



Water and Sanitation Program

An international partnership to help the poor gain sustained access to improved water supply and sanitation services

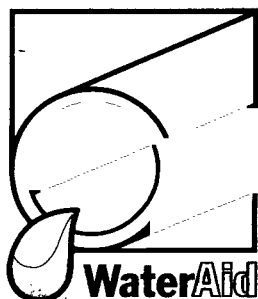
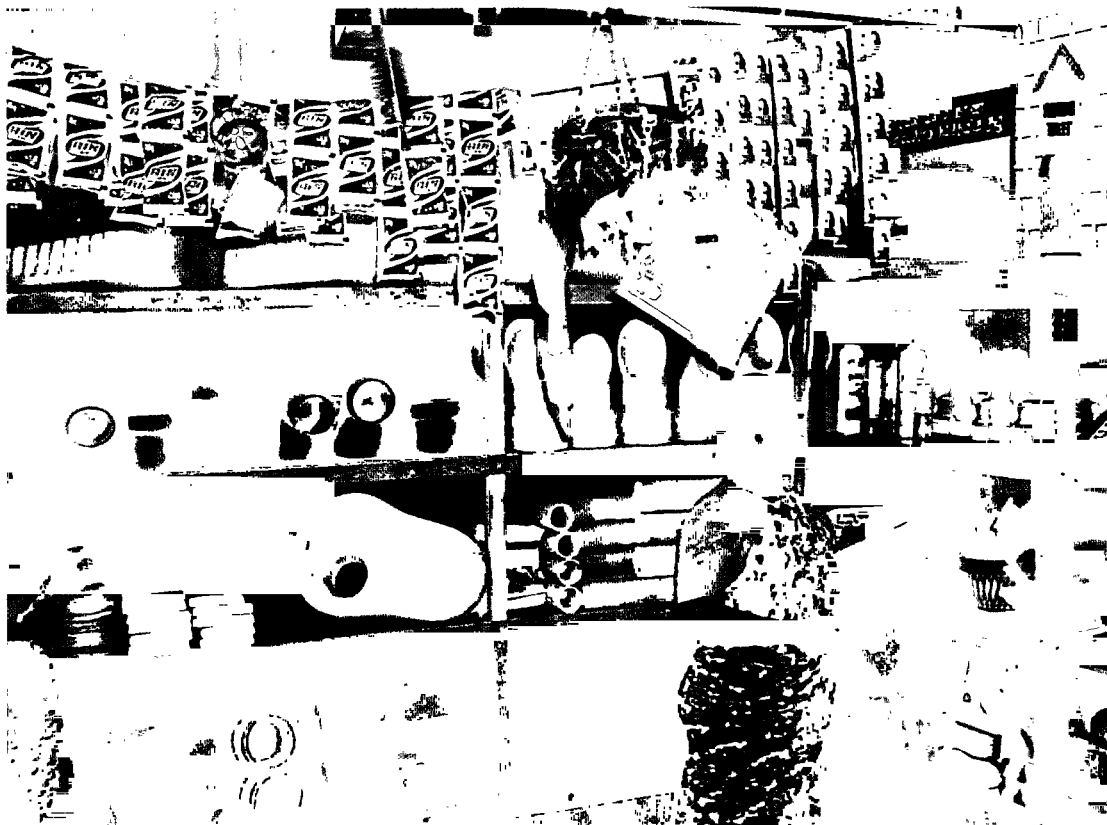
Marketing Sanitation in Rural India

South Asia Region

SUMMARY

WaterAid-India's rural sanitation program was making slow progress in 1995-96. A lack of demand from households meant that partner NGOs had constructed only 460 out of 1,100 latrines planned for the 12-month period. WaterAid-India decided that it was time to reformulate its strategy and focus on marketing sanitation. As a result of this change in approach, by the first six months of 1997-98, partner NGOs had achieved a dramatic turnaround in demand and constructed 5,000 latrines but were still unable to meet the spiraling demand from rural households in their project areas.

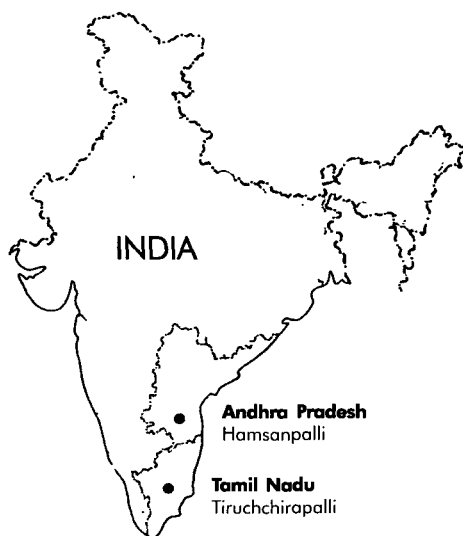
This case study examines how WaterAid-India stimulated the demand for sanitation through social marketing and hygiene promotion.



