

Hygiene and Sanitation Promotion

Effective sanitation and hygiene cannot be “delivered” by an external agency; they are goods and behaviors which communities and households must want for themselves. While a latrine or public toilet can easily be paid for by public authorities, these facilities will not constitute effective sanitation unless people want to use them. Promotion in this Guide refers to the processes by which demand for sanitation hardware and hygiene behavior change is generated.

Hygiene promotion

Every day, some 6,000 children die from diseases associated with inadequate sanitation, poor hygiene, and unsafe water; diarrhea alone kills one child every 20 seconds. However, an effective hygiene promotion program can reduce the main risky hygiene practices and conditions for children, women, and men. For example, the simple act of washing hands with soap at key times such as after going to the toilet can reduce diarrhoeal incidence by nearly half. In this Guide hygiene promotion is defined as the processes to promote changes in behavior to reduce the spread of sanitation-related diseases, e.g. washing hands with soap at critical times, and safe management of children’s feces.

Broadly speaking, **hygiene promotion** focuses on changing personal behavior. Both are essential to maximize the benefits of investments in water, sanitation, and hygiene;

whereas

Sanitation promotion

While hygiene promotion seeks to change behavior concerning personal hygiene, sanitation promotion is designed to stimulate household demand for the sanitation hardware necessary to maintain a healthy environment: latrines, toilets, sewer connections, etc. “Demand” here means more than just “desire”; it reflects that desire through a “willingness to pay” towards the cost of the infrastructure. Issues around subsidies are discussed in the section of the Guide addressing [financing sanitation](#).

sanitation promotion focuses on stimulating demand for ownership and use of a physical good.

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Basics of Hygiene Promotion

Hygiene promotion is a planned approach which encourages people to adopt safe hygiene practices and behaviors

Water pipes, toilets and soap do not, in and of themselves, improve health; it is the way they are put to use that reduces the risk of disease. Broadly speaking, hygiene can be defined as the set of human behaviors related to cleanliness and health. In this Guide, hygiene refers specifically to those behaviors related to the safe management of human excreta, such as handwashing with soap or the safe disposal of children's feces. Hygiene thus determines how much impact water and sanitation infrastructure can have upon health, because it reflects not the construction, but the use, of such facilities.

Hygiene is a very personal subject, and encouraging changes in hygiene requires skill and care. These challenges are the subject of hygiene promotion. Hygiene promotion is a planned approach which encourages people to adopt safe hygiene practices and behaviors to prevent diarrheal and a number of other infectious diseases.



Effective hygiene promotion

In the past, hygiene promotion programs often tried to target a large number of hygiene related behaviors. For hygiene promotion to be more effective, however, it should **focus** on trying to affect two, or at the most three, **key behaviors**. Those key behaviors should be chosen carefully. They should:

- reflect the objectives of the project as well as the needs of the project beneficiaries;
- maximize the positive impact on public health; and
- be amenable to change through well-designed and implemented interventions; challenges from major social, cultural and economic barriers should be minimized.

Hygiene promotion is all about communicating with the target audience. For **communication** to be effective, it needs to:

- be inspired by what local people already do;
- build on what they already know; and
- come from trusted sources.

Hygiene education

Hygiene promotion is a broader concept than hygiene education. Hygiene education is concerned with teaching people about how diseases spread; for example through the unsafe disposal of excreta or by not washing your hands with soap after defecation.

Although this type of awareness-raising may be part of a larger hygiene promotion program, it should not be the sole focus of the program. Both research and field experience show that mere hygiene education rarely results in a desirable and sustained behavior change; people's belief systems about health run deep and resist change; in any event simple technical knowledge is not, by itself a powerful motivator for behavior change. Hence, **more needs to be done than just 'educating' people** to change or adopt new hygiene practices.

Another false assumption is that health is the overriding concern for people. Research shows that health is seldom the most effective motivator for adoption of hygienic behaviors. Cleanliness, modernity, self-respect, a sense of

purity, elimination of bad smells and other factors are frequently cited as more powerful motivators than health among those who adopt better hygiene and/or sanitation.

