

FOR MEDIA PROFESSIONALS

**A GUIDE TO
INVESTIGATING
ONE OF THE
BIGGEST
SCANDALS
OF THE LAST
50 YEARS**

WA

“Are we to decide the importance of issues by asking how fashionable or glamorous they are? Or by asking how seriously they affect how many?”

– NELSON MANDELA



Dear Colleagues,

Excrement kills. It kills by the million. Lack of safe sanitation is the world's biggest cause of infection. It is the number one enemy of world health. And it deprives hundreds of millions of people not only of health but of energy, time, dignity, and quality of life.

This issue has been shrouded in embarrassment for too long. Hygiene – helped by safe sanitation and water supply – is what transformed health and productivity in the industrialized countries. And it is one of the world's longest running scandals that the same has not happened long ago in the poor world.

Why hasn't it happened? Why after fifty years of promises do a hundred million people in slums and shanty towns still defecate in the open air or in plastic bags? Why does faecal matter still contaminate water, food, hands, homes, so that infection and disease are everywhere?

Most of the world's governments have failed to lay the obvious foundation stones of public health. And where government fails to assume its responsibilities, it is left to the media to call it to account.

At the World Summit on Sustainable Development held in Johannesburg in 2002 the world's leaders included a clear goal on safe water and sanitation into the eight Millennium Development Goals (MDGs). Goal seven aims to ensure environmental sustainability and one of its targets is to *'halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.'*

Although the world is on track towards meeting the MDG for access to safe drinking water, according to WHO and UNICEF, the global sanitation target will be missed by half a billion people – most of them in rural Africa and Asia – allowing waste and disease to spread, killing millions of children and leaving millions more on the brink of survival.

The MDGs are unlikely to be achieved without a movement to campaign for them, and without sustained support from the media. This brief publication is designed to offer information and assistance to media professionals ready to pick up this challenge.

On the following pages we offer some of the key facts, expose some of the common myths, reveal where each country stands in the 'hygiene league', suggest a check list that might help evaluate government performance, and set out the basic HYGIENE CODE that every family in the world now has a right to know.

But international data of this kind is of limited value; it is national investigation and reporting that really counts.

The 'WASH' campaign – water, sanitation and hygiene for all – needs to see and learn from your national analysis and coverage. By joining the WASH Media Network you will become part of a global community of journalists dedicated to raising awareness on water, sanitation and hygiene for all.

Yours sincerely,



Gourisankar Ghosh
EXECUTIVE DIRECTOR



Many reasons are offered for the lack of progress on improving hygiene, sanitation and water supply. Most are just poor excuses. Here are some of the most common.

1 The problem is shortage of water

Not true. Most of the cities where large numbers of people live without taps and toilets are cities with plentiful water supplies. And in cities with water shortages, there are rarely any restrictions on water use for the rich. Water for household use represents only about 8% to 10% of total water consumption. Industry and agriculture consume the majority.

2 The problem is that governments don't have the money

Not true. Aid has been providing more than approximately \$5 billion a year for water and sanitation. And governments in the developing world have been spending about as much again. But it is how well the money is spent that matters. With a clear political commitment and a clear strategy, water and sanitation goals are achievable and affordable.

3 The problem is that people are too poor to pay

Not usually true. Millions of poor people can and do pay for water and sanitation, and many low-income communities have made good progress using their own resources. Indeed the poor often pay water vendors many times more for water of dubious quality than the rich pay for government-subsidised piped water into the home. But no-one pays willingly for an inefficient service.

4 The problem is lack of technology

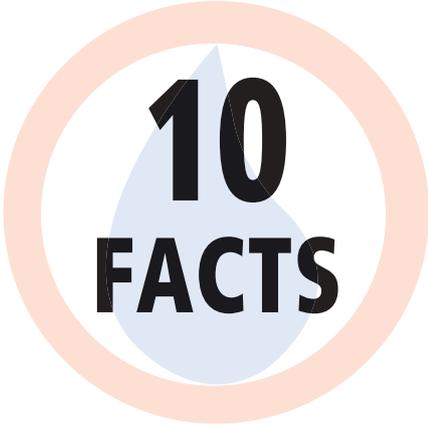
Not true. There are now tried and tested low-cost water and sanitation technologies – such as hand pumps, pit latrines, and rainwater harvesting – that communities themselves can manage and maintain and that will work for almost any site in almost any country.