✧ In India, the Water and Sanitation Program–South Asia is working towards the adoption of significant institutional and financial reforms, in order to ensure that the poor are explicitly recognized as valid customers and that they have increased access to self-sustained water and sanitation systems, across the country. The Program generates and disseminates knowledge in the sector through workshops, study tours, studies and documenting innovative experiences.

This case study, written by the Water and Sanitation Program–South Asia, indicates the importance of effective social marketing and hygiene promotion in getting people to invest in sanitation improvements. It is based on the experience of WaterAid, an independent charity working with people in 13 main countries in Africa and Asia, to improve their quality of life through lasting improvements to water, sanitation and hygiene, using local skills and practical technologies. In India, WaterAid supports integrated water, sanitation and hygiene promotion projects with NGO partners in

Case Study Locations



certain parts of the southern and central States. An estimated 1,000,000 people in rural India could potentially be benefited by WaterAid-India's project activities through projects with around 100 local partner NGOs.

A latrine provides the 'primary barrier' against the spread of fecal matter, the source of most diarrhoeal pathogens, in the environment. This barrier is easily breached by a dirty latrine or if hand-washing after use does not become normal practice.

Source: DFID (1998)

INDIA FACT FILE

BASIC INDICATORS

Total population

982,223,000

Population under-5

115,615,000

MORTALITY

Under-5 mortality rate

105 (per 1,000 live births)

Annual no. of under-5 deaths

2,590,000

WATER AND SANITATION

% of rural population with access to safe water: 79

% of rural population with access to safe sanitation: 14

Source: <http://www.unicef.org/statis>

Hygiene and Sanitation in Rural India

✧ Personal hygiene includes behavior such as hand-washing with soap or ash after defecation and before contact with food, but at a wider level includes safe water collection, storage and handling. There are many possible definitions for sanitation. According to DFID (1998), sanitation refers to safe management of human excreta and includes both the "hardware" (for example, latrines) and the "software" (for example, hygiene promotion) needed to reduce fecal-oral disease. Environmental sanitation is a broader term, which encompasses excreta disposal, solid waste management, wastewater disposal, vector control and drainage, in addition to the activities covered by the definition of sanitation.

Sanitation coverage is usually defined in terms of the percentage of households having access to a sanitary latrine. In India, despite concerted attempts by the central Government, total sanitation coverage stands at 14 per cent of rural households. However, research shows that many of these latrines are not being used for their intended purpose.

✧ Hand-washing with soap and water after contact with fecal material can reduce diarrhoeal disease by 35 per cent or more.

✧ Using a pit latrine and disposing of children's feces in it can reduce diarrhoea incidence by 36 per cent or more.

Source: Esrey et al. 1990

Obstacles to Progress

✧ In 1996, WaterAid-India identified two major obstacles to increasing sanitation in rural India:

- ✧ lack of demand – people do not see the need or feel a desire for sanitation; and

- ✧ the Government's promotion of a single high specification design with a high construction subsidy.

To tackle these problems, WaterAid-India and its partners developed an approach focused on demand creation, social marketing, providing access to credit and developing a reliable supply of sanitation goods and services.

Demand Creation through Hygiene Promotion

✧ Many hygiene education programs focus on passing on health messages in the hope that just because people know about disease and the cause of disease, they will do something about it. As WaterAid's understanding of the subject developed through experience, it decided that education alone was clearly not enough. WaterAid-India and its partners decided to move to health promotion which is defined by Curtis and Kanki (1998) as a planned approach to preventing diarrhoeal disease through the

widespread adoption of safe hygiene practices. This move from hygiene education to hygiene promotion required the following steps:

- ✧ identifying what the hygiene behavior problems were;

- ✧ identifying behavior that brings about the greatest improved health return, for example, life-saving behavior such as hand-washing after defecation and before contact with food;

- ✧ developing key messages that discourage poor practices and encourage good practices;

- ✧ developing effective techniques of delivering these messages to the right target audience;

- ✧ supporting these key messages with social and structural changes, for example, promoting latrine construction

CASE STUDY

A Convinced Child; A Committed Advocate



The Society for Community Organization and People's Education (SCOPE) generates demand faster and provides greater latrine coverage in villages with a school health education program compared to villages where there is no such program in the local village school.