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Basics of Sanitation Promotion

There is no point in trying to sell, or even give, a sanitation facility to a household that does not want it

Sanitation has been part of development projects for many years but with mixed success. Low priority and inadequate funding can only be part of the failure of many sanitation projects. A more critical problem is probably poor program design and insufficient site-specific investigation with target populations to determine what kinds of sanitation facilities they want and are willing and able to maintain.

There is absolutely no point in trying to sell, or even give, a sanitation facility to a household that does not want it. There is therefore a need to understand both existing consumer demands and requirements for sanitation, and to stimulate new or latent demand for sanitation. Sanitation services need promotion just as much as hygiene improvements require promotion, although the “drivers” of demand may be different. Sanitation promotion frequently focuses on the **attractiveness, usefulness and convenience** of having and using household sanitation facilities.

Successful approaches will vary in different geographical contexts, and between rural and urban settings. There are several possible approaches to sanitation promotion; two promising methods, currently being tried in a number of countries are briefly described below.

TOTAL SANITATION

SANITATION MARKETING

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Total Sanitation

TOTAL SANITATION

SANITATION MARKETING

The Total Sanitation Approach was first developed and tested in Bangladesh with impressive results as 400 villages completely eliminated open defecation. The approach is now also widely used in India, and is being adapted for use elsewhere in Asia and Africa.

Total Sanitation Approach **aims to achieve universal use of toilets and the elimination of open defecation** in the communities targeted. It differs from earlier sanitation approaches in its focus on the community (rather than the household) and in its emphasis on collective decision making and local problem solving; this contrasts with previous more directive programs. The focus on stopping open defecation ensures that every household owns or shares the use of a toilet and that these toilets are effectively used by all.

The Total Sanitation Approach relies on the **creation of demand** for the elimination of open defecation (and hence for toilets), and is not a top down approach where toilets are chosen and built for communities by an external project. The first step is to raise awareness of the risk of open defecation and to reinforce a natural sense of 'disgust' about this practice.

NGOs together with community-based organizations and the community at large participate in a number of exercises to assess the water and sanitation situation in the community as well as the location of open defecation sites. Through various participatory exercises, discussions and awareness raising activities a community plan is developed to stop open defecation, and promote more hygienic individual behavior.



Village entrepreneurs are encouraged to supply latrine components. The approach stresses promotion of **a number of local options based on affordability and durability**. In many cases no hardware subsidy is provided to the households for the construction of the latrines, although community-wide **incentives** or rewards are frequently offered by higher levels of government. Communities may also opt to take loans for construction of toilets or to establish cross-subsidies within the community. See [Selected Publications](#) for more.

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Sanitation Marketing

TOTAL SANITATION

SANITATION MARKETING

Marketing works on the principle of a voluntary "exchange" between consumer and producer where both gain. Social marketing uses marketing techniques to serve social objectives. Sanitation marketing is about social marketing, and considers the target population as customers. It borrows private sector experience to develop, place and promote an appropriate product: in this case the product is a toilet and excreta disposal system, be it sewerage connection, pit latrine or other mechanism. Critically the facilities must be readily available at an affordable price in the right place.

The product may be marketed and promoted through various channels including advertising and demonstrations which aim to make potential consumers aware, informed and interested in purchasing the toilet. This approach is often summarized by the four P's of sanitation marketing: **Product, Price, Place and Promotion**.

Sanitation marketing requires considerable upfront planning and preparation to ensure that product, price and place respond to local demands and national policy. Early steps in a sanitation marketing program include:

- **Convincing** policy-makers of the need to review and standardize the approach to subsidies and redirect funds towards product development and promotion.
- **Researching current sanitation practices and products**, in terms of supply and demand. On the demand side, this includes establishing people's attitudes and practices, establishing what they do and don't like about the existing situation and what they would most like to change, and what they would be willing to invest for a better sanitation service. On the supply side it means assessing who provides sanitation services locally, what types of services they provide, the size of the various market niches, and the potential to scale up or modify operations to reflect and deliver national policy and/or meet consumer needs better.
- **Researching the motivating factors** which will encourage people to invest in a toilet (this is rarely health – more commonly people speak of privacy, a lack of smells and flies and gaining prestige), along with the critical target groups and most effective means of communication. Based on this information, an effective communications campaign must be developed to promote the purchase and use of appropriate sanitation facilities.
- Finally **developing the right product** based on all the above information is critical. A one-size-fits-all sanitation solution may not exist; different people with different incomes and aspirations in different contexts will want different types of sanitation facilities. Product development can be carried out directly in the public sector or through support to and partnerships with private sector suppliers. Product development is naturally an iterative process, and the piloting of new products before going to scale on communications campaigns is essential.

The final sanitation marketing strategy will thus be based on the current situation to match supply with a stimulated demand. Expertise and experience borrowed from the commercial sector can help to ensure promotion of the right product at the right place and price; their direct engagement on the supply side can contribute realism and sustainability to the product development and marketing. See Selected Publications for more.

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Hygiene Promotion Approaches

Effective hygiene promotion to achieve impact is one of the most complex challenges in the water and sanitation sector

Effective hygiene promotion is more difficult, more time consuming, and less assured of tangible or popular success than construction of drinking water wells, latrines or sewers. On the other hand, better health is more strongly linked to better hygiene than it is to better hardware provision.

A number of hygiene promotion methods and approaches have been developed and tested over the past decade with varying degrees of success. None of these methods are fail-safe, and they all need to be adapted to the context of the country and the objectives of the program. Some of these major hygiene promotion methods are summarized below.

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[The Participatory Hygiene and Sanitation Transformation \(PHAST\)](#)

[Public-Private Partnership for Handwashing \(PPPHW\)](#)

[SANIYA Approach](#)

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The Participatory Hygiene and Sanitation Transformation (PHAST)

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The Participatory Hygiene and Sanitation Transformation (PHAST) approach has the objectives of improving hygiene behaviors to reduce diarrheal disease and encouraging effective community management of water and sanitation services.

The PHAST approach is based on the principle that the participation of communities in their own projects will empower the community and improve its decision making about the services it needs and wants to maintain. As communities gain awareness of their water, sanitation and hygiene situation through participatory activities, they are empowered to develop and carry out their own plans to improve this situation.

PHAST is based on seven steps using participatory tools, from problem identification and analysis to planning and selection of appropriate solutions. These solutions may include both construction and management of new physical facilities as well as adoption of safer individual and collective behavior change.

Some advantages of the PHAST approach:

- **Involving the communities in their project planning and implementation** through participatory techniques can be extremely rewarding for both the community members and community workers (those who guide the communities through the participatory exercises) and have positive outcomes for the projects. The main advantages of using participatory tools is that communities gain confidence and responsibility for their own projects and have a clear say in what they want and do not want.
- **Effective involvement of the community in monitoring and evaluation** can ensure that the services put in place respond to the needs of the community. In addition, such engagement can provide essential direct feedback to change activities as necessary.
- **Training community workers in participatory techniques.** With proper guidance and management, these community workers can be a real asset to the program and the community. These workers are the direct link with the communities and can thus reflect the main issues and obstacles back to the program managers. They can also propose solutions taking the community's desire and dynamics into account.

Some disadvantages of the PHAST approach:

- **Requires in-depth training** of community workers in participatory techniques. On average two weeks are needed for this training to be completed, to be followed up by regular refresher courses. This has budget implications.
- **The identification and selection of the community workers are crucial.** Indeed, the 2 week training does not suffice for the trainees to be ready to use the PHAST approach with the community. It is generally necessary to select experienced community workers to take part in the training. This may lead to several problems:
 - Experienced community workers may not adapt to participatory approaches easily. They will have worked extensively with other techniques which stress: "leadership" and thus may be prone to be directive and not very participatory. Even with the training, they may still feel compelled to use the participatory tools in a directive manner. If the program is serious about the participatory approach,

the community workers must be closely monitored, and corrective action taken if the approach is excessively directive in practice.

