

The International Year of Sanitation offers a unique opportunity to really tackle a global crisis and save lives, says **Antony Robbins**.



Everyone knows what it's like being caught short with no toilet in sight. While this may be out of the ordinary for many *Developments* readers, it is the daily reality for millions of people.

In fact it's much worse than that. Sanitation is vital for human health – contributes to dignity and social development – yet over half the population of developing countries have no access to any form of basic sanitation. That's over two-fifths of the world's population, including 980 million children.

For these people daily life must involve open defecation in unsanitary and unsafe conditions. In some African slums sanitation amounts to the flying toilet – a plastic bag you defecate into and then throw into ditches, rubbish piles or simply fling as far away as physically possible. And so deadly germs are spread. Human waste contaminates drinking water, and open sewers are a breeding ground for malarial mosquitoes and a wealth of water-borne diseases.

Last year's *Human Development Report*, published by the United Nations Development Programme, pinpointed unsafe water and inadequate sanitation as "two of the great drivers of poverty and inequality". The same report looked at conditions in the Kenyan slum of Kibera, now immortalised in the movie *The Constant Gardener*. Two in every three people in the slum said the flying toilet was their primary means of human waste disposal. Anyone who's ever been to a place like Kibera will witness to the noxious smell of open sewers and the repellent sight of flying toilets, which seem to be everywhere.

The results are plain: children suffering and dying from diarrhoea, typhoid, skin

# no excuses



► diseases, malaria... the list goes on. It's hard for people to clean themselves, their clothes and their cooking utensils, so the vicious cycle of infection and illness deepens. This is a pattern that's repeated across the globe. The result? Every day 5,000 children die a lingering, painful death as a result of diarrhoeal disease.

If six jumbo jets carrying children crashed on the same day, no one would be able to ignore the headlines. And these are the numbers we are talking about. But sanitation simply doesn't make headlines. It's a silent, stealthy killer and a dirty, unseemly business often ignored by governments and donors – rarely if ever a topic for conversation in polite society.

And this is at the heart of the problem. Embarrassment and ignorance combine to obstruct the change of behaviour which is as necessary as clean water and working toilets. Washing hands with soap and water, for instance, can reduce diarrhoeal diseases by over 40%. Mahatma Gandhi realised the central importance of this when he said that sanitation was more important even than the struggle for independence.

2008 is the UN International Year of Sanitation. It aims to put the international community on track to achieve the sanitation Millennium Goal target to reduce by half the proportion of people without access to basic sanitation. And meeting the target means providing over 160 million additional people with sanitation and 110 million with safe water every year.

Launched in November last year, the International Year of Sanitation will feature a series of events to target politicians and governments to move sanitation higher up the agenda. Sanitation is a political orphan – many governments have several ministers with only partial responsibility for the issue, which encompasses health and hygiene, economic and social development, gender equality and the environment so good communications on the issue will be vital.

Another reason that sanitation gets ignored is that the people mostly affected by non-existent sanitation have no voice. And the knock-on effects are huge.

Women and girls pay a particularly heavy price. They won't go to school if their schools lack clean and well maintained latrines – with separate facilities for boys and girls. They can't work in or visit public buildings, hospitals and health posts if there are no toilets for them to use. So, they fall behind in the opportunity stakes. We need to break this pattern, which holds women back so crudely and so cruelly. There should be well-maintained toilets in schools, hospitals and all public buildings.

That's why decisions about water and sanitation have to be taken at community level. Local people know best what their communities need. They must be at the heart of decision-making about sanitation and water, they need to find their voice and demand better water and sanitation services.

Experience shows that progress is made when providers of services respond to demand, according to local needs and local conditions, rather than being driven by supply. When communities are mobilised change happens – and this is very empowering – especially for women. The community-led total sanitation approach (CLTS in the development jargon) is an evolving movement, pioneered in Bangladesh, where communities are helped to make their own assessments and come to their own conclusions about sanitation.

Donors don't undermine local markets by providing subsidised pumps, latrines and hardware. Instead, communities are encouraged to take matters into their own hands. They dig their own wells and latrines and find ways of allowing landless people to dig their latrines. And when people have stopped going to the toilet in the open, huge posters and banners are put up, proclaiming the success.

**Gandhi said sanitation was even more important than independence.**

Donors play their part, convening and even facilitating meetings. But community members decide whether and how to act. They decide the pace of change and aren't driven by donors' targets.

In 2004, the World Health Organisation found that investing \$1 in water, sanitation and hygiene education would bring health and other benefits of between \$3 and \$34, depending on the region. The WHO estimates that the annual investment needed would be just over \$11 billion – about the same amount Europeans spend on ice cream each year. The benefits would include a global reduction in the incidence of diarrhoea by 10%, and annual economic benefit of \$84 billion. The message is clear. Failing to invest in sanitation undermines all of our other efforts fighting poverty and promoting growth.

Equally important is investing in the right things – changing behaviours and hygiene practices; changing the way we think about and discuss sanitation. And we have to realise that providing clean water and sanitation go together – it's no use putting money into sanitation if poor people lack the water to wash their hands. Action taken now can halve the number of people without basic sanitation. Ensuring access to sanitation for all is achievable – and there's a massive return in terms of transforming the lives of millions of ordinary people.

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## Turning talk into action

DFID's global call to action on water and sanitation established 'the five ones':

- One annual report to monitor global progress.
- One annual high-level global meeting to decide on action.
- One national plan at country-level.
- One co-ordinating group in each country.
- One lead UN body identified at national level.

DFID recently agreed to provide £75 million of funding over a five-year period. This will help deliver clean water and basic sanitation to an extra 3.2 million people in Ethiopia. Local communities decide what kind of water system they need and women play an increasingly active role on water committees in small towns and country areas. This means they choose the technology chosen that is right for the local areas, and that local people are confident they can maintain their own water and sanitation services. The initiative also integrates hygiene, and helps train health workers who pay house calls to local people advising on healthy practices and latrine construction.