SCOPE runs school health programs in 30 village schools in Tamil Nadu State and has plans to extend this to another 20 schools by the end of 2000. Their experience has been that "a convinced child is a committed advocate" of improved sanitation behavior. The impact of the school hygiene education program is not limited to the school children, but affects the wider community as well, because children influence the hygiene behavior of their families, peers and neighbors.

Mahalaxmi, a 10-year-old student in the fifth grade, tried to convince her parents to construct a latrine after learning about the fecal-oral transmission route at school. Surprisingly, her mother was the hardest to convince out of her whole family. But once she had the support of her older brothers, the family decided to construct a latrine. Now the whole family has changed from their previous practice of open defecation in the fields and uses the family latrine.

in schools to reinforce the use of latrines by school children (see *Case Study 1*);

▣ promoting the use of existing latrines for their intended purpose; and

▣ drawing on the lessons learned to continually innovate and develop the program, for example, an evaluation showed that in one particular area with 100 per cent latrine coverage, only 37 per cent of men were using household latrines. This prompted the development of a more gender-balanced approach to group formation and health promotion.

In addition, WaterAid-India provided the necessary resources, in terms of staff, skills and funding, to NGO partner staff to implement hygiene promotion activities.

WaterAid-India also believes that it is very important to motivate people to change poor hygiene practices by providing the proper incentives and products. This can be done through marketing the "non-health" benefits of sanitation and providing products across a range of prices.



CASE STUDY 2

Creating Demand by Highlighting the Benefits of Sanitation

Research in Environment, Education and Development Society (REEDS), an NGO working in the Mahabubnagar district in Andhra Pradesh, started receiving support from WaterAid-India in May 1997.

REEDS appointed female health workers to work in six villages in the district. These health workers identified the hygiene behavior problems and disseminated key messages to their target groups to discourage poor practices and encourage good practices. They also assisted the women in these villages to organize themselves into self-help groups. Two women from each of these self-help groups represented the group at a village-level network of self-help groups. In turn, two representatives from the village-level network shared information about the development activities in the village, including the problems and solutions with a cluster of villages, grouped together both for development and revenue purposes, called a *Mandal*. This *Mandal* network provided a forum from which to disseminate key life-saving messages from professionals, for example, doctors, community health supervisors, midwives, etc. These messages filtered down to the village-level networks and further down to self-help group level.

In a village called Hamsanpalli, it appeared that the diarrhoeal disease incidence fell drastically after latrine construction. This information filtered through to neighboring villages after it was shared at *Mandal* level and people from these villages started coming to see the latrines for themselves. Many of these people also saw the privacy, convenience and the status that a latrine provided to a household. This created a demand for latrines in these villages, and REEDS, with WaterAid-India's assistance, linked villagers to the Government low-cost latrine program. Of these neighboring villages, Chowderpalli now has almost 50 per cent coverage and Limganpallithanda, where work has just started, has approximately 14 per cent coverage. There were previously no latrines in either of these villages.

Social Marketing

Partner NGO staff and WaterAid-India decided to borrow from commercial marketing strategies to increase latrine uptake among rural households. This involved giving careful consideration to and making use of the "four Ps" of marketing – product, price, place and promotion.

Product

The product is a low-cost pour flush pit latrine using material such as ferro-cement, mud brick and prefabricated wall panels.

Price

A series of latrine designs across a range of prices, all of which are cheaper than the high specification model promoted by the centrally sponsored rural sanitation program.

Place

Latrine models were put on permanent display at locally accessible technology/

production centers. Small non-profit independent retail operations were also set up to take orders for latrines from customers and promote other sanitation goods (see Case Study 3). Working latrine models were also constructed and used by village health motivators to demonstrate that the technology was simple and was not dirty and smelly as some people imagined.

Promotion

WaterAid-India actively promoted the non-health benefits of owning a household latrine:

▣ **Privacy** - lack of privacy during open defecation is a major issue for women. A household latrine means that women do not have to wait for certain times of day, for example, dawn or dusk, to relieve themselves; this also has health implications;

▣ **Convenience** - latrines can be constructed next to the house, which is closer than traditional open defecation areas. Latrines can also be built with bath extension, increasing their utility for women;

▣ **Safety** - encounters with snakes, insects, vehicles and vegetation are common. Examples include the death of a 12-year-old girl from snakebite and a 48-year-old man killed by a bus while defecating by the roadside;

▣ **Status/Prestige** - a household latrine is a symbol of progress and material wealth. WaterAid-India has anecdotal evidence from its project areas to show that if the poorest households can be motivated to construct household latrines, the more affluent households follow suit;

▣ **Cost savings** - the recurring cost to treat consistent poor health is a considerable drain on household resources. A latrine is a one-off cost that is offset, in the longer term, by the cost savings on health bills; and

▣ **Income generation** - a latrine can be built with a bath extension and the wastewater from bathing can be used to generate income from kitchen gardens. In one village, several women used the extra income to pay off the latrine construction loan to the village self-help group.