- Even in-depth training in PHAST does not always suffice. The PHAST approach requires that community workers have certain character traits: e.g. they must be outgoing, with a good sense of how the community responds to the participatory tools so that immediate adaptations can be made during implementation.
- **Requires an intensive management structure.** This is feasible in smaller “grass-roots” projects but becomes problematic if the aim is to “go to scale” at a programmatic or national level.
- **The PHAST tools are relatively time intensive** in their use. The approach requires that the beneficiary communities are available to go through the participatory exercises; this may be seen as a burden if not properly discussed with the community beforehand.

Analysis of PHAST

PHAST has been implemented in many countries with varying degrees of success. It has not yet been possible to demonstrate the effectiveness of PHAST with respect to hygiene behavior change or a reduction in diarrheal disease. Furthermore, there has been criticism from both PHAST implementers and beneficiaries about the ‘childishness’ of the methods used: too simple methods underestimate the target audience. The facilitators have to be sensitive to each situation and changing environment. Indeed, if the PHAST approach and the participatory tools are not adapted to the community where it is being used, the method has a high risk of being abandoned.

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Public-Private Partnership for Handwashing (PPPHW)

PHAST

PPPHW

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[Some advantages of the PPPHW approach](#)

[Some disadvantages of the PPPHW approach](#)

[Analysis of PPPHW](#)

The Public-Private Partnership for Handwashing (PPPHW) approach aims to raise awareness, to enhance political commitment and resource allocation for hygiene, to offer a route to a coordinated national program, combining them all under one umbrella. PPPHW also uses high-profile and up-to-date methodologies to change the hygiene behavior which consistently demonstrates the greatest potential impact on overall public health; handwashing with soap.

To market handwashing successfully, the following four questions about consumers must be answered:

1. What are the risk practices?
2. Who carries out risk practices?
3. What drivers, habits, and/or environment can change behavior?
4. How do people communicate?



The answers to these questions provide the key elements of consumer research.

Some advantages of the PPPHW approach

Public-private partnerships (PPPs) provide an effective model for handwashing programs because they combine the health objectives of the public sector with the marketing expertise of the private sector.

Some disadvantages of the PPPHW approach

Putting together a country team with the commitment, resources, and skills to set up, support, and run a national handwashing program takes time and effort. Furthermore, public-private partnerships can be slow to build and be even slower to show results: communication between groups with different traditions, aims, and ways of doing business are difficult. Personnel changes frequently require that bridge building be repeated.

Analysis of PPPHW

Identifying the right partners, building a relationship of trust, and then maintaining their involvement and willingness to compromise at high levels, are amongst the most challenging, frustrating, and at the same time rewarding tasks in coordinating PPPHWs to achieve and sustain during the initiative. Peru is an example of a success story.

For the full story, see <http://www.globalhandwashing.org> and the [Handwashing Handbook](#).

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SANIYA Approach

PHAST

PPPHW

SANIYA

[Some advantages of the SANIYA approach](#)

[Some disadvantages of the SANIYA approach](#)

[Analysis of SANIYA](#)

The **Saniya approach** was first developed and tested in Burkina Faso (Saniya means cleanliness in the local language Dioula). The objective of Saniya is to reduce diarrheal disease in children. It was developed as a response to research findings from the town of Bobo Dioulasso that the main causes of high diarrhea incidence were the failure to dispose of children's faeces effectively and the failure of mothers and care takers to wash their hands with soap after contact with feces.

The Saniya approach holds that an effective hygiene promotion program must be based on what people know, what they do and what they want. Hence, a formative research planning approach as shown in the table below is used to answer these questions.

Table: Saniya Approach

KEY QUESTIONS	PROCESS INPUTS	PROGRAMME DESIGN
Which specific practices are placing health at risk?	What people know, do and want	Decide on feasible target practice
Who carries out the high-risk practices?		Identify target audience
Who could motivate these people to adopt safer hygiene practices?	What the hygiene workers know?	Devise effective motivational strategies and messages
How can the program communicate effectively with these groups?		Establish appropriate communication channels and design health promotion materials

This table adapted from 'Hygiene promotion in Burkina Faso and Zimbabwe: New approaches to behavior change' Water and Sanitation Program, Field Note 7, 2002

The results of the formative research are then used to develop and fine-tune the messages for the hygiene communication campaign and to promote them using the appropriate communication channels; in this case radio, theater groups, health staff and teacher training in hygiene promotion and face-to-face domestic visits.

