges of achieving them are required in all countries.

This lack of knowledge combined with the toilet's "dirty image" results in the low priority that users and decision makers alike give to sanitation. To promote safe hygiene practices at the household and community level and to create sustained behavioural change, calls for professional marketing which is a common activity in the commercial sector.

An enabling environment requires political responsibility and the will to create a legal framework that furthers sanitation initiatives. Hence, lobbying policy makers with relevant facts and arguments can have significant impact. Only when they grasp the many cross-sectoral and economic gains which sanitation brings, will they allocate resources and create policies and strategies that strengthen public and private capacity to provide and manage sanitation services.

The twin fields of awareness raising and sanitation marketing lay the groundwork for successful advocacy and highlight business opportunities in sanitation. These approaches, moreover, make it possible to scale-up and increase the efficiency of current efforts towards improved sanitation for all.

Awareness raising aims to achieve the following:
• Create public and political awareness
• Initiate public and policy discussions

Public awareness raising alerts the public to the issues and mobilises their support and action. It can be achieved in multiple ways: public events, workshops, exhibitions, demonstrations, radio and TV campaigns, print publications and the Internet. To maximise outreach, awareness raising activities may benefit from free publicity through media coverage.

Social media on the Internet such as the open discussion forum of SuSanA\(^1\) can be used for low-budget awareness raising. Video clips\(^2\) made available through YouTube as well as messages spread by Twitter and Facebook have been used successfully in order to promote campaigns such

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1. See: www.forum.susana.org
2. For a list of relevant videos see: www.susana.org/lang-en/videos-and-photos/resource-material-video

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SuSanA factsheet

Public awareness raising and sanitation marketing

April 2012

• Generate an enabling environment and policy changes that lead to action

Sanitation marketing aims to achieve the following:
• Tailor product design, availability and price to potential customers
• Use communication techniques and media appropriate to the customers' situation
• Engage people in emotional communication to create genuine demand and behaviour change
• Offer the target group a choice of products that are appealing, accessible and affordable
• Open the market to sanitation business opportunities (see Gröber et al. (2012) for details).

Figure 1: “Sanitation is Dignity” Campaign in Berlin, Germany, in 2005: The travelling exhibit and campaign asks passers-by to reflect what life would be like without a toilet (source: GTO, 2005).
as the “Talk Sh*t All Week” or the “World’s Longest Toilet Queue” in 2010 which then evolved into the “World Walks for Water” in 2011, and the “World Walks for Water and Sanitation” in 2012\(^3\). This joint campaign of End Water Poverty, Freshwater Action Network and WSSCC is second only to Global Handwashing Day in importance to the water and sanitation sector.

Focussing communication activities on relevant “world days” has been shown to be very effective. Sanitation awareness can use taboos surrounding toilet issues to its advantage. Word plays, cleverly packaged messages or unconventional images can provoke emotion and attention.

Since every person defecates, sanitation is never an abstract topic. The challenge is to draw attention to this “most usual thing” while taking care not to offend or disgust the target audience leading to a repulsive reaction. Messages with fascinating, unexpected facts can communicate this “dirty” topic in a pleasant manner.

The message and the communication channel must be tailored to the target audience. It is important to be alert to the many cultural factors that affect the success of communication activities with different populations.

Social mobilisation techniques must have rich appeal in order to increase public awareness of safe sanitation as a basic need for human development. Journalists, researchers, educators and other practitioners can influence the actions of individuals through contributions like petitions and volunteering. When there is broad understanding of the importance of sanitation, public pressure on decision makers can foster greater political will, prompt more investment, and reform policy in the sanitation sector. Well-targeted awareness campaigns may also stimulate the interest of the private market to invest in the sanitation sector.

### 3 Examples of public awareness raising

a) **WASH United: Showing diarrhoea the red card**

WASH United\(^4\) harnesses the power of sport and the role model status of sport stars to raise awareness of water, sanitation and hygiene and to catalyse social change. WASH United’s first campaign focused on the 2010 World Cup in South Africa and engaged football stars to (1) tackle taboos related to sanitation and create demand for sanitation services, (2) promote hand washing with soap, (3) advocate for safe drinking water and sanitation as a human right.

Through events like football tournaments, road shows, “World Toilet Cup” games, and public screenings of World Cup matches, WASH United engaged people on the ground. The combination of attractive football-based events, the participation of international football superstars and active media engagement successfully opened up new channels for WASH issues. In both the North and the South, messages were picked up by mainstream television and radio and even in football magazines. WASH United has thus managed to reach more than 25 million people with crucial messages.

Together with WaterAid, WSSCC and other partners, WASH United is now adapting the football-based approach that has worked so well in Africa to the number one sport in South Asia: Cricket. Activities in South Asia will begin with an innovative large scale campaign in India leading up to the 2012 ICC Twenty20 World Cup\(^5\) in Sri Lanka.

![Figure 2: Left: WASH United Champion Didier Drogba from Ivory Coast (FC Chelsea, London) on an awareness raising poster for Africa. Right: Indian cricket star Irfan Pathan on a poster for possible upcoming cricket-based activities (source: WASH United, 2011).](http://www.sanitation-is-dignity.org/node/12)

b) **Sanitation is Dignity: Awareness raising campaign of the German Toilet Organization:**

In 2005, the German Toilet Organization (GTO) created the “Sanitation is Dignity”\(^6\) campaign to raise awareness of people unaware of or unaffected by the sanitation crisis. GTO encourages the public to join the campaign and lend their voice to the cause.

As a part of the campaign, GTO developed a travelling exhibit entitled “Where would you hide?” for display in public places, at conferences or in government buildings. Life-size poster board cut-outs feature people crouching to defecate in public while trying to hide behind everyday objects such as flower pots or umbrellas in order to maintain their dignity. This captures the attention of passers-by while information panels and flyers provide the facts. A campaign toolkit was created to make outreach even more effective.

With the support of UN-Water, exhibit materials have been translated into all UN-languages and adapted to various cultural settings. Available for organisations to use at their own events, “Where would you hide?” so far has travelled to approximately 50 different locations and resulted in

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\(^4\) [www.wash-united.org](http://www.wash-united.org)


\(^6\) [http://www.sanitation-is-dignity.org/node/12](http://www.sanitation-is-dignity.org/node/12)
extensive coverage in local, national and international media.

The strength of this campaign is its strategy of playing with the taboo. It employs a well-conceived presentation to create a mix of surprise, humour and thoughtfulness to initiate discussion. The campaign continues to be available to other organizations through the GTO.

c) World Toilet Organization Activities

When Jack Sim founded the World Toilet Organization (WTO) in 2001, the name in itself proved to be a successful marketing tactic as it has the same acronym as the World Trade Organization. This cause smiles and makes the name hard to forget. Sim has continued to break taboos about toilets, using humour and passion in his countless speeches and media features.

Figure 3: Jack Sim from WTO calls himself “the toilet man” in a Time Magazine Hero of the Environment 2008 photo. He stresses that humour can be used as an effective entry point for discussing sanitation (source: WTO, 2008).

Every year the WTO organises the World Toilet Summit which is widely covered by the global media. Unlike sanitation conferences that focus on the Millennium Development Goals (MDGs) and lack of access to sanitation, the Summit addresses a wide range of toilet issues that affect industrialised countries and the developing world alike. The Summit was launched in Singapore in 2001 and has since travelled to Seoul, Taipei, Beijing, Belfast, Moscow, New Delhi, Macao, Singapore, Philadelphia and Hainan. The 2012 host is Durban, South Africa. Organisers work with the global media throughout the year, launching summits with special events, holding press conferences before and during summits, and accommodating major TV stations, radio, print publications, wire agencies, social media and various traditional media.

Sim and his WTO colleagues worked closely with the Vanguard documentary team from Current TV to film the “The World’s Toilet Crisis”7. The production team travelled to India, Singapore and Indonesia to understand why people do not use toilets and what is being done to end the practice of open defecation. The documentary is highly graphic and often difficult to watch but also very persuasive. When human waste is not properly collected and treated but accumulates in streets, open fields and water, it is a human and health disaster. The film is an eye-opener for most people in industrialised countries. It has demonstrated that sanitation is a compelling media issue and the film continues to be used for educational programmes, public screenings, and political events.

d) World Toilet Day - 19 November

Celebrated on 19th November, World Toilet Day has played an increasingly important role in sanitation awareness raising. Launched in 2001 by the World Toilet Organization (WTO), it has caught the imagination of sanitation activists and the global media alike and has grown through self-generated and crowd-sourced awareness activities by a wide range of organisations worldwide. These have included demonstrations in Washington DC for “Sanitation as a Human Right”, press conferences organised by school children in Berlin, a minister cleaning market toilets in Sarawak, Malaysia; a sanitation concert in Moscow, stand-up comics in London and Singapore, Crisis Talks by End Water Poverty, the Golden Poo Awards and The Big Squat in universities worldwide.

The multi-national corporation Unilever partnered with WTO to celebrate World Toilet Day 2011 with the global roll-out of “Domestos Toilet Academies”, starting with a pilot in Vietnam8. These academies will offer month-long courses to toilet entrepreneurs and help provide sustainable solutions to sanitation that benefit communities and stimulate local economies.

e) The Drive to 2015

An example of awareness raising at the highest political level is the United Nations’ initiative “Sustainable Sanitation: The Five-Year-Drive to 2015”. On 20 December 2010, the UN General Assembly adopted a resolution calling upon the UN Member States to “redouble efforts to close the sanitation gap”.

