

MORE THAN JUST TOILETS

Report on USAID's Response to the Global Sanitation Challenge (submitted in response to FY 2016 explanatory statement accompanying P.L. 114-113 DIV K)

2015

FISCAL YEAR



Overview

Improving sanitation can have a significant impact on health, the economy, and personal security and dignity, especially for women and girls. Investments in sanitation reduce health care costs and boost productivity, as time available for work and school increases.

Despite these compelling benefits, the world did not meet the Millennium Development Goal (MDG) 7c of halving the number of people without access to improved sanitation between 1990 and 2015.¹ The slow progress in sanitation access is related to some daunting challenges. Sanitation is not a glamorous topic, is often overlooked, difficult to discuss, and in many cultures considered taboo. Sanitation generally suffers from a lack of political prioritization, particularly when compared with drinking water.

Women and girls are disproportionately burdened by the lack of access to sanitation. They face risks of sexual and physical violence when they have to travel long distances to sanitation facilities, especially at night; they are prevented from full engagement in school and work due to a lack of proper menstrual hygiene management (MHM) facilities; and despite having primarily responsibility for caring for children and the elderly who have specialized sanitation needs, are often not afforded the opportunity to have a voice in sanitation decisions either at the household or sectoral level.

USAID's efforts to address sanitation inequalities and access issues focus on sustainably improving sanitation services beyond just the provision of latrines. Sanitation is closely linked to issues of safe drinking water and hygiene, and USAID's programs and funding for sanitation activities are bundled together under the water, sanitation and hygiene (WASH) key issue.

Global Sanitation: Key Facts

2.4 Billion – People still lacking access to basic sanitation, globally.

1 Billion – People still lacking any sanitation facility, and instead practice open defecation.

\$5 - Estimated economic gain for every \$1 spent on improved sanitation.

Sources: UNICEF/WHO; World Bank – Water and Sanitation Programme

Benefits of Basic Sanitation

Health Benefits

Investments in sanitation can play a critical role in the reduction of diarrheal disease, which remains the second leading cause of death for children globally. In 2012, diarrhea accounted for nine percent of under-five child deaths globally, or about 600,000 deaths annually (UNICEF, 2014). As shown in the F Diagram, adequate sanitation is a primary protective barrier to fecal-oral disease transmission (Figure 1). Proven sanitation interventions can reduce the incidence of diarrhea by 30 to 40 percent (Cairncross et al., 2010). Poor sanitation is

also linked to early childhood stunting and delayed mental and physical development, which can have significant lifelong effects (Merchant et al., 2003).

Economic Benefits

Sanitation has a substantial impact on local and national economies through its effects on productivity and healthcare costs due to sickness and premature deaths, costs of water treatment from polluted water resources, and loss of tourism due to inadequate sanitation facilities. Globally, the cost of inadequate sanitation is more than \$260 billion per year (WSP, 2013). On average, investment in sanitation yields economic benefits of more than \$5 for every \$1 invested (WSP, 2013). Sanitation is also one of the most cost-effective interventions available, estimated at about \$11/DALY (Disability Adjusted Life Year), which is three to five times less expensive than health interventions for diseases such as malaria, HIV/AIDS, and tuberculosis (Jamison et al., 2006).

Gender and Safety Benefits

Sanitation is also strongly linked with social measures such as dignity, security and equity, which are difficult to quantify in monetary terms. For instance, the presence of safe and adequate school sanitation is strongly linked to continued school attendance for girls, particularly as they reach puberty and menstrual hygiene management becomes important. Improved sanitation is strongly associated with increasing personal security and decreasing violence, especially for the vulnerable women, children and girls who are forced to travel long distances or to unsecure areas to urinate or defecate.

The full benefits of improvements in access to sanitation cannot be realized without good hygiene. Of the range of hygiene behaviors considered important for health, handwashing with soap was identified as a top priority in all settings. Menstrual hygiene management was also identified as a priority for improving the health, welfare and dignity of women and girls (WHO/UNICEF, 2015a).

Challenges to Sanitation Improvements

Sanitation combines the most private human behaviors with the most public of impacts. Even just one person defecating in the open can have profound negative health impacts on an entire community. Progress in sanitation will therefore require both individual and collective action, but progress is hampered by tough challenges.

Sanitation is not a glamorous topic, is often overlooked, difficult to discuss, and in many cultures considered taboo. This issue also suffers from a lack of political prioritization, particularly when compared with water. The weak demand for sanitation extends from the ministerial level to individuals and households, where other basic services are typically prioritized above sanitation.

