

Sanitation Marketing in a CATS Context: A Discussion Paper



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Why this Paper?

The paper was drafted to discuss the issue of sustaining sanitation and more specifically aspects of sanitation marketing in the context of global application of CATS-based approaches. At a time where close to 40 UNICEF offices are working on CATS at scale, the issue of sustaining behaviours, facilities and generally speaking, improvements in sanitation, is critical. The note offers a glimpse at some of UNICEF's ongoing work, defines what is meant by sanitation marketing and where opportunities exist for marketing approaches to improve sustainability of community sanitation as well as some of the challenges. It is meant to reflect some of the discussions of the group as well provide a starting point for further guidance and deliberation of ways forward. Many thanks to all the WASH team members who have contributed to its review and development. Please contact anthomas@unicef.org for future comments and feedback.

DRAFT

Glossary

CATS: Community Approaches to Total Sanitation – the common foundation to UNICEF’s global sanitation programming, which encapsulates various approaches to community-based sanitation such as community-led total sanitation and school-led total sanitation, among others.

CLTS:Community-Led Total Sanitation – an approach to sanitation policy that emphasizes eliminating open defecation through behaviour change and community mobilization, and is opposed to hardware subsidies.

Marketing: Marketing consists of activities by which you reach customers and persuade them to buy and use a product or service. Marketing goes far beyond mere advertising. It has four components, commonly referred to as the four Ps: price, promotion, product, and place(Cairncross, 2004).

Commercial Marketing: Use of marketing to influence consumers to purchase a product.

Social Marketing: Use of commercial marketing techniques to promote the *adoption of behavior* that will improve the health or well-being of the target audience or of society as a whole.

Improved sanitation: Defined by the Joint Monitoring Programme for Water Supply and Sanitation as being one of the following: flush toilet, connection to a piped sewer system, connection to a septic tank, pour-flush latrine, pit latrine with slab, composting toilet, or ventilated improved pit latrine.

ODF: Open-Defecation Free – a term used to describe communities which have almost or fully eliminated the practice of defecation in the open.

Total sanitation describes the state of sanitation where a given environment is completely free of open-defecation, in other words, total use of hygienic latrines/toilets.

Triggering: An intense engagement process with communities in which known motivators of behaviour change (i.e., disgust, pride, shame) are used to motivate communities to address open defecation and/or other social issues.

Unimproved Sanitation: Defined by the Joint Monitoring Programme for Water Supply and Sanitation as being one of the following: flush/pour flush to elsewhere, pit latrine without slab, bucket latrine, hanging toilet or hanging latrine, public or shared latrine, absence of toilet or latrine.

Supply Chain: The people, technology, organizations and resources involved in moving a product from producer to consumer. The supply chain for sanitation includes distributors, wholesalers, local producers, masons and labourers.

I. Background

UNICEF is currently engaged in sanitation programming based on the CATS principles in approximately 40 countries. As part of the CATS approach, the focus of programming is on eliminating open defecation through a process of behavior and social change rather than simply increasing latrine supply/coverage. Working with the concept of behavioral triggers and motivators targeting the community, promoting greater usage of latrines has been a major leap in programming philosophy and method. Furthermore, the concept of all or nothing, Total Sanitation, is beginning to revolutionize how we work and in particular, increasing the priority to address the needs of marginalized, vulnerable populations and ensuring that no woman, man or child is left behind in climbing the sanitation ladder.

The implications of this shift from improving coverage to complete behavior change or social norm change has been multifold in terms of programming: capacity of sanitation and hygiene specialists in behavior change techniques is increasing and a continual process, monitoring and evaluation is becoming more nuanced and complex as we move from counting latrines to verifying ODF status, uptake of key hygiene behaviors and integration of an equity and human rights based approach to ensuring access for all. In this context, the need to address and engage in the opportunities and challenges that enable/limit the ability to have /adopt sustainable sanitation for all members of a community is an area of priority concern.

Box 1. From counting latrines to verifying ODF

ODF (Open Defecation Free) status is conferred on a community when it can prove that it has almost or fully eliminated open defecation. The philosophy underlying ODF is the fact that public health benefits are only achieved once open defecation has been completely eliminated, requiring every member's participation and compliance. This is a marked departure from past sanitation programming in which coverage was based on the construction of toilets, and did not often require full participation of the community (rather engagement with the leadership), and where usage of facilities was not verified.