Figure 4: Logo of the “Drive to 2015” campaign, launched in June 2011, which builds on the earlier logo of the International Year of Sanitation in 2008.

The resolution established a global push to mobilise political will and financial and technical resources towards the MDG sanitation goal. The resolution is notable for its call for the end to open defecation, the sanitation practice that most threatens public health as well as its broader consideration of the sanitation chain including waste water management. It


also includes consideration of the entire sanitation chain, including wastewater management\(^9\).

UN Secretary-General Ban Ki-moon, along with the UNSGAB Chair, His Royal Highness, the Prince of Orange UNICEF Executive Director Anthony Lake, Ugandan Minister of Water & Environment the Hon. Maria Mutagamba and the Vice Chair of UNSGAB Uschi Eid, launched on 21 June 2011 the "Sustainable Sanitation: Five-Year Drive to 2015", a push to speed up progress on the Millennium Development Goal target of improving global sanitation by 2015. The Drive will include a broad advocacy campaign with a strong emphasis on ending open defecation and provide a comprehensive guide for planners on implementing this goal along with other advocacy material. A direct linkage is established with the Sanitation and Water for all initiative.

4 Sanitation Marketing

Sanitation marketing is a type of social marketing. Social marketing plans and implements programmes designed to bring about social change using concepts from commercial marketing\(^1\). It applies tools and techniques developed for commercial marketing to persuade people to adopt certain practices and behaviours that improve quality of life (UN-Habitat and Sulabh 2006). Sanitation marketing programmes often create favourable conditions for business opportunities.

Devine (2010) sees the potential of sanitation marketing to create demand and to scale-up supply for improved sanitation, mainly by demonstrating to people that a clean toilet and better hygiene practices will improve their quality of life. The objective of sanitation marketing is to empower potential customers to make conscious, informed choices. The approach assumes that poor people are not "beneficiaries" but rather potential customers of sanitation products and services. It fosters the development of private businesses that supply goods and services and helps the sanitation sector become financially and institutionally sustainable (Jenkins and Sugden, 2006).

Sanitation marketing focuses on toilet adoption as key to promoting safe and adequate sanitation. However, people may be unwilling to invest in household toilets due to institutional, financial, or socio-cultural reasons. Campaigns may be designed to change specific attitudes and behaviour so as to lead to improved health and hygiene, social and economic well-being and environmental performance (UN-Habitat and Sulabh, 2006). Human decision making is largely based on emotional rather than on rational factors. Campaigns promote attractive products, link products to social status, and create aspirations that result in strong social pressure to make sanitation access a highly desirable good. Products need to be emotionally appealing and at a price that the customer is willing to pay.

Although sanitation marketing is still considered an emerging field, it has made significant strides in the past few years. The Water Supply and Sanitation Collaborative Council’s (WSSCC) Global Sanitation Fund is supporting sanitation marketing in countries where WSSCC works. The Water and Sanitation Programme (WSP) of the World Bank, has recently released a "Sanitation Marketing Toolkit\(^1\). Illustrated with examples from India, Indonesia, Tanzania and Peru, it offers practical guidance on rural sanitation programmes, including design, implementation monitoring, and scaling up.

The 2.5 billion people currently living without access to sanitation represent potential customers. With encouragement and assistance, the private sector can develop new local, regional and national businesses and create local jobs.

Box 1: Community-Led Total Sanitation (CLTS) and sanitation marketing

CLTS was introduced by Kamal Kar and the Village Education Resource Center (VERC), a partner of WaterAid in Bangladesh in 1999. During a facilitated triggering the community members analyse their sanitation situation and decide to take collective steps to make improvements and finally become open defecation free (ODF) and through their own efforts they build sanitation facilities without any hardware subsidies. CLTS is a bottom-up process towards behaviour change and sanitation adoption that is led by the community as an entity rather than on an individual household basis. The participatory approach plays on people’s emotions such as pride and disgust, and "triggers the community’s desire for change, propels them into action and encourage[s] innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability" (Kar and Milward, 2011).

CLTS has been successful in reducing open defecation, but the approach is criticised by some for the low quality standard of many of the constructed latrines. CLTS is mainly focused on the demand side and neglects the supply side of sanitation products and services. Sanitation marketing approaches aim to overcome the supply gap and offer possibilities to climb-up the sanitation ladder towards more improved sanitation. Sanitation marketing approaches might not be the appropriate initial step for people who still practice open defecation. Consequently there is now a growing interest in combining or integrating CLTS and sanitation marketing. Currently WSP is combining CLTS and sanitation marketing at scale in the Scaling Up Rural Sanitation programme (Devine and Kullmann, 2011).


5 Examples of sanitation marketing programmes

a) Two examples from Cambodia: IDE's “Easy Latrine” and WTO’s Sanishop

Only 18% of rural Cambodians have access to improved sanitation (WHO/UNICEF, 2010), and this lack of access contributes to the country’s poor public health. Many villagers

\(^9\) More information about the Sanitation Drive can be obtained at www.sanitationdrive2015.org

\(^10\) Weinreich, N. K. What is social marketing? USA: www.social-marketing.com/Whats.html

\(^11\) www.wsp.org/wsp/toolkit/toolkit-home
view purchasing sanitation equipment as an unnecessary luxury due to a lack of knowledge, combined with the expense and difficulty of installing traditional latrines (Heierli and Frias, 2007).

The “Easy Latrine” model is a well-designed, affordable product with an appropriate marketing strategy that raises awareness and encourages families to invest in a household toilet.

International Development Enterprises (IDE) started the project in Cambodia with one core assumption: people consider toilets a decidedly unpleasant topic that is more likely to induce uncomfortable giggles than provoke innovative thinking. The IDE Cambodia Country Team worked together with the design firm IDEO to design a low-cost, easy-to-install pour flush latrine system that villagers could build themselves using cheap, locally available materials. This has stimulated demand and strengthened the supply of latrines. Each toilet costs about EUR 24 and more than 3000 have already been purchased and installed by villagers (WSP, 2010)12.

Thanks to its integration of product design, social strategy, and sustainability, “Easy Latrine” won the prestigious “Best in Show Award” at the 2010 IDEA Awards13 for international design excellence.

When people install their own latrines, they have a sense of ownership and pride. Therefore, the likelihood of proper use and maintenance of the facilities increases tremendously. The “Easy Latrine” model, however, does not yet offer a product range which allows people to choose on the basis of individual tastes and budgets. The introduction of additional options for customers will strengthen the programme.

A second example from Cambodia is SaniShop which is a low-cost micro-franchise, implemented by the World Toilet Organization (WTO) to train local entrepreneurs to become producers of sanitation products and sales agents. In operation since October 2008, this strategy complements the work of governmental agencies, local NGOs and international donors.

In Cambodia, WTO provided technical assistance and worked with small businesses to develop, manufacture and market latrines for sale in Kampong Speu Province. WTO lent its expertise in sanitation marketing, product research and development, quality assurance and private sector development. The business model involves simultaneous demand and supply side interventions; it stimulates demand for latrines among rural households while building and strengthening the capacity of the private sector in production, distribution and sales to adequately respond to that demand.

The social franchise business model is scalable, replicable and ensures good quality. In Kampong Speu Province, the target population is low income rural dwellers who have never owned toilets. Project partners carried out research to learn how much money the typical rural household was able and willing to pay. With this information, households without toilets had to be convinced that they needed a toilet and how they could own one.

The Sanishop model also provides business and technical skills training to local suppliers and masons and introduced a new actor into the supply chain - the sales agent who strengthens marketing activities and mobilises communities. WTO facilitated the adoption of a low cost latrine option modified from an award-winning design and a pricing structure that enables all supply chain actors to make money while keeping the product affordable for the customers.

On the demand side, WTO designed social and commercial marketing strategies that address behaviour change as well as consumer demand. The project devised a payment scheme that allows poorer households to buy components one at a time. Project support includes monthly sales agents meetings to monitor progress and share lessons learnt. Household expenditures on toilets were found to range from EUR 24-67 (with March 2010 exchange rate, 1 USD is 0.74 EUR). These expenditures included both the infrastructure (toilet) and the super structure (external shelter).

b) Global Scaling Up Handwashing Project by Water and Sanitation Programme (WSP)

According to the World Bank’s Water and Sanitation Programme (WSP), “marketing has been more successful than anything else in changing the behaviour of people when they can see direct personal benefits” (WSP, 2010).

A market-based approach to sanitation has four principal advantages over the traditional donor-based model in which latrines are given on a heavily subsidised basis or even for free:

1) Sanitation marketing helps achieve behavioural change. People willing to pay for a latrine will most likely use and maintain it.
2) Unsubsidised programmes based on sound business principles are financially sustainable and can be taken to scale.
3) Marketing focuses on both the hardware (the toilet) and the software (sanitation and hygiene education). This combination is likely to bring about public awareness and behavioural change that causes consumers to value, use, and maintain their latrines.
4) Compared with donor-based approaches, marketing is much more cost-effective and can be easily monitored (UN-Habitat and Sulabh, 2006).

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12 Exchange rate from March 2010: 1 USD was 0.74 EUR
The WSP handwashing project in Peru, for example, targets mothers of young children and aims to improve the health of populations at risk of diarrhoea and acute respiratory infections. Children under five represent the age group most affected by diarrhoeal diseases and respiratory infections, which lead to more than 4,000 child deaths a day (WHO, 2009).