Some important lessons from the formative research were that the aesthetic and social incentives for hygiene amongst the target audience (in this case, mothers with small children) were more powerful than those stressing the need to avoid diarrhea. Hence, messages were built around these ideas.

Some advantages of the SANIYA approach

- **The Saniya approach focuses on promoting a small number of safe hygiene practices.** Safe disposal of children's excreta and washing hands with soap after contact with fecal matter. This focus reduces the number of messages to be promoted which will increase the likelihood of beneficiaries picking up the message and changing behavior, in comparison with attempting to promote a multitude of messages around water and sanitation which often dilutes the impact.
- **The formative research is flexible** and can be easily adapted to different research questions. It provides solutions from interaction with the community while being relatively time efficient.
- The communication campaign is **based on information provided by the beneficiaries**, and the messages developed reflect their priorities and rationale. This participatory approach targets a specific focus group/s.

Although this approach has only been tested in one city, its principles can be applied to work at a larger scale. Most of the mass media activities such as radio and health staff and teacher training are easily taken to scale; other activities like theatre groups and domestic visits will depend on funding and professional staff.

Some disadvantages of the SANIYA approach

- **The formative research requires highly trained and experienced field researchers** who can facilitate delicate discussions on what motivates people's behavior. It may be difficult to find such researchers, and additional training will be needed to improve certain research skills.
- **The approach relies on a mix of different types of promotion** from mass media like radio to house to house visits. Monitoring these activities becomes an important part of the program which needs adequate resources.

Analysis of SANIYA

The Saniya approach has only been implemented in one country so it is difficult to assess its larger impact. However the lessons from this approach have been the basis for the approach in the Public-Private Partnership for Handwashing (PPPHW). The PPPHW has learnt from the media mix used in the Saniya approach and has taken it a step further.

A study on the cost effectiveness of the SANIYA approach used in Burkina Faso has been carried out and results from this study were the following:

1. The percentage of carers who practiced hand washing with soap after cleaning a baby's bottom rose from 13 to 31%; hand washing with soap after latrine use increased from 1 to 17% and safe disposal of children's faeces from 80 to 84%. The conclusion was that 18.5% of mothers had effectively changed their hygiene practices.
2. The cost of the intervention was US\$ 0.65 per head, and an estimated 8,638 cases of diarrhoea, 864 outpatient consultations, 324 hospital referrals and 105 deaths were averted by the program.

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Planning and Financing Hygiene Promotion

This section gives a short overview of the key issues in the planning and financing of a hygiene promotion program. This material has been adapted from information outlined in the documents [Sanitation and Hygiene Promotion: Programming Guidance](#), [A Manual on Hygiene Promotion](#) and [The Handwashing Handbook](#). These documents should be consulted for further detailed information on the planning and financing processes of a hygiene promotion program. See [Selected Publications](#) for links to these manuals.

In the following sections...

[Identify the key objective of the hygiene promotion program](#)

[Finding out what's going on in hygiene](#)

[Building political will - linking hygiene programs to international movements](#)

[Presenting the health costs of poor hygiene vs. the cost of a hygiene promotion program](#)



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Identify the Key Objective

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Identify the Key Objective of the Hygiene Promotion Program

Many water and sanitation programs appear to have a hygiene promotion component just for the sake of having one; hygiene promotion programs may have a number of vague objectives leading to the development and promotion of numerous hygiene messages; this promises little likelihood of changing behavior. The first step for an effective hygiene promotion program is **to identify the key objective**. A situation analysis can be used

1. to understand which hygiene behavior currently constitutes the biggest health risk for the target population and
2. to establish the extent to which the project can address this behavior.