The endpoint of CATS processes is 100% ODF, meaning all members must use a latrine for a community to be granted ODF status, thereby requiring a rigorous and highly inclusive participatory process of triggering and community action.

The certification criteria and process for ODF status as monitoring tools, while signaling progress in the sector, also have been inconsistent in application, differing by country and program. KamalKar and Robert Chambers's CLTS handbook suggests verifying ODF status through qualitative measures, like visiting former open defecation sites, speaking to the elderly and children, and observing sanctions against open defecators. Other approaches also consider proxy signs of the use of latrines and the existence of monitoring and evaluation systems. In Nepal, communities set the date for ODF declaration ahead of time and use the occasion as part of their motivation process. In some other countries the term has lost its true meaning and become more of a milestone or marker in programme development. Further, ODF figures cannot always be taken at face value, since these claims are often exaggerated due to problems of verification and counting. Hence while ODF status is a milestone in how we monitor outcomes in sanitation, there is work to be done in developing a robust system of verification.

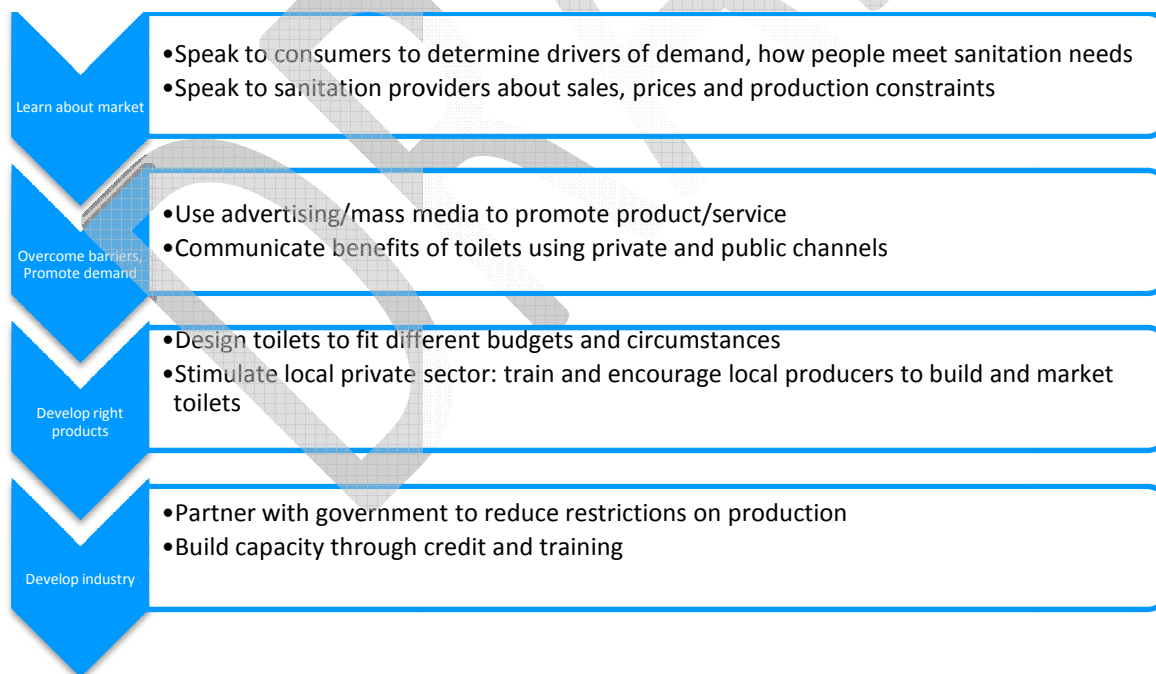
II. What is Sanitation Marketing?

Sanitation marketing seeks to stimulate both the demand for and the supply of sanitation products through market forces, and by using techniques that focus on the four Ps of marketing – Product, Price, Placement, and Promotion¹.

Traditionally, marketing begins with an assessment of the toilet market, analyzing/understanding the domestic market for sanitation and determining where gaps in solutions, pricing, and availability exist. This could include ‘market research’ in the form of visits to existing latrines and consultation with their owners. Market researchers try to uncover, for instance, where households bought materials and services, who in the household makes decisions about toilets, which types of toilets customers wanted and could afford, and when demand is highest.