6 Sanitation marketing: The six P’s

Marketing experts traditionally work with four criteria: Product, Price, Place, and Promotion. Based on experience in the sanitation marketing sector additional P’s such as People (Heierli and Frias, 2007) and Politics or Partnerships (e.g. Outlaw et al., 2007) have been introduced into the sanitation marketing mix. These factors need to be clearly understood in order to reach new customers and influence their actions effectively (see Kappauf (2011) for an example in rural Malawi).

Figure 6: Sanitation marketing mix: The six P’s. People and Politics are specific for sanitation marketing, whereas the other four P’s are standard in all marketing activities (source: L. Kappauf, 2011).

Product: The product refers to the tangible or intangible product an organisation wants to promote. It can be a physical item, such as a household toilet, or a service, like installation or repair of facilities or pit-emptying. The product may also be intangible, such as evoking human desires and emotions and promoting behaviour change. A household toilet is hardware that embodies the “software” of emotional values and beliefs: pride, comfort and cleanliness, safety and modernity. Taken together, the hardware-plus-software “product package” needs to be something the customer would like to purchase.

The challenge for the social marketer is to show the target audience that they have a genuine problem, and that the product being offered provides a good solution. To be able to persuade people, the marketer has to conduct thorough research to understand customers’ perception of the problem and the reasons that have kept them from finding a solution.

One key learning point for sanitation practitioners is that a range of products and services should be offered to respect the various wishes, needs and budgets of different households. Jenkins and Sugden (2006) point out that “choice is the one thing that the poor lack, their behaviour being dictated by the circumstances in which they find themselves”. A broad sanitation product and service line helps to empower people regardless of their economic situation as they can choose a product according to their individual needs and tastes.

Price: The price to the consumer includes more than just the monetary costs - time, effort, amount of behavioural change that is needed, risk of social embarrassment or disapproval – are also costs for the customer to obtain the product. Price is crucial for the success of the product sale: If an individual perceives that costs outweigh the benefits and the perceived value of the offering is low, they will not buy it. In contrast, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater.

Costs have to be sufficiently low – in relationship to the household income – and differentiated according to quality of materials used and workmanship. If sanitation marketing programmes aim to reach the poor, appropriate payment options for toilets, such as instalments have to be offered.

Place: Marketers talk of place when referring to the ways and means through which the product reaches the customer. This is both through physical distribution channels (e.g. manufacturers, warehouses, trucks, and retail outlets) or channels through which the consumers’ perception can be changed (e.g. doctors’ offices, village meetings, shopping malls, mass media, in-home demonstrations).

Successful sanitation marketing requires study of the activities and habits of target groups and their experiences and satisfaction with the existing delivery system. By understanding these patterns, marketers can find better ways to engage with their customers, and more efficient means to reach them.

Sanitation programme managers need to make sure that the supply chain of products, information and services is accessible to potentially every household. This can be a challenge especially in very rural settings where materials and trained workers such as masons are difficult to find.

Promotion: Promotion is an umbrella term for the integrated use of tools that help raise awareness for the product and create and sustain a demand for it. This includes advertising, public relations, personal selling, entertainment vehicles, mobile cinemas, radio shows, public service announcements, paid ads, coupons, media events, competitions, awards, street theatre, editorials, use of role models, “Toilet Ambassadors” and the like. The main goal of promotion activities is to disseminate product information that gets customers’ attention and persuades people to buy the product.

Sanitation promotion needs to raise awareness of toilet products and their retailers and stimulate people’s desire for a household toilet. If a promotion campaign is successful, households will be convinced that it is worth investing in a toilet and motivated to obtain one.
Promotion of improved sanitation and hygiene behaviour is not synonymous with sanitation marketing. Rather it is only one aspect of the complex marketing mix, although the most prominent and visible aspect.

**People:** The addition of “People” to the marketing mix refers to the social dimension of demand creation. It involves social norms, people's aspirations and social mobilisation. By introducing this fifth P-factor, Heierli and Frias (2007) focus on "the paramount importance of community action, social pressure and government regulation and intervention". This element must take all socio-cultural and religious implications into consideration.

Mosler (2011 and 2012) presents integrated research on a psychologically-based assessment that shows the complex factors determining human behaviour decisions and introduces a systematic approach to identifying these factors.

**Politics:** This sixth "P" highlights the importance which legislation and policies have on the context in which sanitation marketing is implemented (Outlaw et al., 2007). For example, it would be useful to have a political consensus to support sanitation improvements among government ministries involved with water, sanitation, health and education. Similarly, partnerships among decision makers in public, private and civil organisations create further synergies for all involved.

## 7 Conclusions and future challenges

A variety of innovative strategies for raising awareness of the sanitation situation and for marketing products and services have evolved in many parts of the world. At the same time, there are numerous challenges that need to be addressed.

There is a strong tendency in sanitation marketing project reports to highlight only solutions that work. It is unfortunate that these reports often lack self-criticism and failure analysis as this makes it difficult for outsiders to get objective information about programmes. For mutual exchange and strengthened ties among organisations, implementers should not hold back on sharing their learning curves and limitations (for example, this could be done via the open SuSanA discussion forum).

Another challenge on the political and institutional level is to reach consensus on effective sanitation marketing strategies and then base policy on successful practices. In urban areas especially, there is already a strong desire for household sanitation. Institutional, regulatory, and local governance issues, however, hinder the workings of the market so it rarely offers solutions appropriate to consumers’ demands (Jenkins and Sugden, 2006).

Sanitation marketers need to conduct extensive research on the preferences of target groups and work together with suppliers who will develop the right products for local requirements. Marketers need to transform low public enthusiasm due to negative perceptions and experiences into positive awareness and market demand. This is time consuming and requires persistent effort.

Sanitation programmes and projects that operate in isolation fail to engage actors that are the closest to households such as local governments which may be not be productively involved. Sometimes by-passed by current programmes is also the private sector, which may already be serving customers’ sanitation needs (Jenkins and Sugden, 2006). Therefore managers of sanitation projects need to collaborate closely with governmental agencies while engaging private markets in planning and in production of goods and services.

The sanitation sector must get a sound understanding of customer needs and ways a toilet can be made a desirable household good. "The challenge is to offer both the poor and the non-poor a range of desirable and affordable options while persuading them to change their priorities so that improved sanitation becomes an attractive 'must have' for every household" (UN-Habitat and Sulabh, 2006). By talking to both broad income groups, a thriving industry can be developed, when capacity is strengthened, training is built up, credit accumulates and additional services for small businesses are elaborated, truly sustainable sanitation solutions can be created.

Further areas of research and demonstration are required.

- So far, market-based approaches have shown some good results for segments of the population who can afford the products. However, there still remains a very poor part of the population – the bottom of the pyramid – who cannot afford most products offered. Therefore, it is necessary to reach them effectively.
- Evidence has shown that micro credit can be a dangerous tool; there is a need for further studies to ensure that its use in sanitation marketing avoids exploitation and further household indebtedness.
- Many sanitation systems are still often not technically and environmentally sustainable, e.g. because proper faecal sludge management for septic tanks and pit latrines is lacking.
- The phasing and junctures between CLTS (Community-Led Total Sanitation) programmes and introduction of the sanitation marketing approach also requires additional study.
- Finding market-driven motivations for treatment and reuse of human excreta by private operators in developing countries.

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The aims of this factsheet are to introduce concepts of operation and maintenance (O&M) for sustainable sanitation systems and to give examples of O&M with their strengths and weaknesses.

Effective and efficient O&M is crucial for the sustainable implementation and long-term functioning of sanitation systems. However, issues related to O&M services are often neglected in the design and set-up of sanitation systems, and thus non-functioning O&M services are a widespread challenge in particular in developing countries and countries in transition.

The guiding principles for the design of sustainable O&M services are:

- The level of O&M is closely linked to ownership of a facility and the basic understanding of the technology and its functions.
- Every technology that is implemented in a sanitation system chain requires proper O&M to function.
- Different technologies at different steps in the sanitation chain need different people and different responsibilities for O&M.
- Clearly defined roles and accountabilities as well as appropriate support and training are essential for the management of O&M.
- Institutional responsibilities as well as effective mechanisms for cost recovery are needed to ensure sustainable O&M.

To further explain the need for sustainable O&M this factsheet reviews examples of sanitation systems in various settings such as schools, in households, at public toilets, at institutional level in management of sewers etc. In case of decentralised solutions, O&M is the most crucial criterion for selection of a sanitation system during the technology selection process.

The factsheet is targeted at practitioners, researchers and policy makers as well as development practitioners who are less familiar with the topic of O&M of sanitation systems.

2 Introduction

Appropriate sanitation facilities can provide critical improvements in community health, education, poverty, environmental quality and many other interconnected issues. However, maximum benefits will only be achieved when the sanitation facilities operate continuously and at full capacity in compliance with acceptable standards of quantity and quality. Therefore, O&M tasks must be carried out effectively and efficiently.

Figure 1: Two staff members from a service provider are emptying the faeces vaults of household UDDTs in Ouagadougou, Burkina Faso (source: S. Tapsoba, 2009).