Other promotion activities included putting up billboards, painting promotional messages on the walls of houses and the use of a "sanitation roadshow" — health workers touring local villages in a bullock cart delivering hygiene messages and selling sanitary wares.



Income-generation from kitchen gardens using wastewater from bath extensions to latrines.

COST TO WATERAID -INDIA OF A SINGLE LATRINE

Item	Cost (Rs) ¹
Construction subsidy	up to 650
Hygiene promotion	516
Marketing overheads and others	645
Total cost	1,811

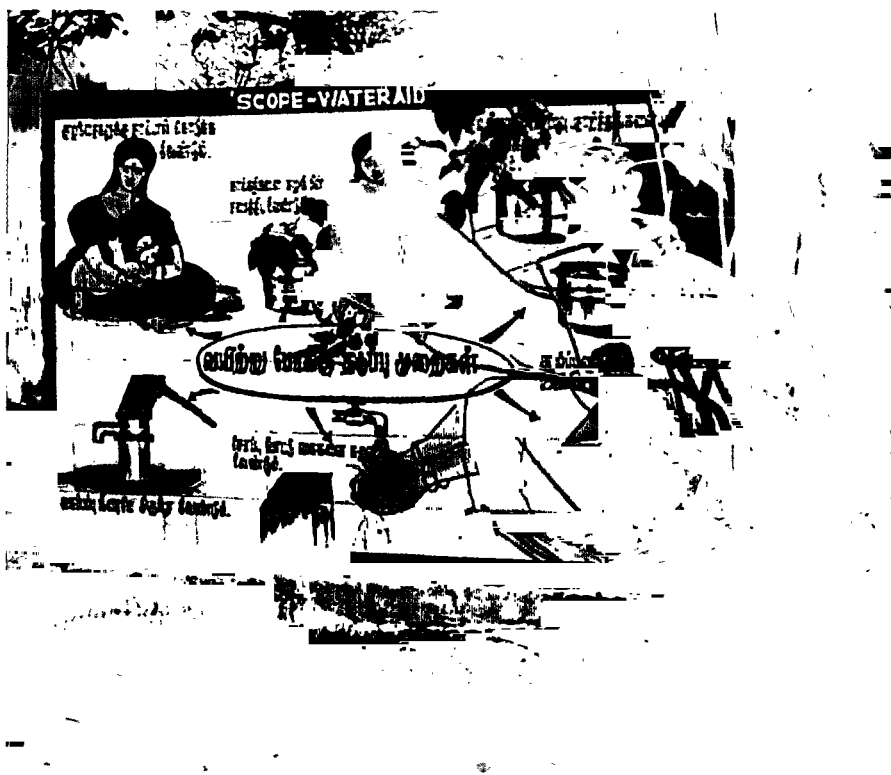
¹ US \$1 = Rs 43

Providing Access to Credit

There is a wide range in the ability to pay for a sanitary latrine even among the rural poor. WaterAid-India believes that a flat rate subsidy is inappropriate as it fails to differentiate between rich and poor households. It tries to target the largest subsidy at the poorest households, that is, those that have the least ability to pay for a latrine. In contrast, until April 1999, the Government low-cost rural sanitation program offered a very high level of fixed rate subsidy. Experience showed, however, that latrines constructed with high levels of subsidy, as the main motivating force, are often unused, converted to other purposes or neglected.

WaterAid's partner NGOs work through village-level self-help groups, who are in the best position to know the financial status of individual households, to provide support (through a mixture of variable rate subsidies and microcredit schemes) to supplement household contributions for latrine construction. In most cases, households utilize support for construction to plinth level (that is, for the slab, pan, pit and pit lining).

WaterAid aims to implement future



A billboard with hygiene promotion messages.

sanitation projects with zero subsidy; however, it recognizes that some financial support is needed in the initial stages to ensure demand is realized and latrines are constructed to an adequate standard.

Hygiene promotion activities enjoy economies of scale, therefore this line item

can often be reduced. Microcredit loans (with low interest) can also assist householders with some of the costs. Typically, the cost of a latrine and a bath extension (using hollow bricks) will total Rs1,500, of which the household contribution is Rs 100.