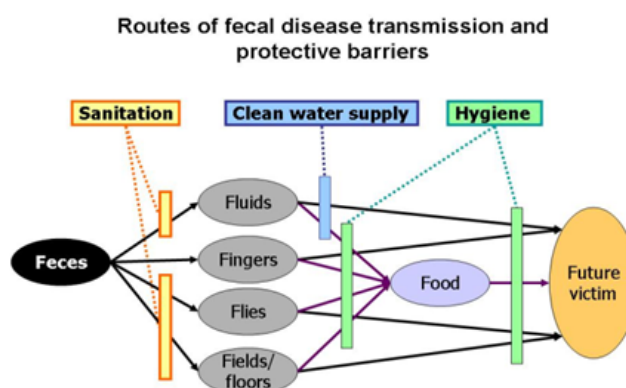


Figure 1: The F Diagram. Sanitation is the primary protective barrier to fecal transmission.

In addition, the roles and responsibilities for sanitation are commonly unclear and often spread among several institutions and ministries, making coordination and accountability difficult. Sanitation improvements demand a diverse set of skills and experience encompassing engineering and infrastructure, private sector engagement, institution building, and behavior change, which are often lacking in targeted countries.

Progress in sanitation coverage is also slowed by the popular desire for flush toilets and expensive, difficult to build and maintain, sewer systems, which are often out of reach of many countries due to financial, technical and capacity shortages. The Bill and Melinda Gates Foundation has helped to emphasize the need to consider an array of sanitation solutions, referred to as fecal sludge management solutions, which offer decentralized sanitation systems as a plausible alternative to traditional sewer systems.

Sanitation Approaches and Programs

The Sustainable Development Goals

Under the Sustainable Development Goals, Target 6, the global community has made a renewed commitment by 2030 to ensure access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. To date global monitoring has focused on access to drinking water, sanitation and hygiene at the household level. While household access remains the primary concern, an international expert panel recommended that future monitoring should also prioritize institutional settings, including schools, health care facilities and workplaces, where lack of access to WASH significantly impacts on the health, welfare and productivity of populations (WHO/UNICEF, 2015b).

USAID Approach

Sanitation is a top priority for the global WASH community and USAID. Strategic Objective I of the Agency's **Water and Development Strategy** seeks to *improve health outcomes through the provision of sustainable water supply, sanitation and hygiene (WASH)*. The Strategy includes sanitation improvements as critical to achieving overall objectives of saving lives and advancing development through improvements in health.

The Senator Paul Simon Water for the Poor Act of 2014, which serves as guiding legislation for USAID water programming, sets principles for WASH projects to achieve maximum impact by focusing on priority countries and emphasizes that resources go to those that are in most need of WASH programming.



Figure 2: Effective and sustainable sanitation requires an approach that considers the entire continuum of sanitation services, from initial containment through final reuse and/or disposal, referred to as the sanitation service chain.

Recognizing that sanitation is more than just the provision of toilets, USAID focuses on the entire **sanitation service chain**, from demand creation to proper treatment, and safe disposal and/or reuse (Figure 2).

Safe disposal of excreta is vital to reducing the pathogens in the environment and protecting human health. While facilitating access to and correct use of basic sanitation is a critical first step in separating humans from feces, the management of this waste after containment is also important.

Through a systematic approach that considers behavior change, institutional development, and commercial orientation, USAID is striving for sanitation improvements that can scale. The Agency also

identifies approaches that work within a partner country's local context and deliver results that will last beyond USAID's initial investments.

Addressing Inequalities

Many of the traditional national and sub-national indicators of access to sanitation are good proxy indicators for progress, but they can mask inequalities in access to sanitation services in almost every country based on geography, politics, between social groups, and between the rich and poor. To ensure that USAID is reaching populations with the greatest need for improved sanitation, poverty and gender considerations are included in all levels of sanitation program design and implementation. Also, programs should support the needs of infants, the disabled and mobility challenged.

Best Practices in Sanitation Programming

Each USAID mission program is designed for a specific country context, but common elements include strengthening the enabling environment and ensuring sustainable sanitation services through the deployment of improved sanitation software (capacity building, institutional support, financial resources) and infrastructure, or sanitation hardware (toilets, sewers, sanitation components).