Sadly, the O&M phase of sanitation systems usually receives little or no attention unlike the design and construction phases. Particularly in developing countries and countries in transition, O&M of decentralised sanitation systems is neglected to a great extent. As a consequence, poor or non-functioning sanitation systems may pollute the environment and affect people’s health. Without proper O&M, even well designed and constructed infrastructure breaks down relatively quickly.

Reasons for non-functioning O&M services

Reasons for non-functioning O&M services include lack of ownership or delegated responsibility for O&M, lack of skilled labour, high operating costs, excessive repair and replacement expenses. Additionally, the technical options chosen are not always the best suited to the local environment in which they shall be operated. Other reasons are closely related to the set-up of projects, which often focus only on construction of hardware instead of management components because hardware installations can be implemented faster and with fewer complications than management systems. Consultation with the local stakeholders and users regarding the most appropriate

For more photos from this project which was funded by the EU, and the link to the SuSanA case study see: www.flickr.com/photos/gtzeosan/sets/72157625719409533/with/5364060126/
system for the local conditions often does not take place adequately.

In most cases where the provision of sanitation services have failed, the root causes have been poor management, lack of planning, and failure to generate sufficient revenue to operate and maintain systems (Bräustetter, 2007).

It is obvious that the efficient and effective management of the system is essential for its proper functioning (Oldenburg et al., 2009). It is therefore indispensable that O&M of sanitation systems is seen in a holistic conceptual framework in sanitation planning. Tasks and responsibilities have to be made very clear and divided among the involved stakeholders e.g. between the municipality, CBOs (community-based organisations), users and the private sector. Governments and external support agencies need to recognise the importance of integrating O&M components in all development phases of water supply and sanitation projects (Brikké and Bredero, 2003).

3 What is O&M?

O&M in general refers to all activities needed to operate, maintain and manage a sanitation system, including the collection, transport, treatment, reuse or final disposal of the different sanitation products (Tilley et al., 2008).

According to Sohail et al. (2001), operation refers to the daily activities of running and handling infrastructure. It involves the technical and service activities required to run the infrastructure, as well as the correct handling and usage of the facilities by users. In the sanitation context, operation additionally includes the planning, control and performance of the collection, treatment and disposal or reuse of the excreta or wastewater flows.

Maintenance on the other hand involves the activities required to sustain existing assets in a serviceable condition (WHO, 2000) and includes three types according to Brikké (2000):

- **Preventive maintenance**: Systematic routine actions needed to keep the installations and equipment in a condition that will ensure they can be operated satisfactorily, function efficiently and continuously, and last as long as possible at lowest cost.
- **Corrective maintenance**: This range of activities starts with minor repairs and replacements as dictated by the routine examinations up to corrections of serious damages and malfunctioning.
- **Crisis maintenance**: Maintenance which is undertaken only in response to breakdowns or public complaints.

Effective and efficient operation and maintenance requires clear organisation and financial management with explicit responsibilities.

4 Every technology needs O&M

All technologies require some form of O&M, no matter if they are low or high tech. It can generally be presumed that increased levels of complexity of a sanitation system will also increase the demand for O&M. For example, the addition of pumps and other technical devices will increase the need for regular skilled maintenance and parts replacement. However, the most important issue to keep in mind is that the whole sanitation system (Figure 2) needs to be taken into account. O&M must be considered at each functional step from the user interface to the final reuse or disposal of the sanitation products.

Planning for and implementing a functional O&M procedure requires consideration and examination of the technical and institutional needs of each step in the system. There are a variety of technologies that can be used for each functional group in the sanitation system and each of these technologies will have their own O&M requirements (Tilley et al., 2008). For example, at the collection stage a complex vacuum toilet system would need specific O&M that would differ in technical complexity from the emptying and servicing schedules for urine diversion dehydration toilets (UDDTs).

The responsibility for O&M of each functional item may be assigned to different stakeholders. For example, maintenance of the toilet (user interface) is often the responsibility of the household, while the treatment process is usually run by a municipal authority. Clear delineation of O&M tasks and responsibilities is critical for achieving a sustainable system.

Regardless of the technology chosen, achieving proper O&M depends on integrating its requirements in the processes of planning, designing, implementing and managing. Particular emphasis should be given to the coordination of the respective responsible stakeholders, such as government, private agencies and users. The selection of technical designs and supporting institutional structures must always be matched to local conditions, both with respect to technical and socio-economic feasibility, and the management capacities and willingness of users and service providers (IRC, 1997).

5 Funding of O&M

Sustainable O&M requires planning and budgeting to carry out the necessary tasks. Decisions on who should fund sanitation O&M and how, receives far less attention than design and construction activities (Sohail et al., 2001).
Traditionally, municipalities and utilities are responsible for the O&M of centralised wastewater treatment systems but research in the 1990s in India and Thailand (IRC, 1997) has already pointed out that municipal budgets often fail to earmark funds for O&M of sanitation systems. Funds are thus rather spent on activities which are more visible than regular maintenance of existing infrastructure.

It is recommended to allocate a separate budget line in municipal budgets for routine O&M including funds for major replacements, upgrades and extensions. Sourcing this budget requires financial resources and clearly defined roles and responsibilities along the sanitation chain which should be defined from the planning stage onwards.

Funding for day-to-day operation and basic maintenance (i.e. hiring a caretaker) can be sustainably sourced through revenue generating activities, as shown in the examples in Section 7 of this factsheet. This can be either directly or indirectly associated with the sanitation service, but needs to be clearly defined prior to implementation. Examples in this factsheet include user fees, cost recovery through pit emptying and total service packages. Another example comes from the Aga Khan foundation in India which assists communities in establishing shared bank accounts where the community members deposit funds for O&M of shared infrastructure (AKPBSI, 2007).

However, crisis maintenance and large scale repairs may require substantial funding beyond day-to-day turnover and can place high demands on limited budgets. Funds are not always readily available for this, in which case, microfinance institutions may be used to enable access to credit.

6 Responsibilities for O&M

For a well working sanitation system it is important to clarify and agree on roles and responsibilities already during the planning stage. During planning and design, division of responsibilities and definition of tasks and accountability require ample consideration and agreement between stakeholders. Creating conditions in which responsibilities can be implemented as intended, may require awareness raising, motivation and incentives both for the agencies and the users (IRC, 1997).

Furthermore, there are more stakeholders in the sanitation system beyond the municipality. Small scale providers, communities and households also play an important role in O&M. The choice of the management model is influenced by several framework conditions like capacity of community organisations, community skills, capacity of the private sector, etc. (Brikke, 2000).

In larger towns a town-wide management system may be installed for the overall coordination. In Vienna (Austria) for example, a municipal department is responsible for O&M of the sewer system while a holding company operates the central treatment plant through a mandate from the municipality. Decentralised systems on the other hand may have localised daily operations but should be monitored by higher level institutions. For example a school sanitation system may be managed by the school management but monitored by a national authority.

7 Development of service chains in practice

The following examples describe the set-up for O&M for some small-scale sanitation systems to demonstrate how O&M can be organised in different ways.

a) The Kalungu Girls Secondary School (Uganda)

The boarding school of the “Sacred Heart Sisters” is located near Kalungu, a small village in Southwest Uganda. Around 450 girls between 14 and 18 years are attending the school and about 50 teachers and sisters are employed. Further staff members are responsible for diverse housekeeping duties, like O&M of the sanitation system, gardening, animal keeping, etc. A detailed description of the system is available in a SuSanA case study (Müllegger et al., 2009).

The sanitation system of the school, which is in operation since 2003, consists of:

- 45 single vault urine diversion dehydrators (UDDTs) for the pupils,
- One UDDT for teachers and visitors,
- One drying shed for further dehydration and storage of faeces,
- One horizontal sub-surface flow constructed wetland for treatment of greywater and blackwater.

Responsibilities for O&M activities

O&M activities are entirely managed by the school. The school administration has employed a caretaker who is responsible for most of the O&M activities. Furthermore, students are fully involved in O&M. They are organised in groups which have different tasks such as cleaning the toilets, removing containers from the UDDT vaults and fertilising of plants. Teachers are responsible for training and awareness creation among pupils.

Figure 3: Drying shed for faecal matter from UDDTs at Kalungu School, Uganda. The caretaker has to take the containers with faeces from the UDDTs to this shed (source: EcoSan Club, 2009).

A detailed description of the O&M responsibilities for collection and storage, pre-treatment, transport, treatment and use are given by Müllegger and Freiberger (2010a).

Income generation

Since the sanitation system has been implemented, the school became famous for its innovative sanitation concept.
Delegations from all over the country and from abroad, are coming to see the school toilets. The number of students increased to their maximum capacity from 350 to 450 over the last few years. Furthermore, the school administration even introduced a visitor’s fee of 20 to 40 EUR, depending on the type of visiting delegation. This fee is used to maintain the sanitation system.

b) Lessons learnt from the ROSA project funded by the EU (East Africa)

Sanitation systems in which the products of the UDDTs can be treated and used on-site are the simplest examples of closed loop systems. However, in many cases, like densely populated areas, storage and reuse on site is not possible, therefore collection and transportation systems have to be implemented. Thus within the frame of the ROSA project (Langergraber et al., 2010) one focus of research was on O&M of resources-oriented sanitation systems (ROSA stands for “Resource-Oriented Sanitation concepts for peri-urban areas in Africa”).