5 The problem is rapid population growth, especially in cities

Not generally true. Some of the biggest and fastest growing cities in the world are managing far better than smaller and more settled populations. The most important common reason for failure is a lack of efficient management, accountable local and municipal authorities, and national political will to solve the problem.

At any given moment half of the developing world's people are sick from the same cause.





10 FACTS

After the myths – a few facts which editors and broadcasters might wish to convert into their national equivalents.

- 1** At any one time, more than half the poor of the developing world are ill from causes related to hygiene, sanitation and water supply. Diarrhoeal disease alone kills six thousand children every day.
- 2** The majority of illness in the world is caused by faecal matter.
- 3** A billion people live a life without safe, plentiful water – to drink, to wash hands, face and body, to wash and rinse clothes, to brush teeth, to cook food, to clean homes and kitchens.
- 4** Two and a half billion people live a life without a clean, private place to defecate and urinate. Instead they use fields, streams, rivers, railway lines, canal banks, roadsides, plastic bags, waste-paper, or squalid, foul-smelling, disease-breeding buckets and insanitary latrines.
- 5** One gram of faeces can contain 10 million viruses, 1 million bacteria, 1 thousand parasite cysts, and a hundred worm eggs.
- 6** In most developing countries only about 1% or 2% of government spending goes to low cost water and sanitation. More is spent on high-cost services for the few than on low-cost services for the many.
- 7** The costs of water supply and sanitation technologies have fallen sharply over the last 20 years – but these technologies have still not reached the poorest.
- 8** Public squalor and disease undermine productivity and economic growth, cost billions of working days every year, and are a major deterrent to investment and tourism. According to the World Health Organization, every \$1 invested in water and sanitation would yield an economic return of between \$3 to \$34, depending on the region.
- 9** In 2002, the total population in developing regions without improved sanitation was around 560 million in urban areas, compared with a staggering 2 billion in rural areas. With increasing urbanisation and two-thirds of the global population living in cities in 2030, large numbers of people in urban areas will face a situation similar to those living in urban slums today.
- 10** More taps and toilets will not improve health on their own. Better hygiene is what matters. And that means making the HYGIENE CODE a part of normal everyday behaviour in every family and every community (see page 8).





Is government doing its job?

The 2015 goal of halving the proportion of people without safe water and sanitation will not be met unless national governments lead the way.

A media check-list for evaluating government efforts to meet the sanitation and hygiene challenge:

- 1** Is publicly supplied water safe to drink?
- 2** Is there a publicly stated government policy on sanitation and hygiene – backed by statements from cabinet ministers and the President or Prime Minister?
- 3** Is there a plan to promote not just a few pilot projects but water and sanitation for everyone – with a budget and timetable?
- 4** Does government policy depend mainly on the supply of hardware and on subsidising and installing free public latrines (a policy that has rarely worked anywhere in the world)? Or is policy directed towards strengthening local and municipal authorities and supporting community efforts and organisations (a policy far more likely to be sustained and expanded)?
- 5** If low-income communities decide to do something about their own water and sanitation problems, what support does local and central government offer? Can communities get help – with appropriate technologies, with credit, with health advice, with hygiene promotion?
- 6** What do people in low-income communities think of their water and sanitation utilities? Can they express their grievances? Are they listened to? Do local people elect those who make the decisions over what money is spent where and on what? Are charges set too low to allow the system to be maintained and expanded? Are they set too high for the poorest to be able to afford them?
- 7** If water is scarce, do agriculture and industry have unlimited free or subsidised access? And have municipal governments passed laws to encourage more economical use of water even by the better-off? Do those who use more pay more?
- 8** Are there laws against the pollution of groundwater by agriculture and industry – and are they enforced?
- 9** Is government making a national effort to market hygiene and create demand for safe sanitation? Do schools and health centres have clean sanitation facilities and water supply? Is the HYGIENE CODE or its equivalent taught in all schools (see page 8)?
- 10** Is there a national 'WASH' campaign to involve all possible partners in working towards hygiene, sanitation and water supply goals?



The test of a government's commitment to the poor is its commitment to clean water and safe sanitation.