The major risk may, for example, be unsafe disposal of infant feces or lack of handwashing with soap after using the toilet and before eating. In each case, the program will need to target a different behavior.

Focus on a few key behaviors is important; increasing the number of targeted behaviors will weaken the impact of the messages. It is recommended that no more than 2 -3 key behaviors are targeted in a hygiene promotion program.

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Finding Out

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Finding out What's Going on in Hygiene

Formative research, baseline studies, and monitoring and evaluation

One of the main problems in assessing the health impact of previous hygiene promotion programs has been the omission of baseline studies. This has meant that it has been extremely difficult to measure and show impact and this makes it harder for Ministries of Finance and Donors to justify substantial repeat investments in this sub-sector. Today efforts are being made to carry out rigorous baseline studies.

Measuring changes in health status is very challenging. Seasonal and inter-temporal variations in risk factors beyond the control of the project can distort outcomes, while attribution of changes to specific health promotion activities is extremely difficult. For this reason there is an increasing reliance on measuring the adoption of the targeted behavior (handwashing at key times) rather than an impact on the health (such as a reduction in diarrheal disease).

Information on how to carry out a baseline study and monitoring and evaluation can be found in all three documents referenced for this section in [Selected Publications](#).

These are inherently linked into selection of indicators which is yet another challenge.

Consumer research as a sub-set of formative research

Once the key unsafe hygiene behavior has been identified, the development of the hygiene promotion program can begin. In addition to identifying the key hygiene behaviors, research is also needed to understand why people do what they do. For example, if people do not wash their hands with soap after using the toilet there may be one or many reasons including:

- lack of understanding of the link between the fecal-oral route and diarrhea or the importance of soap;
- lack of soap at the household level;
- a religious or cultural belief linked to the use of soap; or
- simply that handwashing with soap after using the toilet was never a habit engrained at childhood.

An understanding of **what drives the current practice** enables the program to address the right obstacles. It is also important to understand **what could motivate** people to adopt a specific practice. Research has shown that telling people to adopt a new behavior for health reasons, such as avoiding the risk of diarrhea, is rarely an effective motivating message. *The driver for adopting a new practice may be unrelated to the objective that the hygiene program intends to achieve.* These are the kind of issues that the baseline should be able to capture: have people even heard about the messages promoting hand washing?

For example, research amongst women in Senegal showed that the driver to adopt the practice of handwashing with soap after the toilet and before eating was to be seen as pretty; having clean hands is seen as a way to be seductive which also gives a sense of pride and reveals a certain status in society. This does not have any direct



relations with the avoidance of diarrhea which may be the hygiene programs primary objective, nevertheless, messages used in the program will be developed and refined using this information.

More information on this type of consumer research can be found in [The Handwashing Handbook](#).

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Building Political Will

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Building Political will - Linking Hygiene Programs to International Movements

Few countries have developed specific strategies on hygiene promotion although there are some countries who are starting to develop such strategies. Because hygiene promotion requires a relatively long commitment in terms of time, it is important to build understanding and political commitment at the highest level.

To achieve this it may be necessary to hold several meetings/workshops to demonstrate how the hygiene promotion program may fit within the Government's own sector development plan. If the country has committed itself to achieving the Millennium Development Goals (MDG's).

It may be worthwhile pointing out how a hygiene promotion program can contribute to achieving the objectives set out in the MDG's (specifically goal number 4: reduce by two thirds the mortality rate among children under 5). [Poverty Reduction Strategies](#) may also be a useful framework within which to promote effective hygiene promotion.

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Presenting Costs

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Presenting the Health Costs of Poor Hygiene vs. the Cost of a Hygiene Promotion Program

In the past two decades, hygiene promotion programs, if present in larger water and sanitation programs, have generally been underfinanced. The bulk of project funds are generally destined for water related infrastructure and to a lesser extent sanitation services and infrastructure. The relatively small funds allocated for hygiene promotion programs has often meant that these programs could not achieve a noticeable impact on behavior.