The main goal was to develop sustainable O&M management strategies for peri-urban areas. The following is a summary of the research results from Nakuru (Kenya) and Arba Minch (Ethiopia). More information on O&M research in ROSA is available in Mülleger and Freiberger (2010b) and also in the SuSanA case studies on the ROSA project.2

Willingness to pay

A baseline study carried out in Nakuru showed that 86% of the surveyed residents are interested to use UDDTs if they do not have to be responsible for O&M if they do not have to be responsible for O&M (Muchiri et al., 2010). This figure was later confirmed with further results showing that stakeholders - mainly landlords and owners of UDDTs - preferred to use a private operator and were willing to pay for this O&M service.

Collection and transport, involvement of the private sector

MEWAREMA (Menengai Waste Recyclers Management), a local CBO in Nakuru, is engaged in solid waste collection and composting. They used to offer services for collection, transportation and composting of faeces and urine for a fee of 1 to 3 EUR depending on the amount to be collected and distance of transport. This fee was per trip or per emptying event and was negotiated with the clients.

However, this excreta collection system is currently not in place anymore. Due to various reasons, MEWAREMA stopped offering sanitation services, which left toilet owners not knowing what to do with the full containers in their single vault UDDTs. The follow-on project from ROSA (called CLARA and also EU funded) will attempt to improve the situation and will look for sustainable solutions to have at least a working emptying service in place.

In Arba Minch by 2010, the ROSA project team had constructed and supported seven Arborloos, 15 UDDTs, and 30 Fossa Alterna toilets for households. Two solid waste collection associations - the “Wubet le Arba Minch Solid Waste Collectors Association” and the “Engan New Mayet Compost Production Youth Association” - using donkey carts are engaged in transporting and treating human faeces and urine. About 50% of households that currently have a UDDT make use of the collection service. The users are paying 0.3 to 2 EUR per trip or emptying event, depending on the amount of urine produced and distance to the composting site. The main problem is the cost of the urine/faeces transportation by donkey carts. This is due to the large volumes of urine and the long distance to the composting site.

Treatment and reuse

In Nakuru the collected material was to be co-composted with organic solid waste at the dump site and afterwards sold to NAWACOM, an umbrella NGO for local CBOs involved in composting. They buy compost from local producers, further process the material, pack it and sell it as “Mazingira organic fertiliser” to farmers. However, NAWACOM has encountered problems in creating a market for organic fertiliser, moreover they refused to buy faecal co-compost due to hygiene reasons. Within the frame of the CLARA project it is planned to develop a concept for the co-composted material, for example working together with tree nurseries.

In Arba Minch the faeces, urine and organic solid waste is used for co-composting by the “Engan New Mayet Compost Production Youth Association”. Since no local market existed at the start of the project, demonstration plots were installed to convince farmers to use faecal compost, and the compost was given to them for free. Since the beginning of 2010, co-compost is sold for 4-8 € per 100 kg. Prices depend on the client’s ability to pay, whereby small scale farmers pay less. Compost, which is not sold, is used by the association for their own tree nursery and vegetable farm.

Financial considerations and up-scaling

The main challenge in involving private businesses is to make the business profitable. In Nakuru and Arba Minch, existing companies involved in solid waste transport have been involved in O&M services of sustainable sanitation systems. This reduced the financial risk for the companies compared to new companies exclusively offering services for e.g. UDDTs. Grambauer (2010) made a business plan for MEWAREMA in Nakuru and concluded that the emptying of UDDTs can only be profitable when a minimum number is exceeded. This number is dependent on the specific local boundary conditions and cannot be generalised.

2 There are 12 case studies on the ROSA project in Kenya, Ethiopia, Uganda and Tanzania: www.susana.org/case-studies (enter “ROSA” into the search field). Three of these case studies are about installations in Nakuru: www.susana.org/library?search=nakuru
c) The "Sanitation as a Business" program (Malawi)

The "Sanitation as a Business" program of Water For People, as described by Bramley and Breslin (2010) aims to combine the provision of new toilets with the introduction of O&M business for sanitation systems. The business concept starts with the household purchasing a "composting toilet" (Fossa Alterna or UDDTs) on loan from a sanitation entrepreneur. The entrepreneur constructs the toilet and afterwards collects the compost or dried faeces from the toilets. The household repays their loan with the compost. After the loan is repaid the household receives small, regular payments for the compost they produce.

The entrepreneur further treats the compost and finally sells it to farmers, thus creating an income. Since the main aim of the entrepreneur is selling the final product, i.e. the compost, he or she has to make sure that the toilets are producing their raw product in a good quality, i.e. that the households are using the toilets in the right way and that the toilets are properly maintained. The sanitation entrepreneur wants to attract large-scale compost buyers and thus needs to find new customers, i.e. build new toilets on a loan basis as described above.

d) Institutional management of condominial sewers, Brasilia, Brazil

Since 1993 the federal district of Brasilia (population of 2.1 million) has been implementing condominial sewerage systems as a low-cost means of achieving universal sanitation coverage. These simplified sewerage networks serve more than 650,000 people and have been built in the city of Brasilia, as well as the surrounding peri-urban neighbourhoods and satellite cities. The basic function of the condominial sewers is to collect mixed wastewater from homes and transport it to a centralised treatment plant. Household connection pipes are grouped into block sewers before they feed into street sewers which are then pumped to treatment plants. The system is cheaper than conventional sewerage since pipe sizes are smaller and sewer laterals are installed under sidewalks or yards instead of streets (Melo, 2006).

The initiative for construction and expansion of the condominial sewerage system came from the Brasilia Water and Sewerage Company (CAESB) with the strong support of the local authorities. CAESB is responsible for construction and maintenance of water and sewerage systems within the city, as well as the wastewater treatment plants. CAESB oversees all activities related to planning and implementation of the systems, including organising neighbourhood meetings and establishing an elected body of residents responsible for facilitating agreements and inspecting the works. Once the system is in place, responsibility for maintenance of the branch pipes is divided between the users and the utility.

Households are offered three alternatives for routing the branches of the condominial sewers: through the backyard, front yard or sidewalk. The backyard and front yard options are cheaper to construct, but also mean that responsibility for maintenance of that part of the system falls on the household. Users opting to assume maintenance responsibility of their connection receive a 40% discount on the standard user fees. The remainder of the network is the responsibility of the utility.

One inspection box was installed for each connection to the network which allowed for easy access for monitoring and removal of blockages. Comparison of the condominial and conventional sewerage networks in Brasilia found that there were fewer maintenance incidents per customer for the condominial system. It is speculated that this is because the condominial branches are less prone to obstruction or that users are better placed to resolve simple blockages on their own. Success of the condominial system in Brasilia is also due to the ability of the utility (CAESB) to make firm policy decisions and clearly communicate them to their customers.

e) Public toilet served by a privatised water utility in Naivasha, Kenya

The provision of public toilets at markets, bus stops and other public places in Kenya is under the responsibility of municipal councils and the corresponding Ministry of Local Government. The use of the toilets is usually free of charge. The quality of services is generally very poor and insufficient in terms of daily cleaning and maintenance, resulting in odour, dirty toilets, no repairs and broken water supply pipes.
f) Sustainable sanitation in Kyrgyzstan, Central Asia

In 2006, UDDT technology was introduced in Kyrgyzstan to establish starting conditions for nationwide introduction of sustainable sanitation in Kyrgyzstan (Jorritsma et al., 2009).

Since then, more than 100 individual UDDTs have been installed in different parts of the country. The methodology was as follows: (1) knowledge transfer and gathering of practical experience, (2) construction and monitoring of demonstration objects, and (3) creating publicity and tools for up-scaling. The projects focused on demonstrating, testing, and monitoring.

The Naivasha public toilet was financed by the Water Services Trust Fund owned by the public Regional Water Services Boards and run by the local water services provider (privatised water utility). The utility has contracted a private operator to run and operate the toilet on a day-to-day basis. The public toilet consists of flush toilets connected to a biogas plant which discharges the pre-treated wastewater to a sewer.

The operator is obliged to pay for the water bill (a subsidised water tariff), sewer discharge fee, energy, rent and other expenses like toilet paper as well as minor repair works. The earnings and the expenditures made by the operator allow the employment of two permanent staff members to run the facility. At the same time the utility receives revenue through the water tariff, rent and a small amount of biogas sales which is sufficient for maintaining the facility.

Consequently this service model of shared responsibilities, with operation being carried out by private entrepreneurs and maintenance under the responsibility of utilities seems economically viable and promising in terms of good quality of service delivery.

The barriers and level of acceptance were analysed two years after the start up. The following issues were identified to be crucial for the acceptance of UDDTs (Jorritsma et al., 2009):

- smell prevention is assured,
- persons who use the toilet were also involved in the construction of the toilet,
- all persons who use the toilet were trained to do so,
- number of vaults for storing faeces should be two,
- the higher the financial contribution of the UDDT owner, the higher the acceptance of the toilet, and
- UDDTs are favoured in areas with high groundwater tables.

Many critical issues related to O&M do not become apparent in the first few years of an implemented project but rather much later, sometimes after the project monitoring has stopped.

In some families in Kyrgyzstan, women were reluctant to embrace the new sanitation system because it requires regular cleaning. They had previously never cleaned their pit latrines – the need to clean the UDDT had to be well explained in awareness raising campaigns and trainings.

The handling of urine and faeces by the household for the application to plants provoked some scepticism. People were especially reluctant to apply the UDDT products to edible plants because of perceived health and hygiene risks. The local NGO could solve these problems by raising more awareness for the reuse aspects and by organising a farmer who was willing to take the toilet products.