4 MISTAKES

The 2002 World Summit for Sustainable Development set the goal of halving, by the year 2015, the proportion of people living without safe water and sanitation.

How can media evaluate national efforts – and the chances of reaching that goal?

Over the last twenty years, progress in sanitation and water supply has been undermined by four major weaknesses and mistakes.

Any evaluation of present day efforts will therefore need to investigate whether these same ‘big four’ mistakes are still being made.

1 Is local government any good?

Lack of efficient and accountable local governments and municipal authorities has been the most common barrier to progress.

Their task is a complex one – working with communities, investing in water supply and sanitation, ensuring maintenance, organising waste collection, sending out bills and collecting revenues, regulating utility companies, protecting the wider environment.

To handle all this, local water utilities need to be efficient, financially self-sufficient, and accountable to the communities they serve.

Without accountability, costs are likely to be inflated, resources are likely to be wasted, corruption to thrive, delivery to be delayed, quality of work to be poor, and facilities to be badly maintained.

2 Is the hygiene challenge being ignored?

Improving water supply and sanitation alone will not transform health. Better hygiene is what counts. But this means changing the normal everyday behaviour of families and communities.

What does good hygiene mean? See page 8 – the HYGIENE CODE

3 Is demand being created?

The success or failure of water and sanitation programmes is largely determined by consumer demand for better hygiene. And where demand is weak, the responsibility of government is to strengthen it. Otherwise, there is a danger that all other efforts will be undermined.

But creating demand is not easy, and education alone is not enough. Poor people do not always act according to health advice – any more than rich people do. What motivates people everywhere is not just health advice but feelings of pride, shame, disgust, status, self-image, and personal attractiveness. In other words, *social marketing skills* will be needed.

4 Are national water managers ignoring the poor?

Almost every country has a national policy on water management. But often policy is geared to the needs of agriculture and industry (which usually consume 80% or more of total water consumption). In the push for increased output, is the government protecting the right of the poor to an equitable share of the nation’s water – in quantity and quality?

And are the country’s water managers ignoring the problem of sanitation? Good water management will not be possible without better sanitation and hygiene. But better sanitation and hygiene will not be possible without better water management by and for the poor.



**For her privacy
and dignity.
For her time
and energy.
For her health
and safety.
For the quality
of her life.**



HOW CLEAN IS MY COUNTRY?

Measuring the state of hygiene, sanitation and water supply is notoriously difficult.

The UN produces figures for every country showing what proportion of people have access to 'improved' water and sanitation. But these statistics say little or nothing about how close to the home such services might be, or how safe or clean they are, or how reliable, or how well used and maintained.

But there is one indicator that does provide a good overall guide to a nation's standards of hygiene – and that is the national rate for child malnutrition.

At first glance, it may seem strange to use malnutrition as a measure of cleanliness and hygiene. Isn't malnutrition to do with food?

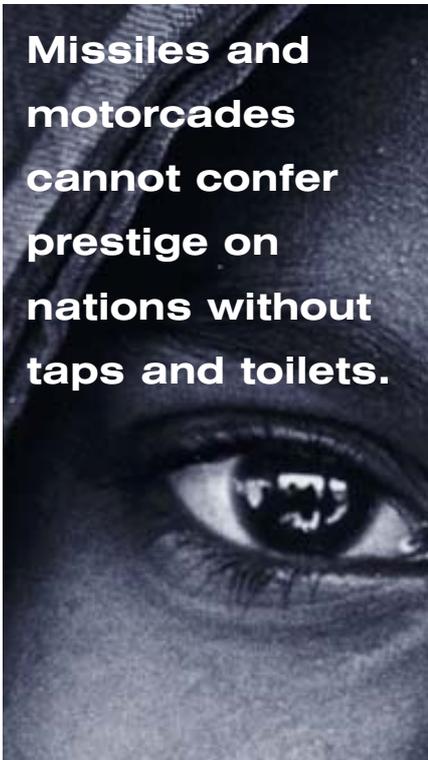
Surprisingly, the answer is usually 'no'. Except in extreme circumstances, child malnutrition has little to do with food availability and everything to do with good hygiene, good sanitation, and good water supply. Frequent illnesses, especially diarrhoea, are what undermine a child's growth. Disease takes away appetite, inhibits the absorption of nutrients, burns up calories in fever and fighting infection, and drains away nutrients in vomiting and diarrhoea.