Recently, through awareness raising and advocacy activities as well as studies on the impact of hygiene promotion programs; the international community is increasingly interested in allocating more funds to hygiene promotion programs. Nevertheless, governments in developing countries may not yet be convinced to spend sizeable budgets on non-infrastructure related activities. It may therefore be useful to present the cost of poor hygiene: the cost is both monetary due to the purchase of medication, trips to the doctor, etc., as well as human in terms of number of work days lost or even death.

It may be worthwhile carrying out a small study on actual health costs incurred by the country due to poor hygiene and demonstrate how these costs can be reduced through preventive measures like access to water and sanitation coupled with a targeted hygiene promotion program, demonstrating the cost-effectiveness of such a program.

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School Sanitation and Hygiene

Schools can provide an arena where sanitation can be shown at its best

Schools provide excellent opportunities to support sanitation and hygiene promotion programs. The curriculum naturally offers opportunities to teach about dirt and disease and what can practically be done to improve health through better sanitation and hygiene. Construction and use of appropriate child friendly sanitary facilities (handwashing stations, soap and toilets) can be especially effective in reducing the incidence of diarrhea.

Schools may be better locations in which to enforce certain behaviors in children than the home. Schools can also provide an arena where sanitation can be shown at its best, and certain positive hygienic behaviors (hand washing with soap before eating and after going to the toilet) can become an engrained habit at a young age.

Nevertheless, hygiene promotion in school cannot rely solely on teaching and enforcing certain habits. Research has shown that children will more willingly change behavior if they are having fun and if they are following their peers. Imitation is one of the most successful forms of learning; hence young children will look to their older brothers and sisters or to older school friends to adopt new behaviors and life skills.



When developing and implementing school sanitation and hygiene programs several key issues need to be kept in mind:

1) School sanitation facilities: The main users of the facilities are children and designs need to be appropriate. This is particularly critical for young children around the age of 4 to 5 who are just starting to use the toilet and will be put off if toilets are too large, dirty or dark.

2) Getting the message right: Schools provide an arena within which to influence children's behavior. Direct hygiene education may have limited effect in triggering behavior change; investigations focused on children's behaviors, attitudes and interests are needed to develop the right hygiene promotion strategy.

3) Coordination: The Ministry of Education sets educational policy and regulates schools, while water and sanitation may be the responsibility of a different ministry. It is important to facilitate collaboration between these ministries, so that resources can be effectively directed at sound and consistent approaches.

4) Linking home with school: Schools are part of the larger community and must be supported by its members. A school water, sanitation and hygiene program will only be effective if it is reinforced and supported within the community, and the homes of the students. Hence, a school sanitation and hygiene program needs to be embedded within the context of a larger community water, sanitation and hygiene program if it is to reach its full potential.

Click here for more on [school sanitation and hygiene](#).

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Gender, Hygiene and Sanitation

Effective sanitation and hygiene promotion pays attention to gender differences and the effects of such differences early on in the process to ensure that different groups are treated equitably. No one should be excluded from hygiene and sanitation services on the basis of their sex, age, disability, socioeconomic, or cultural/ethnic group.

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[Why bother? Advantages of accounting for gender](#)

[What is it? Gender in promotion](#)

[How to do it? Mainstreaming gender into sanitation and hygiene action](#)



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Why bother? Advantages of accounting for gender

Why bother?

[What is it?](#)

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[More sanitation and hygiene projects/programs](#)

[Greater impact on health](#)

[More efficient projects/programs](#)

[Enhanced productivity and income](#)

More sanitation and hygiene projects/programs: In many places, women traditionally manage domestic and community hygiene and the disposal of waste water and solid waste. They are therefore usually more motivated to improve local conditions and practices than men. Giving women a greater voice in technology choices and the menu of management and financing options can help to motivate and support more projects and programs. Experience gained through project participation can also help empower women, especially the most marginalized (e.g., through improvements in literacy/ numeracy or technical skills; and increased local standing). Men can also be helped to understand the benefits of such improvements in relation to their own roles and responsibilities.

Greater impact on health: The adoption of good latrine use, handwashing and other hygiene practices varies by sex, age, class and other characteristics. Messages should be targeted to different user groups in order to achieve a critical mass of good practice adoption.