Another success factor that was identified for O&M was that the Kyrgyz NGO KAWS worked together with existing community based water users unions (CDWUU) in each village and supported the introduction and up-scaling of sustainable sanitation from the beginning. CDWUU provides trained expert staff that helped people to construct their own toilet. Furthermore, CDWUU have a pump and offer the service to remove the urine from the tanks and apply it on the fields. They also offer the service to maintain the toilet facility.

The urine diversion seat most commonly used is made of concrete and must be re-painted from time to time. If there is a smell problem, the staff members from the CDWUUs are able to diagnose the root cause of the problem and solve it. For all these services, they require a small fee to cover their costs. Even poor people pay these fees to have a well maintained toilet. Some CDWUU started recently to construct resource centres in the villages where they can even better support the construction and the O&M of the sanitation facilities.

Figure 6: Naivasha public toilet with water kiosk. In front is the water kiosk that functions as an operator room. Customers pay at the side window, where the two people are standing. Behind them the gents section of the toilet can be seen (source: C. Rieck, 2008)².

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² For more photos of this project see: www.flickr.com/photos/gtzechosan/sets/72157623254082278/with/4918863019/
Such an institution which is accepted and recognised by the community and which assists with the O&M tasks ensures the long term success of sustainable sanitation.

8 Conclusion

The attention given to O&M of sanitation systems especially in developing and transition countries is usually little or no attention compared to the design and construction phases. The result of this is poor or non-functioning sanitation systems which pollute the environment and affect people’s health. This situation has been attributed to several reasons which includes among others; lack of ownership and skilled labour, high maintenance cost, and unsuitable technical options due to lack of consultation with the local stakeholders and users.

It is therefore important that O&M of sanitation systems is considered holistically during sanitation planning, designing, implementing and managing with clearly laid down tasks and responsibilities divided among the stakeholders along the whole sanitation chain. In doing this, it is equally important to allocate separate financial resources for routine O&M on sanitation systems. These financial resources must be explicitly determined from the planning stage and can be sustainably sourced through direct or indirect revenue generating activities.

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1 Summary

Groundwater is a very important resource for human life accounting for nearly 60% of the world’s drinking water supply, while in arid and semi-arid zones this rate may even reach 100%. Groundwater has comparatively low development costs, is a high quality local resource, for which only simple water treatment is necessary, and for small systems requires only simple distribution systems.

Groundwater quality and sanitation are often linked as pollution of groundwater from unsafe household sanitation systems through nutrients, pathogens and organic micropollutants (including emerging contaminants) can occur.

There are many tools to prevent groundwater pollution: land-use planning plays an important role in protecting areas that are vulnerable by restricting the use of these areas. Water Safety Plans can play a fundamental role for communities to protect groundwater quality. In larger frameworks such as transboundary aquifers, Integrated Water Resources Management (IWRM) schemes are required to protect recharge areas, even if they are distant from the points of abstraction.

Sanitation solutions need to be adapted to the regional conditions in order to be sustainable. Accessible and safe sanitation and good groundwater quality are critical elements for sustained growth in developing countries that require policy and legal support systems to remain effective. This includes developing educational curricula (focussing on groundwater and sanitation) as well as institutional capacity building programmes.

Failure to improve general sanitation conditions and thereby contaminating groundwater endangers the economic growth potential of a region. This may impact negatively on the overall economic output due to increasing costs in the health, labour and production sectors. Sanitation and groundwater issues including capacity development need to be addressed on all political levels of government.

2 Why care about groundwater

Groundwater makes up 97% of the world’s freshwater (excluding inland ice and glaciers) and is an important source of drinking water. Groundwater accounts for nearly 60% of the world’s drinking water supply, while in arid and semi-arid zones this rate may even reach 100%.

Groundwater is a highly valuable resource, which is not only used for drinking water supply purposes but also exploited for agricultural use. In Yemen, for example, only 10% of extracted groundwater is used for drinking water purposes, whereas the other 90% is used by the agricultural sector.

Why is groundwater so precious? Compared to surface water bodies, groundwater resources are better protected against pollution and evaporation during dry seasons, therefore they represent a more important and efficient form of water storage. Furthermore, the development costs are usually comparatively low; as groundwater is a local resource which normally needs only simple water treatment and for small systems requires only very simple distribution systems. Natural groundwater, unaffected by human activities, is free of pathogens and in many areas free of undesirable chemical substances.

In arid and semi-arid countries groundwater is very often the sole resource for agricultural irrigation. All these facts turn groundwater in most areas of the world into an affordable, reliable and an inevitable key element of sustainable human development.

3 Introduction to groundwater pollution

Historically it was widely believed that groundwater is generally pure and safe for drinking purposes even without treatment. However, in the past few decades, cases of disease outbreaks due to the consumption of untreated, contaminated groundwater have increasingly been reported. For example, 630 outbreaks were reported in the period 1971-1994 in the USA alone (Craun et al., 1997). Of these, a total of 356 outbreaks were caused by contaminated...
Groundwater systems (i.e. 58% of total waterborne outbreaks), 30% of which were due to contamination of the distribution and treatment system while 70% were due to groundwater contamination. The most common disease in these outbreaks was acute gastroenteritis.

Groundwater contamination occurs when substances are introduced into the aquifer environment due to human activities such as urbanisation, industrial and agricultural development. All of these activities use water and produce wastewater, which may potentially pollute groundwater resources. When the contaminant concentration reaches a certain level the potential uses of groundwater are restricted and the groundwater is said to be polluted.

There are two types of sources of groundwater contamination which can be classified according to their origin. Single-source contamination can be localised and can easily be identified; whereas contamination from multiple sources or non-point sources is wide in scope and is more difficult to control. The major sources of groundwater contamination are poorly-designed septic tank systems, poorly constructed pit latrines, leaking sewers, unsanitary dumpsites, unlined chemical landfills, intensive agriculture and wastewater disposal ponds. Other causes include spills and leaks; mine drainage; poorly constructed or abandoned water, oil and gas wells; and road de-icing salts.

In some instances, contaminated groundwater is localised; however, in many cases a single source contamination may spread a considerable distance from the source, depending on the type of contaminant and the hydrogeological conditions.

In areas with human settlements, groundwater pollution should be prevented by sanitation systems. 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, however, a sanitation system should also be economically viable, socially acceptable, technically and institutionally appropriate, and protect the environment and natural resources.

The main task of a sanitation system is to contain and sanitise human excreta which contain pathogens in order to prevent the spread of diseases. A sanitation system consists of more than toilets and pits dug in the ground to collect excreta and effluents. It comprises the whole chain of household facilities, collection, transport, treatment and final destination (either disposal or reuse). Each of these components has the potential to cause pollution to the groundwater. In dealing with pollution generated by sanitation systems, the following pollutants are of importance: pathogens, chemicals and organic micropollutants.

### 4 Pathogenic pollution

Pathogens cause diseases such as cholera, hepatitis A and diarrhoea. In those countries where groundwater is the sole source of drinking water, prevention of faecal-oral transmission should be a highly prioritised public health outcome. Once pathogens have infiltrated into the groundwater, e.g. through manure heaps, pit latrines, leaking sewerage systems or over-irrigation with untreated wastewater, it takes different amounts of time for different types of pathogens to die off. During this time, groundwater travels a certain distance depending on the permeability of the aquifer (i.e. the groundwater body). In addition to natural die-off, pathogen removal is also a result of adsorption and filtration through the soil and sub-surface media. A hydrogeologist will be able to estimate the filtration capacity of the media, or alternatively a simple laboratory test can be undertaken to estimate this.

In many European countries source protection concepts have been based on a rule that most pathogens are reduced by 99% within 50 days of transit time in the aquifer. Where drinking water wells are located close to a pollution source (e.g. cesspits without any further treatment), travel times of the groundwater may be much shorter than 50 days. Therefore, water users face increased health risks. It should be noted here that the “99% reduction in 50 days” guiding value should be taken simply as a rough guideline, and actual reductions will depend on the specific context. In fact, important variations exist (Table 1).

Moreover, since the die-off of microorganisms tends to occur logarithmically over time, the complete removal of microorganisms does not only depend on the die-off rate, but also on the initial concentration. For example, when die-off dictates that in 50 days 100 microorganisms die per litre, a concentration of 1000 microorganisms per litre will only be reduced to 10 organisms per litre after 50 days, and therefore, in such case, removal is incomplete.

Reviewing the epidemiological evidence concerning the relationship between pathogen dose and response, the evidence for the most commonly used indicator (E. coli), appears significant at doses greater than 10^3 E. coli per 100 ml (Cave and Kolsky, 1999). The significant dose varies widely for different pathogens occurring in human excreta (bacteria, viruses, protozoa, helminths), especially in the tropics. It is estimated that diarrhoeal diseases, resulting from a lack of adequate water and sanitation services, have killed more children in the 10-year period 1992 to 2002 than all people lost to armed conflict since World War II (WEHAB 2002).

The most detailed assessment is the consideration of human health risk targets for a number of microorganisms. The Australian Guidelines for Water Recycling (2006) use disability adjusted life years (DALYs) to convert the likelihood of infection or illness into burdens of disease, and set a tolerable risk of 10^-6 DALYs per person per year. It is impractical to set human health-based targets for all microorganisms that might be present in wastewater; therefore, the guidelines specify the use of reference pathogens instead: Campylobacter for bacteria, rotavirus and adenovirus for viruses, and Cryptosporidium parvum for protozoa and helminths (EPHC et al. 2006).
Table 1: Concentration reduction of a number of microorganisms. Die-off rates were taken from literature (based on Pedley et al., 2006).