Illness is therefore the major cause of child malnutrition in the vulnerable early years. This explains why there are millions of families with malnourished children when older family members are adequately fed. And why there are so many countries in the developing world where food availability is not a problem but where malnutrition is. And why rates of child malnutrition are so much higher in South Asia than in Africa even though food availability is about the same. And why children most commonly become malnourished between the ages of 6 months and 2 years when the daily calorie requirement amounts to just 2 or 3 per cent of the calories that most poor families consume every day.

Child malnutrition is therefore a good measure of the burden of infection to which young children are exposed. In other words it is a measure of cleanliness – of good hygiene in the home (including hygienic feeding of children) and good use of water and sanitation.

Poverty and population density obviously plays a part – making it much more difficult for families to practice good hygiene. In densely populated urban areas, in particular, the normal health and growth of children is everywhere threatened by faecal matter in the environment – and especially by the faeces of other children.

The 'hygiene league' opposite shows the child malnutrition rate for the 120 countries for which information is available. It therefore also provides an approximate guide to the national hygiene level.



Missiles and motorcades cannot confer prestige on nations without taps and toilets.

Good hygiene may be easier for the rich than the poor. But the rules of hygiene are exactly the same for both. In the industrialised world, washing hands thoroughly with soap after defecating and before handling food is a hygiene essential that is often ignored and often causes infection.

THE HYGIENE LEAGUE

Latest child malnutrition rates for each country*

The child malnutrition rate provides an approximate guide to the level of hygiene and the degree of exposure to infection.

HYGIENE LEVEL: GENERALLY GOOD child malnutrition under 10%		HYGIENE LEVEL: POOR child malnutrition 10% to 20%		HYGIENE LEVEL: VERY DANGEROUS child malnutrition 20% to 30%		HYGIENE LEVEL: DISASTROUS child malnutrition over 30%	
Chile	0.8	Iran	10.9	Cameroon	21.0	Sri Lanka	33.0
Armenia	2.5	Kyrgyzstan	11.0	Cote d'Ivoire	21.4	Madagascar	33.1
Lebanon	3.0	Egypt	11.7	Kenya	22.7	Vietnam	33.1
Ukraine	3.0	El Salvador	11.8	Mauritania	23.0	Burkina Faso	34.3
Georgia	3.1	Guyana	11.8	Guinea-Bissau	23.1	Congo, Dem. Rep.	34.4
Moldova	3.2	Nicaragua	12.2	Guinea	23.2	Myanmar	36.0
Jamaica	3.9	Botswana	12.5	Oman	23.6	Pakistan	38.2
Tunisia	4.0	Mongolia	12.7	Guatemala	24.2	Niger	39.6
Bosnia & Herzegovina	4.1	Syria	12.9	Central African Rep.	24.3	Lao PDR	40.0
Cuba	4.1	Zimbabwe	13.0	Honduras	24.5	Maldives	43.2
Kazakhstan	4.2	Cape Verde	13.5	Ghana	24.9	Mali	43.3
Occupied Palestinian Territ.	4.4	Congo	13.9	Zambia	25.0	Eritrea	43.7
Uruguay	4.5	Albania	14.3	Togo	25.1	Burundi	45.1
Dominican Republic	4.6	Saudi Arabia	14.3	Comoros	25.4	Cambodia	45.9
Libya	4.7	United Arab Emirates	14.4	Malawi	25.4	Yemen	46.1
Venezuela	4.7	Ecuador	14.8	Uganda	25.5	India	47.0
Paraguay	5.0	Iraq	15.9	Somalia	25.8	Ethiopia	47.1
Costa Rica	5.1	Lesotho	16.0	Mozambique	26.1	Nepal	47.1
Jordan	5.1	Sao Tome and Principe	16.0	Namibia	26.2	Bangladesh	47.8
Qatar	5.5	Mauritius	16.4	Indonesia	26.4	Afghanistan	48.0
Brazil	5.7	Sudan	16.7	Sierra Leone	27.2	Korea, Dem.	60.0
Romania	5.7	Azerbaijan	16.8	Nigeria	27.3		
Algeria	6.0	Gambia	17.0	Haiti	27.5		
TFYR Macedonia	6.0	Djibouti	18.2	Chad	27.6		
Belize	6.2	Malaysia	18.3	Philippines	28.2		
Colombia	6.7	Senegal	18.4	Rwanda	29.0		
Panama	6.8	Thailand	18.6	Benin	29.2		
Mexico	7.5	Bhutan	18.7	Tanzania	29.4		
Peru	7.8	Uzbekistan	18.8				
Fiji	7.9						
Turkey	8.3						
Bahrain	8.7						
Morocco	9.0						
Bolivia	9.5						
China	9.6						
Kuwait	9.8						