Sanitation Enabling Environment

The enabling environment refers to the surrounding influences and conditions that affect sanitation such as social norms and practices, policy and regulatory instruments, economic conditions. A strong enabling environment in sanitation requires equitable policies, adequate resources, supportive social norms, and good governance, including strong management and accountability. Typical enabling environment activities focus on supporting strong leadership, institutions, and civil society to make sanitation both a private and public issue.

Examples from the Field:

Indonesia Urban WASH Program

The Indonesia Urban WASH Program (IUWASH) seeks to provide sustainable water and sanitation services to the poor in over 50 cities across Indonesia. IUWASH is a five-year \$38 million program (of which 57 percent is dedicated for sanitation). Specifically, IUWASH has worked with local and national stakeholders to develop an urban sanitation framework for the provision of sanitation service. The framework includes behavior change, institutional development, and sanitation solutions outside of centralized sewerage for urban areas. To date IUWASH has helped 10 municipal city authorities to adapt this framework, reaching over 250,000 people with improved sanitation. For additional information, visit <http://iuwash.or.id>.

Sanitation Software

Evidence shows that it is better to invest in market-driven solutions for sanitation than traditional top-down, supply-driven or highly subsidized sanitation projects focused only on infrastructure or the construction of latrines. Examples of market-driven approaches include product development, behavior change activities to reduce open defecation, or marketing of improved sanitation facilities to households. Demand generation is a key component of achieving sanitation access, and requires behavior, social and cultural changes at the community level. Demand-led at-scale approaches such as Community-Led Total Sanitation (CLTS) and Sanitation Marketing (SanMark) have focused on pride, shame, status and disgust to stop open defecation.²

Examples from the Field:

Ghana Water, Sanitation, and Hygiene Program

In 2015, Ghana launched WASH for Health Project (WASH4Health). This five-year \$18 million program builds upon the lessons and successes of preceding WASH efforts to implement at-scale WASH improvements in rural areas. Sanitation improvements will focus on delivery of CLTS, sanitation marketing, school WASH and governance improvements at the district level. The project is targeting 20 districts with 50,000 people gaining improved sanitation and 640 open defecation free communities.

Sanitation Hardware

In order to enable adoption of improved sanitation behaviors, there must be an adequate supply of appropriate infrastructure, products and services. Hardware, or infrastructure, includes both the latrine and the facilities and services that safely and effectively manage the fecal waste through the entire sanitation service chain. Effective and sustainable supply activities should focus on strong private sector engagement and facilitate a robust market of sanitation products and services. Activities can include working with the private sector to improve supply chains, quality of services, redesigning products to be more aspirational and affordable, and leveraging financial schemes such as village savings and loans, conditional cash transfer and microfinance to increase purchasing power and reduce the need for subsidies.

Examples from the Field:

West Africa Sanitation Service Delivery Program

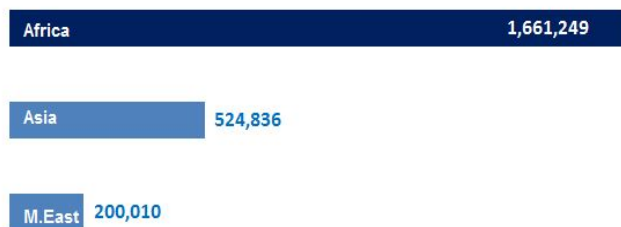
USAID/West Africa’s Sanitation Service Delivery (SSD) Program seeks to dramatically scale-up sanitation services delivery through market-based approaches that strategically complement the recent policy shifts and massive demand generation efforts in West Africa. The SSD program will develop, test, and scale market-based models, reaching all segments of the unserved population, to achieve and sustain an improved level of sanitation service over time. SSD targets include reaching at least 1,000,000 people with improved sanitation and safely managed fecal waste by 2018 in Ghana, Cote d’Ivoire and Benin. For additional information, visit <https://www.usaid.gov/west-africa-regional/fact-sheets/sanitation-service-delivery-ssd>.

USAID Sanitation Program Results for FY 2015

USAID’s Water and Development Strategy has set a 5-year target of reaching 6 million people by 2018 with basic access to sustainable sanitation services. At the end of FY 2015, over 4.2 million beneficiaries have been reached as a result of USG assistance.