This feedback is then used to design appropriate low-cost products which meet the needs of families. Demand is created by promotion through advertising and by word-of-mouth through community workers. To meet the increased demand, supply is generated and sustained by developing/tailoring solutions, such as strengthened supply chains, improved marketing of appropriate technologies, stimulating and meeting demand for sanitation products; and giving training to local private-sector producers in toilet production and basic business management. The producers are encouraged to sell their products to individual households.

Other ways of getting consumers’ attention include demonstration toilets, coupons, contests, and special offers. Private providers and public channels, like government outreach workers, try to ensure that the toilets are easily accessible for purchase by consumers. The public sector is expected to facilitate the development of the sanitation industry by providing resources for research, advocacy and capacity building, developing policies and regulation that help enforce or support particular behaviors, and finally, engaging people in participatory processes that enable ownership and dignity in the process. The flow diagram below reflects the process underlying the sanitation marketing approach.



¹ The group discussed adding other Ps such as participation, process, planet but ultimately decided on keeping to the four most widely used Ps for simplicity with an understanding that there are other dimensions of marketing that come into play when applied to community sanitation.

II. Why Sanitation Marketing?

Sanitation programming has evolved dramatically over the years. Increasingly the focus has shifted towards engaging communities, creating demand for sanitation, and supporting the development of sustainable systems and appropriate technologies - all of which are rooted in catalyzing behavior and social change in communities. At the core of the shift in the Sanitation sector is a move from donor-determined and supply-driven programming to community-led and demand-driven programming.

For many years, the traditional approach to sanitation programming was supply-driven, focused on building latrines and giving households subsidies to support construction projects. Donors and development planners determined what sanitation products communities needed with little deference to local participation or context. These approaches viewed sanitation as a private, household good with a public benefit, often assuming that communities were unwilling or unable to invest in sanitation. Sanitation messaging focused on telling communities about the health risks posed by poor sanitation/open defecation rather than empowering communities through raising awareness or fostering positive attitudes about improved sanitation practice. Often, sanitation programs were add-ons to water projects.

Top-down approaches have also proven ineffective in achieving total sanitation. Often, latrines went unused and people continued to defecate in the open. At the same time, vulnerable populations - including women, children, the disabled and the poor - were frequently excluded from the benefits of sanitation because top-down planning often fails to take into account the needs of these groups.

In stark contrast, CATS based approaches such as CLTS and the Total Sanitation Approach start at the community level. They work to generate demand and leadership for improved sanitation and behavior change within a community; produce sustainable facilities and services through engagement with local markets and artisans; and promote local adaptation and replication at scale through local capacity building.² The success of this approach is a clear break from past approaches and addresses the major learning in the sector that latrine usage cannot increase without a corresponding change in attitudes and behaviors. Underlying this method, are behavioral 'triggers' that are critical in shifting communities through the various stages of abandoning open defecation and then moving from simple pit latrines to improved sanitation facilities.

During the first stage of having communities move from open defecation to use of latrines, motivators such as shame and pride are evoked using 'walks of shame' through a village, wherein, open defecation sites are visited and the amount of feces in a community calculated. Disgust is also a primary motivator in this preliminary stage, relating the very graphic discussion and realization that feces are being consumed. Often, this 'triggering' occurs at a community level and results in a highly motivated community in which the issue of OD is addressed and in many cases, which then go on to address other social issues.

However, once communities are 'triggered' and committed to Total Sanitation and the concept of ODF, the challenge is sustaining that change and moving up the sanitation ladder. Sustainability may be a function of ongoing monitoring and messaging, community dynamics, availability of more durable sanitation infrastructure or through other means which are context specific. Specific factors which have hindered sustainability and include the following:

² Jenkins, Marion, and Steven Sugden. *Rethinking Sanitation: Lessons and Innovation for Sustainability and Success in the New Millennium*. Rep. New York: UNDP, 2006. Print. Human Development Report.

- technical problems such as collapse of pits, collapse with flooding /high water table, damaged superstructure, hole filling up, smelly conditions, lack of water and groundwater pollution;
- tensions over shared latrines, taboos over joint use;
- reluctance to continue to help poorest after initial enthusiasm of the project;
- unwillingness or unavailability of funds to empty latrines when they are full;
- weakening of sanctions overtime against those practicing OD;
- hardware subsidies to households that conflict with other policies/programs;
- institutional challenges;
- supply issues relating to appropriate technologies, affordability, access to credit, know-how, etc.