More efficient projects/programs: There are indications that a participatory and gender-sensitive approach reduces costs of installing sanitation facilities and providing sanitation services.

Enhanced productivity and income: In some programs, women have been trained and employed as latrine masons, health educators and community mobilizers, both alone and with men. This has resulted in income gains for women with earnings under their control, although there have been cases where women were paid less than men for the same work, or expected to work as volunteers. For more on sanitation and livelihoods, see [Further Resources](#).



Last updated: 2007-08-01

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What is it? Gender in Promotion

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Gender affects not only women's and men's roles in water and sanitation, but also how they respond to various promotional efforts. Gender-sensitive formative research should be done before planning a sanitation and hygiene project/program. Such research can establish the conditions and practices of the different groups and their relative health risks, what each group considers important changes or reasons for adoption of sanitation, the approaches that can motivate/keep them from changing these, and the most appropriate communication channels for different messages to different target groups.

Overall program design should consider the full range of "special" groups: female and male headed households, the elderly, the disabled. Their position may affect their capacity to collect materials, buy latrines/latrine parts, dig pits, build outhouses, use toilets, etc

Examples from various stages and elements of promotion are included below.

Design of promotional messages: Messages should be adjusted to different interests and conditions of men and women. Motivating messages to men may be status and responsibility for women's and girls' privacy and safety; hygiene promotion for men may address their responsibilities to contribute financially, to do traditionally-male construction tasks when building toilets through self-help, to use toilets hygienically and clean them after use, and to educate children (especially boys) on good sanitation and hygiene practices.

Explicit inclusion of such messages for men is needed and cannot be left to diffuse from promotion aimed at young mothers or women alone; existing gender norms may simply not allow women and adolescent girls to raise these issues with men, whereas the hygiene promotion program should seek to find a way to identify and address these questions credibly and effectively.



Men and the poor may be more interested in costs and possible cost-reductions; women may be more interested in design and usability by children, and in issues of privacy and convenience.

Social intermediation during implementation: Women and men may differ strongly in preferences as to when it is convenient or possible to attend meetings. Even when convenient, women may not be welcome, may find it hard to attend because of their poor clothing, may not speak up in front of men or influential women, the promoted hygiene practices do not reflect their realities, etc. Separate meetings with poor women and men may improve their participation.

Social marketing: Segregate target groups by gender (not only males and females, but also age, class, religion, etc.) before doing research. Assess what facilities/products/services each group wants, motivating/demotivating factors, perceived vs. actual costs, gendered access to materials, skills, information

Management capacity building: In management capacity building, if the program's aim is to build local capacities for planning and implementing sanitation and hygiene projects/programs, the focus on community organization and capacity building will be greater. Gender balanced institutions (Link) and training then become central. When promoting total sanitation, it is important to ensure that a representative mix of women and men take part in identifying the risks and plan, implement and monitor the changes.

Last updated: 2007-08-01

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How to do it? Mainstreaming gender into sanitation and hygiene action

[Why bother?](#)

[What is it?](#)

How to do it?

Gender cannot be made the exclusive responsibility of a social specialist or team. Project management and staff need to know and agree on the basic approach to gender in the program and work with women and men in a gender-equitable manner. It is important to include this in capacity building, job descriptions and performance assessments.

Mainstreaming gender in hygiene and sanitation will be most effective when mutually-reinforcing efforts are made at various levels. One of the defining characteristics of sanitation and hygiene as a field is the need to address it on a wide range of levels, from individual households to national government. These levels and their characteristics are described elsewhere in this guide ([link](#).)

Gender, like poverty, is an issue that will have to be effectively addressed at EACH level, and not just at the household or community level. Mainstreaming at the different levels involves:

- National government
- Regional/ local government
- Urban government
- Civil Society Organisations/NGOs/CBOs
- Small Scale Private Providers
- Communities
- Intra-household

See [Further Resources](#) for recommended sanitation and gender related publications, and such World Bank site [Gender and Development](#) for more on gender.

Last updated: 2007-07-31

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