<table>
<thead>
<tr>
<th>Organism</th>
<th>Die-off rate (1/d)</th>
<th>Concentration after 50 days (initial = 10,000 cells/mL)</th>
<th>Reduction (%)</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coxsackievirus A9</td>
<td>0.019</td>
<td>3867</td>
<td>61.3</td>
<td>Matthess et. al. (1988)</td>
</tr>
<tr>
<td>Echovirus 24</td>
<td>0.12</td>
<td>25</td>
<td>99.8</td>
<td>Jansons et. al. (1989a)</td>
</tr>
<tr>
<td>Hepatitis A virus</td>
<td>0.1</td>
<td>67</td>
<td>99.3</td>
<td>Nasser et. al. (1993)</td>
</tr>
<tr>
<td>Poliovirus 1</td>
<td>0.48</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Keswick et. al. (1982)</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>0.36</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Pancorbo et. al. (1987)</td>
</tr>
<tr>
<td>Simian Rotavirus</td>
<td>0.83</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Keswick et. al. (1982)</td>
</tr>
<tr>
<td>F-specific RNA bacteriophages</td>
<td>0.025</td>
<td>2865</td>
<td>71.3</td>
<td>Nasser and Oman (1999)</td>
</tr>
<tr>
<td>Bacillus subtilis spores</td>
<td>0.14</td>
<td>9</td>
<td>99.9</td>
<td>Meschke et. al. (2001)</td>
</tr>
<tr>
<td>Cl. Perfringens spores</td>
<td>0.071</td>
<td>287</td>
<td>97.1</td>
<td>Meschke et. al. (2001)</td>
</tr>
<tr>
<td>E. coli</td>
<td>0.083</td>
<td>158</td>
<td>98.4</td>
<td>Schijven et. al. (2000)</td>
</tr>
<tr>
<td>E. coli O157:H7</td>
<td>0.32</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Rice (1992)</td>
</tr>
<tr>
<td>Faecal coliforms</td>
<td>0.83</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Keswick et. al. (1982)</td>
</tr>
<tr>
<td>Faecal streptococci</td>
<td>0.066</td>
<td>369</td>
<td>96.3</td>
<td>Bitton et. al. (1983)</td>
</tr>
<tr>
<td>Klebsiella spp.</td>
<td>0.031</td>
<td>2122</td>
<td>78.8</td>
<td>Dowd and Pillai (1997)</td>
</tr>
<tr>
<td>Salmonella typhimurium</td>
<td>0.3</td>
<td>&lt;1</td>
<td>100.0</td>
<td>Bitton et. al. (1983)</td>
</tr>
<tr>
<td>Shigella dysenteriae</td>
<td>1.7</td>
<td>&lt;1</td>
<td>100.0</td>
<td>McFeters et. al. (1974)</td>
</tr>
</tbody>
</table>

It must be noted that it requires professional experience and knowledge of the subsurface conditions to estimate the minimum distance in the soil aquifer system, which results in a travel time of 50 days. If there is doubt, always use a conservative estimate and account for larger distances. Flow velocities are strongly dependant on local heterogeneity of the aquifer. For instance, safe setback distances may vary from several tens of meters in areas with thick clay cover to more than 5 km in karstic aquifer systems. Also, flow velocities and transport paths may change in connection with strong rain events, especially in karstic systems or fractured bedrock (Hrudey et al, 2003).

5 Chemical pollution

Beside pathogens, human excreta contain organic matter, nitrogen and phosphorus. Urban wastewater has a high organic content (Figure 2), which is relatively easily oxidised under aerobic conditions. Where the water table is deep, oxygen and micro-organisms in the unsaturated zone of the aquifer may remove (degrade) much of the organic matter.

Below the water table, further degradation of organic matter will consume the dissolved oxygen present in the groundwater. The quantity of oxygen dissolved in groundwater is less rapidly renewed than in the unsaturated zone (soil). Thus additional infiltration of organic matter leads to depletion of dissolved oxygen in groundwater by microbial degradation potentially exceeding the limited oxygen supply.

Figure 2: Range of increased chloride and Dissolved Organic Carbon (DOC) concentrations in groundwater from wastewater infiltration research areas (Foster and Chilton, 2004).

The more and more anaerobic (i.e. lacking oxygen) the groundwater environment becomes the more microorganisms are forced to utilise other substances, other than oxygen, for degradation of organic matter and thereby release their metabolism products into the groundwater. This results in a fundamental change in the groundwater chemistry, including increases of dissolved ammonia, manganese, iron, hydrogen sulfide, methane and possibly also metalloid substances such as arsenic.
a) Pollution due to nitrogen compounds

The nitrogen (N) cycle is complex; the predominant wastewater and animal manure-related nitrogen form entering the (unsaturated) zone from untreated sewage is ammonium while from treated sewage and from chemical fertilisers it is nitrate. The main mechanism for the transformation of N from wastewater that has infiltrated in the soil is denitrification, whereby first ammonium (NH$_4^+$) from wastewater is oxidised into nitrate (NO$_3^-$, called nitrification). Then, further in the aquifer, provided that anaerobic conditions prevail, nitrate is reduced into nitrogen gas (N$_2$, called denitrification), which is stable and ultimately may escape to the atmosphere.

When aerobic conditions prevail, nitrate may be the final product, which, at elevated concentrations (>50 mg/l), can be harmful to humans, especially babies. Worldwide, in developed and developing countries alike, many water supply wells show increased levels of nitrate above the WHO guideline value of 50 mg/l. This can be due to fertiliser application or mismanagement of human and animal excreta, but also due to natural conditions.

Nitrate is in itself relatively non-toxic, however, upon ingestion, it is partially converted by bacteria in the mouth to nitrite. The formation of nitrite is especially important as it reacts with haemoglobin, the oxygen-carrying constituent of red blood cells, to produce methaemoglobin which cannot transport oxygen (ARGOSS, 2002). Methaemoglobinemia (also known as "blue baby" syndrome) occurs mostly with children under three months of age. This was reported in only 2000 cases between 1945 and 1972, most of which were not fatal (Cave and Kolsky, 1999). In the period 1986 to 1996 however, 3,000 babies and young children from Romania’s rural areas were hospitalised with acute infantile methaemoglobinemia. 3.5% of these cases were lethal (EEA and WHO, 2002).

However the above mentioned number of deaths is still low in contrast to those caused by diarrhoea and associated diseases (Cave and Kolsky, 1999). The actual problem with nitrate in groundwater used as drinking water is its persistence under aerobic conditions; it takes advanced, high cost treatment processes to remove nitrate from contaminated drinking water. Thus long term accumulation should be prevented.

b) Pollution due to phosphorus

The main source of phosphorus in wastewater is inorganic orthophosphate and organic phosphorus. Due to anaerobic digestion, the latter is usually transformed into orthophosphate. Phosphorus transport in groundwater exists but however health threats occur only indirectly. Phosphate in aquifers is usually bound to iron-oxides (Dzombak and Morel, 1990) or precipitates as phosphate minerals, like hydroxyapatite, vivianite, variscite or strengite.

Subsurface transport of orthophosphates has been generally considered negligible because of its high propensity for precipitation and adsorption to the afore mentioned oxides and minerals. However, it is increasingly recognised that phosphorus retention characteristics of soils and sediments vary greatly according to geological and environmental conditions, and are also impacted upon by land use activities such as livestock production, manure application, and sewage sludge disposal (Siddique and Robinson, 2003; Geohring et al., 2001). These activities have been reported to result in high soil phosphorus accumulation and subsequent release of environmentally significant concentrations to subsurface flows as well as to surface runoff.

Such soils have been linked to accelerated eutrophication of freshwater bodies: Phosphate is a limiting factor in algae growth in surface aquatic ecosystems. This means, if there is not enough phosphate, algae growth is reduced, while the more phosphate there is, the more algae growth can take place. Excessive algae growth can lead to the depletion of oxygen from decaying algae, the reduction of fish populations or the predominance of single fish species, and the production of toxins (microcystins) from certain algae species which can impact on human and animal health.

c) Pollution due to other anthropogenic induced pollutants

In some settings, due to the infiltration of wastewater, toxic compounds like arsenic are released. For example, below the city of Hat Yai in Thailand, the increase of arsenic in groundwater due to the reductive dissolution of iron oxides is well described (Lawrence et al., 2000). Of the various routes of exposure to arsenic, drinking water probably poses the greatest threat to human health. The International Agency for Research on Cancer (IARC) has classified arsenic as a Group 1 human carcinogen. Its undesirable health effects include skin cancer, cancers in the lung, bladder and kidney, and peripheral vascular disease.

Serious and long lasting groundwater contamination is known to result from chemical substances like chlorinated, hydrocarbons, BTEX, polycyclic aromatic hydrocarbons (PAH), which are often introduced via leakages or spillage events. Where such industry chemicals are discharged into the wastewater, the drainage system is providing an additional entrance pathway to groundwater.