In communities interested in moving beyond pit latrines, sanitation marketing is an approach that may provide the support, know-how and products/options necessary to upscale latrines. Another fringe benefit of widespread marketing of sanitation is the reinforcement of ODF messaging through popular media or other communication channels used to reach communities.

In the context of CATS and ongoing programming on behavior change at UNICEF, the opportunity in adopting sanitation marketing is to enable and sustain a culture of ODF with the right services and products. These services and products should ideally represent a range of solutions based on reflecting various 'consumer' realities (i.e. behavioral and socio-economic). A marketing strategy would accordingly stratify various solutions to various consumer groups and consist of multiple marketing fronts for each product or service to reach the greatest proportion of the population. This may translate into working with local masons and entrepreneurs to develop affordable solutions and marketing packages that are then marketed to ODF-declared communities for the most part, working to enhance the local supply chain on another front and finally, working with communities to impart technical know-how that can translate to support to households that prefer to self-construct. A marketing strategy in this case can mean a strategy for rolling out technical support, credit, products and even exchange of ideas where they lead to upscaling of basic latrines.

IV. What We Know

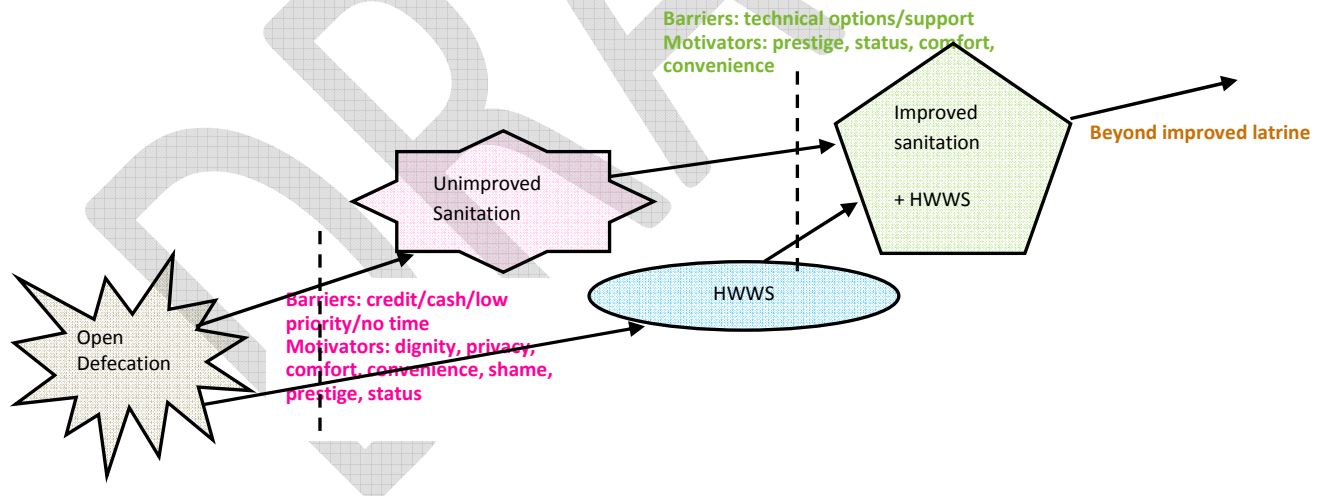
The experience of other agencies in this field has been mixed to date. The greatest wealth of experience is currently from Asia, in countries with strong government-backed community-led sanitation movements, such as Indonesia and India. Experiences there suggest that it may be possible to stimulate demand/markets for low-cost sanitation products where none exist; however, in order to do so, these

Case Study 1. Scaling Up Production Centres: Rajasthan, India

UNICEF Rajasthan uses toilet production centers to manufacture quality, low-cost toilets that can be sold to low-income families. Within 6 months of their establishment, the state's first three production centers were making over 60 toilets per month on average, more than double the number they needed to be financially sustainable. An independent assessment of the Rajasthan production center model concluded that it was capable of being scaled up under the Indian government's Total Sanitation Campaign. Three district-level water and sanitation committees are now partnering with production centers. Tonk district has established five new production centers. The centers ensure that families seeking toilets "just like the neighbor's" find just what they are looking for.

efforts need to be correctly sequenced and positioned in concert with behavior change programming and quality supply mechanisms to best serve triggered communities. Additionally, country experiences suggest that strategies which serve mainstream households often do not bring the same benefits to vulnerable and poor households. It is therefore important to develop specific strategies for a range of consumers who may have differing levels of motivation, opportunity and ability. These behavioural challenges, however different, may be related in a similar way, as portrayed in Figure 1.