WaterAid-India Program Expenditure Breakdown

Year	Total Program Budget (in \$)	Water	% of budget			Total	Number of latrines constructed
			Sanitation	Health promotion	Marketing and others		
1995-96	528,000	82	50	3	10	100	460
1996-97	738,000	67	11	8	14	100	1,710
1997-98	787,000	50	16	15	19	100	7,165
1998-99	1,040,000	40	20	21	19	100	9,793
Total	3,093,000						19,098

Developing Supply Chains

✧ The effective and reliable supply of a range of goods and services from manufacturers, retailers and skilled artisans and masons are vital in the rural water and sanitation sector.

These goods and services reach the customer through a chain of suppliers. Payments, in whatever form, travel along the supply chain in the opposite direction.

WaterAid-India has supported partner NGOs over the last four years to build a very successful supply chain of raw material providers, small-scale production centers, retailers and skilled masons based on the UNICEF model of Rural Sanitation Marts. These marts are a non-profit independent retail operation that work in conjunction with a nearby production center.

Prices are very competitive compared to the rest of the sanitation goods and services market and the marts also provide customers with credit facilities.

The marts also actively promote other hygiene behavior change by marketing a wide range of complementary products such as soap, toothpaste, and other cleaning materials.

The supply chain is particularly successful because the economic and social benefits including employment, skill generation and income, revolve in the target community. The community interest in maintaining a reliable chain of supplies sustains the program.

For more information, contact the WSP-led global supply chain initiative that aims to determine the nature of private sector delivery of goods and services in RWSS.

CASE STUDY 3

Supply Chains for Rural Sanitation Projects

The Society for Education, Village Action and Improvement (SEVAI) has created reliable links between suppliers of raw materials, production centers, sanitary marts, masons and householders in its project area close to Tiruchchirapalli in Tamil Nadu.

Rural Technology Center (RTC)

The SEVAI Rural Technology Center is a local center of excellence for design, training and production of sanitation materials. Notable features include:

- ✧ procurement of raw materials from local suppliers;
- ✧ production center employing locally trained masons, some of whom are women;
- ✧ a display of 10 low-cost latrine designs ranging from Rs 750* to Rs 2,300, including installation and transportation costs. People view the models and place their order at the nearby rural sanitation mart; and
- ✧ a fully equipped training facility that is used by WaterAid-India and other NGOs.

Rural Sanitation Mart (RSM)

SEVAI also operates small retail outlets that take orders for latrines, that are passed onto the technology/production center, and sell consumable materials needed in the construction of latrines or other sanitation facilities. Materials are procured in bulk rates and sold cheaper than other retail outlets. But these marts are not a subsidized service; they recover all their costs and make a small profit to ensure their sustainability.

Example Costs

	RSM	Other suppliers
Ceramic pan with attached footrest and waterseal	Rs 275	Rs 325
Ceramic pan with separate footrests and waterseal	Rs 175	Rs 210

Total turnover and profit of SEVAI RTC and RSM

Total turnover from Dec 1996 to Dec 1999	Rs 8,148,000
Total profit as on Dec 1999	Rs 622,000

* US \$1 = Rs 43



Safe water handling by school children.

Conclusions

WaterAid-India was successful in increasing demand for latrines among rural householders because it has:

- ▣ created an awareness of the cost-effectiveness of a one-time capital investment cost of constructing a latrine against the recurrent cost of water and sanitation-related diseases;
- ▣ allocated substantial resources in terms of funds, staff and training into hygiene promotion and marketing sanitation;
- ▣ realized that knowledge of the cause of disease does not necessarily cause people to change their behavior and adopt better hygiene practices;
- ▣ stimulated demand among target communities by marketing the "non-health" benefits of sanitation;
- ▣ developed a range of latrine designs

References

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and options to match household demand;

- ▣ installed demonstration models at production centers to show the simplicity and ease of construction;

- ▣ provided householders with access to credit for construction of latrines; and
- ▣ built up reliable and effective links between suppliers, manufacturers and consumers.

Lessons for Other Projects

- ▣ Reduce and redirect subsidy from construction to hygiene promotion and marketing sanitation.

- ▣ Motivate target communities to install latrines by marketing the non-health benefits of sanitation.

- ▣ Provide users with a range of options rather than a single high price model for latrines.

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Other Publications in this Sanitation and Hygiene Promotion Series:

2. New Approaches to Promoting Sanitation in Rural Bangladesh
3. Bringing Hygiene Promotion Up-to-date

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