In FY 2015, USAID exceeded the target of 2,087,731 people gaining access to improved sanitation, with a result of 2,386,095 people reached.³

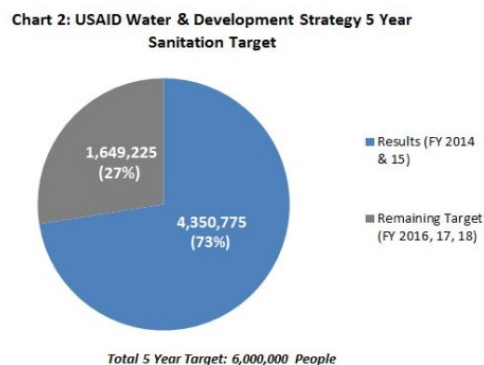
Chart 1: Number of People Gaining Access to Basic Sanitation Facility by Region (FY 2015)



Total: 2,386,095 people

Chart 1 shows the number of people gaining access to basic sanitation facilities by region, with 70% of beneficiaries located in sub-Saharan Africa.

The countries with the greatest number of people gaining access to improved sanitation Kenya, Mali, DR Congo, the Jordan, India, Indonesia and the Philippines, and centrally-funded programs for the West Africa region. For country level data on beneficiaries reach, please see Annex A. Chart 2 shows how these results contribute to USAID’s overall goal to reach six million people with improved sanitation by 2018 under the Water and Development Strategy.



Funding Levels

As many sanitation programs are embedded as elements of larger WASH programs, it is not currently possible to report the amount of funding spent specifically on sanitation. The total WASH spend for the latest available fiscal year, FY 2014 was \$352.1 million. The total estimated WASH spend from FY 2015 will be available by the end of February 2016. Going forward, Missions will be required to indicate sanitation specific funding levels in their operational plans.

Future Plans and Approaches for USAID Sanitation Programs

USAID is on track to meet or exceed the Water and Development Strategy’s sanitation target of six million people with sustainable sanitation services. In FY 2016, USAID will continue to implement new and existing sanitation programs, designed to utilize best practices for equity and inclusivity. Chart 3 details some of USAID’s major and current Sanitation multi-year programs across priority countries and regions.

Chart 3: Major USAID Sanitation Programs



New programming will include ways for women to be more involved in the design, implementation, operation and use of sanitation services along the sanitation service delivery chain. Special attention will

be given to menstrual hygiene management to encourage girl's attendance in schools and to protect women's dignity.

Missions will be required to improve their reporting on gender disaggregation for WASH beneficiaries reached to help better measure the impact of USAID's programs on women and girls.

Annex A. FY 2015 Country level results for people gaining access to basic sanitation facilities

USAID Bureau	USAID Mission	Number of people gaining access to basic sanitation facilities
Africa	Kenya	366,302
Africa	Mali	365,170
Africa	USAID West Africa Regional	343,035
Africa	Democratic Republic of Congo	332,854
Middle East	Jordan	196,860
Asia	India	151,547
Asia	Indonesia	141,556
Asia	Philippines	133,681
Africa	Madagascar	81,297
Asia	Bangladesh	70,352
Africa	South Sudan	41,275
Africa	Zambia	39,609
Asia	USAID Regional Development Mission-Asia (RDM/A)	27,700
Africa	Senegal	23,038
Africa	USAID Sahel Regional Program	22,896
Africa	Mozambique	15,708
Africa	USAID Southern Africa Regional	13,979
Africa	Ethiopia	5,748
Africa	Tanzania	4,107
Africa	Ghana	3,318
Middle East	West Bank and Gaza	3,150
Africa	Angola	2,913

Annex B. References

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Endnotes

¹ The MDGs used the term “improved” to describe what is now known as “basic” sanitation. A basic sanitation facility, defined according to the WHO/UNICEF Joint Monitoring Programme (JMP), is one that hygienically separates human excreta from human contact and includes: flush or pour/flush facility connected to a piped sewer system; a septic system or a pit latrine; pit latrines with a slab; composting toilets; or ventilated improved pit latrines. All other sanitation facilities do not meet the definition of “basic” and are considered “unimproved,” including: flush or pour/flush toilets without a sewer connection; pit latrines without slab/open pit; bucket latrines; or hanging toilets/latrines. Households that use a facility shared with other households are also not counted as using a basic sanitation facility.

² **Community Led Total Sanitation (CLTS)** is an innovative methodology for mobilizing communities to completely eliminate open defecation. <http://www.communityledtotalsanitation.org/resources>

Sanitation marketing is a market-based approach to increase the availability and use of improved sanitation products and services (e.g., durable & hygienic latrines, safe pit emptying services) using commercial marketing, market development and market facilitation techniques. <http://www.sanitationmarketing.com/resources>.

³ Based on data pulled from FACTS Info on January 8, 2016. For country-level data on beneficiaries reached, please see Annex A.