Source: UNICEF

*Percentage of children under 5 with weight-for-age more than two standard deviations below median weight-for-age.



Taps and toilets don't transform health on their own. Better hygiene is what counts.

But what exactly are the basics of good hygiene?

The United Nations family of agencies – including UNICEF, WHO, UNDP, the World Bank, UNFPA, UNESCO, and the World Food Programme – have jointly agreed on the basic hygiene information *'that all families in the world now need to know'*:

This HYGIENE CODE therefore represents a massive communications challenge in which the media has a key role to play.

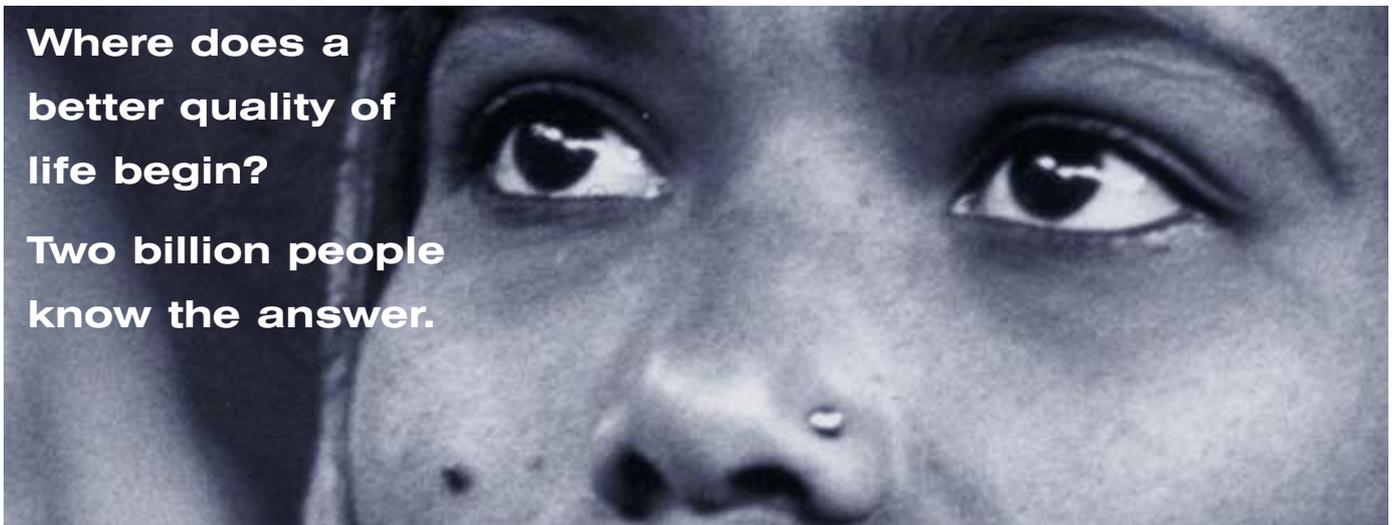
The HYGIENE CODE

- 1** All faeces should be disposed of safely. Using a toilet or latrine is the best way.
- 2** All family members, including children, need to wash their hands thoroughly with soap and water or ash and water after contact with faeces, before touching food, and before feeding children.
- 3** Washing the face with soap and water every day helps to prevent eye infections.
- 4** Water should be drawn from a safe source if at all possible. Water containers need to be kept covered to keep the water clean.
- 5** Raw or leftover food can be dangerous. Raw food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated.
- 6** Food, utensils and food preparation surfaces should be kept clean. Food should be stored in covered containers.
- 7** Safe disposal of all household refuse helps prevent illness.