6 Pollution due to organic micro pollutants

Organic micropollutants or so called "emerging contaminants" are now frequently being detected in wastewater and the environment in concentrations up to several µg/L, although they might have been present already for decades (Ternes, 2009). Innovative analytical instrumentation enables the identification and quantification of organic micropollutants down to the lower ng/L and ng/kg range. Prominent examples of emerging contaminants are pharmaceuticals, estrogens, ingredients of personal care products, biocides, flame retardants, benzothiazoles, benzotriazoles or perfluorinated compounds (PFC).

Tens of thousands of different chemicals enter sewer systems or on-site sanitation systems and eventually wastewater treatment plants (WWTP) and/or groundwater.

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See: http://toxics.usgs.gov/highlights/phosphorus_migration.html

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2 Arsenic can also occur in groundwater naturally (Bangladesh is a well documented example).
Adverse effects by individual emerging contaminants, like feminisation of fish, can occur down to a few ng/L, as reported for 17a-ethinylestradiol and tributyltin. Besides endocrine disrupters, pharmaceuticals (such as carbamazepine, diclofenac, fluoxetine, propranolol) have been shown to cause effects at environmentally relevant concentrations. Current research is providing a growing list of "predicted no-effect-concentrations" (PNEC) which constitute the lowest concentration where a specific emerging contaminant was observed to have an effect on any organism.

Organic micropollutants are usually quite small (molecular weight predominantly varies between 50 and 1000 Da), therefore regular municipal WWTPs or on-site sanitation systems do not remove these polar persistent organic pollutants.

Pollution of groundwater and drinking water by emerging contaminants is well documented; however human health risks are low in most cases. Many of these contaminants are continuously discharged to the environment, therefore the most important question "Which are the most hazardous or unwanted emerging contaminants?" arises. Definitive answers cannot be given yet. Criteria for answering this question might be related to the ecotoxicological (in aquatic or terrestrial environment) and toxicological relevance, the potential to bioaccumulate, as well as the potential to contaminate groundwater and drinking water.

7 Protecting groundwater from pollution

The difference between groundwater resources as a whole and the source of groundwater for use can be explained through its management: When groundwater is well managed, the resource as a whole is protected for current and future uses; while we protect a currently used groundwater source in a defined area with specific and often very specific measures regarding land use.

a) Source protection

The best way to protect groundwater is to prevent contaminants from entering the aquifer which poses a threat to water quality and are hazardous to human health. One practical way to achieve this is land-use planning. In order to prevent groundwater contamination, drinking water protection areas are delineated around production wells or springs (see Figure 3). Usually, for large-scale drinking water supply, classification of these areas involves three levels of restrictive use, allowing fewer human activities with increasing proximity to the groundwater extraction site (DVGW 2006):

- The first and immediate area is to protect the production wells or springs and their immediate environment from any contamination and interference.
- The second area is delineated at the line from which groundwater travels 50 days until it reaches the production well or spring. It protects the groundwater from pathogens such as bacteria, viruses, parasites, protozoa and worm eggs. Other contaminants which do not degrade during the flow time to the production well are banned from use in this area.
- The outer area protects the groundwater from persistent contaminants like pesticides, radioactive substances or non-degradable chemicals (DVGW, 1995). Where households are located within this zone, their sanitation system should be either an ecological sanitation solution or a system where the wastes are removed from site.

In villages or towns in developing countries without any water supply or sanitation systems a classification of the three zones is difficult to implement. In such places the citizens regularly obtain their drinking water from local dug wells, springs, nearby streams or boreholes, often polluted by mismanagement of human and animal excreta. Under these circumstances another approach such as developing local Water Safety Plans (WSP) may be implemented. These plans will include approaches for the protection of the water sources used for drinking water, and include developing options for sustainable and affordable sanitation systems which prevent further infiltration of pollutants from human excreta into the groundwater. WSPs also importantly include operational controls, incident and emergency management and importantly treatment.

b) Resource protection

An empirical model to map aquifer vulnerability has been developed by the USA National Water Well Association and the Environment Protection Agency. The DRASTIC approach refers to hydrogeological units incorporating major factors which affect and control groundwater movement (Depth to groundwater table, net Recharge, Aquifer media, Soil media, Topography, vadose zone media Impact and Hydraulic Conductivity of the aquifer). These factors form the acronym DRASTIC and give their rated and weighted input to the numerical DRASTIC index (USEPA, 1987). This index, in combination with the mappable hydrogeological settings, creates a groundwater vulnerability map. The approach helps to prioritise monitoring and protection measures.

Internationally other methodologies have been developed for the same purpose, such as South Africa’s “Ground Water...
Protocol" (DWA, 2003) which is a procedure that development and local government agencies are required to follow when planning new sanitation projects. The approach is risk-based, taking into account the contaminant load, the vulnerability of the aquifer, and the strategic value of the aquifer.

c) How to protect the groundwater resource

An integrated water resources management (IWRM) approach is needed in the urban context as it explicitly recognises the complex sets of interdependent relationships which exist within and between human and environmental systems. One guideline of an IWRM approach is that water decisions should be made at the lowest appropriate scale.

Rees (2006) elaborates that for every setting the different roles which water management organisations might play and the different functions which agencies might perform along water supply chains must be defined (i.e. from resource management, bulk supply and transport, treatment, distribution, waste/excess water removal). The IWRM approach, when applied in an urban context, recognises intersectoral competition for resources (physical, social and financial). This involves the creation of an institutional framework; within which water relevant roles and functions are performed at an appropriate spatial scale, and which helps to ensure that decision makers have incentives to take the social costs of their actions into account.

In moving towards an integrated resources protection approach, water uses in a certain area must be understood and taken into consideration. One concept is described by Falkenmark (2004) "Human activities and ecosystems depend on the same water, i.e. the rainfall over the catchment [Figure 4]. This makes the catchment a useful landscape unit for an integrated approach where a balancing between humans and nature can be carried out." A management task is to "orchestrate the catchment for compatibility". The intentional trade-offs which usually occur have to be socially acceptable, making multi-stakeholder dialogues an essential component of catchment management.

From the groundwater resource protection point of view, the catchment needs to provide a recharge area which is part of the ecosystem mosaic and free of human activities. Ideally, the area in which humans consume water for domestic and industrial use should be situated downstream of the recharge area while agricultural activities may lie even further downstream, allowing for use of nutrients from domestic water and sanitation.

8 Productive land use and groundwater protection

If a given area for agricultural production is to be used most efficiently, crop harvests need to be increased by fertiliser application. Local conditions limit the maximum amount of fertiliser that can be applied. This is determined by plant uptake depending on the crop specimen and by effective field capacity depending on the soil type. Fertiliser application exceeding this amount will cause a leaching to the groundwater. Poor timing and inappropriate dosing of fertiliser or application on sandy soil may cause leaching of nitrates into the groundwater.

Most synthetic fertilisers consist of a combination of phosphorus (P), nitrogen (N) and potassium (K). While phosphorus and potassium are prone to sorption processes in the soil (so that they become immobile being fixed to organic or inorganic soil matter), nitrogen reaches the groundwater (in the case of leaching) at the same time as the percolating water. Therefore, in order to prevent high nitrate concentrations in groundwater over the longer term and eutrophication of surface waters, regulations on fertiliser application should be developed and enforced. Organic fertiliser, which produces less leakage of nitrate into the groundwater (UBA 2002) is preferred over synthetic fertiliser, and soil should be managed in a sustainable way. Erosion, leakages of nutrients and loss of humus should be avoided.

Figure 4: Catchment with its water fluxes (ET = Evapotranspiration, discharge = surface and subsurface outflow) (source: Falkenmark, 2004).

Figure 5: In densely populated areas infiltration of wastewater threatens groundwater resources in Senegal. Note also the water pipe in the drain which is a common but unsafe practice (source: BGR, 2005).
9 Policy recommendations

The following recommendations were developed by the participants of the international symposium “Coupling groundwater protection and sustainable sanitation” which took place in Hannover, Germany in 2008 (BGR 2008).

- Both, groundwater protection and sustainable sanitation represent basic tasks for all development planning. Every new settlement should take groundwater resources into account and the protection of aquifers should have a high priority. Past planning approaches often failed and innovative sanitation planning including participatory and demand driven approaches should be adopted. Land-use planning, based on a holistic approach and therefore economically, socially and ecologically sound, is required to protect precious resources like groundwater.

- There are a wide range of sanitation solutions available which need to be adapted to the regional conditions in order to be sustainable. To fulfill the five sustainability criteria, a sanitation system should not only be economically viable, socially acceptable, and technically and institutionally appropriate, it should also protect the environment and the natural resources. Geoscientific aspects have to be considered during sanitation planning, including climate, hydrogeology, soil characteristics and geo-morphology.

- Wastewater is considered a potentially valuable resource; however, its uncontrolled and unregulated utilisation must be prohibited. Guidelines for the safe reuse of excreta and wastewater have been published by WHO (2006), including the multi-barrier approach; these guidelines and concepts need to be incorporated in practice and imbedded in all implementations.

- Additionally, the reuse of wastewater, human excreta and greywater in agriculture requires further studies and implementation policies in developing and developed countries.

- Efficient political structures, policies and legal arrangements are essential. This includes developing curricula (focussing on groundwater and sanitation) for educational systems as well as capacity building programmes. Neglecting the improvement of general sanitation conditions and thereby contaminating groundwater endangers economic output due to increasing costs in the health, labour and production sector. Sanitation and groundwater issues including capacity development have to be addressed on all political levels.

10 References


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