Applying the HYGIENE CODE may be difficult in poor communities without basic services. But that does not take away people's right to know why it is that they and their children are so frequently ill. And the HYGIENE CODE has such potential to improve health that it ought now to be part of everybody's everyday behaviour – and a part of the normal information environment in which all children grow up.

Where does a better quality of life begin?

Two billion people know the answer.



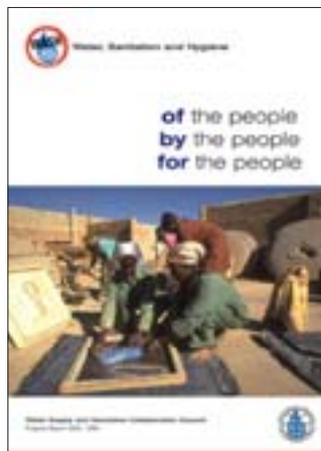
Our Publications



IT'S THE BIG ISSUE

WASH campaign brochure

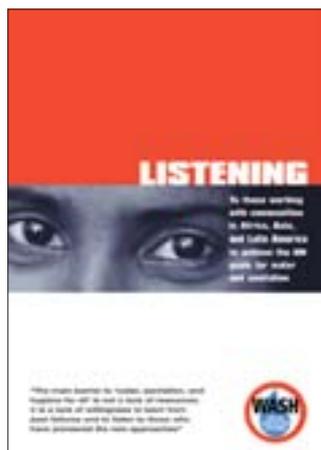
WSSCC launched the WASH campaign at the International Conference on Freshwater in Bonn in December 2001. The campaign aims to mobilise political awareness, support and action towards achieving the water and sanitation Millennium Development Goals (MDGs). The cornerstone of the WASH campaign is effective collaboration between like minded individuals, organisations and institutions. This publication introduces the campaign and explains why 'WASH' is *the* big issue.



OF THE PEOPLE, BY THE PEOPLE, FOR THE PEOPLE

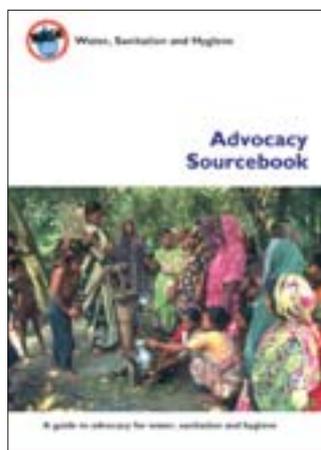
WSSCC Progress Report 2000 - 2003

This report contains an overview of developments across WSSCC programmes, including highlights from advocacy, thematic and national activities over recent years. Additionally, the publication reviews WSSCC's governance structure, membership and financial position.



LISTENING

Billions of dollars have been spent in an unsuccessful search for weapons of mass destruction in Iraq; yet the most deadly biological weapon of mass destruction ever known, is human excrement – shit – which, along with a lack of safe water, is the world's number one health problem. The problem has been around, and known, for decades. So why has so little progress been made? Why does a lack of safe water and sanitation cause half the world's poor to be sick at any given moment? These and other questions are addressed in 'Listening', which the WSSCC launched on World Water Day, 2004.



ADVOCACY SOURCEBOOK

This joint publication from WSSCC and WaterAid offers practical guidance on advocacy work on water and sanitation and is a useful resource for those undertaking advocacy initiatives. It explains a range of different tools; provides practical examples of advocacy work and information on key policy actors and processes; furthermore the book offers guidance on influencing target audiences at local, national and international levels.

These publications are available on request from Ms Cora Cipriano at ciprianoc@who.int

Please visit www.wsscc.org for up to date information on our new publications.



Join the WASH Media Network

WSSCC has established a global network of media professionals working on issues related to water, sanitation and hygiene – WASH.

This network provides a means for information exchange on WASH issues, allowing for the circulation of topical, relevant, advocacy and communication materials and resources.

As a committed media professional, join this media community by sending us your contact information to wsscc@who.int and mentioning 'WASH Media Network'.

WSSCC will then keep you informed about its media work, publications and other WASH-related issues.

The WASH Media Award

WSSCC has established the 'WASH Media Award' in 2002. This annual prize rewards journalists for their coverage of WASH issues and their contribution in raising awareness about water, sanitation and hygiene in their country and region.

For further information, please consult www.wsscc.org/media-award



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**Sustainable
development
starts with
people's health
and dignity.**