Figure 1. Key behavioural challenges



When sanitation marketing programs are able to combine supply chains, user demand, and institutional/policy environments, sanitation coverage can be expected to increase. Two notable instances are from Vietnam and Bangladesh. In two rural provinces in Vietnam, International Development Enterprises started a project in 2003 to stimulate demand and the local private market's capacity to distribute/manufacture latrine construction materials. A range of options were promoted and developed. No subsidies were given and one year after the implementation of the project (September 2003), there was a fourfold increase in latrine construction compared to the four years prior to project implementation (from 1,496 per year to 6,251 in 2003-2004). In Bangladesh, latrine acquisition also grew with a national social mobilization and marketing approach. There was both an increase in latrine coverage and in the number of latrine production centers. The percent coverage in rural Bangladesh went from about 0% to almost 50% from 1980 to 2000. In the case of Bangladesh, specific pro-poor policies over the last two decades have also ensured that increases in coverage reached the bottom wealth quintiles of the population. These examples show that comprehensive sanitation marketing programs have the potential to increase sanitation coverage.

Sequencing. Lessons from ongoing sanitation marketing programs suggest that the 'triggering' process is often diluted, or eliminated altogether, when CATS approaches and Sanitation Marketing programs are combined. The tendency is toward improved latrines, development of sanitation centres, marketing campaigns which are effective at moving existing demand up the sanitation ladder but ineffective at stimulating new demand. The concept of Total Sanitation is often left behind and monitoring may furthermore be focused on number of improved latrines instead of ODF communities. Underlying this shortening of community processes is often the belief that demand creation via marketing can replace the demand created via behavior/social change. While in areas with pre-existing demand it may be the case that marketing will enhance demand and supply a needed product, it is not so where OD is prevalent and demand is low.

Triggering is considered foundational to moving communities beyond OD and an ODF community then the platform for further demand stimulation and product development. Sequencing triggering, ODF verification and marketing is an important dimension to consider in developing a sustainable CATS program.

Case Study 2. Sanitation Marketing Experiences in West Africa

There are limited examples of entrepreneurial sanitation marketing in West Africa. Domestic latrine slabs can occasionally be seen for sale on the roadside in urban settings, but there is no evidence of similar spontaneous rural marketing. Two documented experiences of aid project-supported marketing centre development are the SaniCentres in Nigeria (Agberemi&Onabolu, 2009) and SaniMarts in Ghana (Magala, 2009). These models were copied from the successful Indian experience of sanitary mart that began in the early 1990s. However, to date, the models do not seem to have spread beyond the original outlets, and it is questionable as to whether they are self-sustaining. In Ghana for example, only 2 of the original 8 SaniMarts are still functioning and one of these was badly undermined by the later introduction of a subsidised latrine programme nearby (Magala, 2009).

In Nigeria, Agberemi and Onabolu (2009) write of a SaniCentre that was so successful that the entire population of the rural community it set out to serve, Chediya in Zamfara, has been supplied with latrines, and the artisans are reduced to promoting hygiene alone. The authors propose that the model can be scaled up in Nigeria, and in both Ghana and Nigeria it is suggested that the recent introduction of CLTS will re-stimulate demand for sanitation products, underscoring the triggering process as foundational to demand creation.

It has been suggested that the failure of sanitation marketing to spread in Africa to date has been due to '...differences in the enabling environment of the two regions and the lack of access to transport, goods and services in Africa as compared to South Asia.' (Peal et al., 2010). The challenge now lies with finding models that *will* work in the African context, and supporting the development and natural spread of a self-sustaining industry.

Behavioral triggers. Moving beyond the initial 'triggering process,' motivations and factors that come into play in moving a household from a basic latrine to an improved latrine, motivations may include prestige, status, comfort, privacy and convenience. This is consistent with the triggering process and builds on a behavioural approach to improving adoption of sustainable/adequate/proper sanitation.

Box 3. Key learnings from country CATS projects

Certain characteristics of a community itself as well as timing of the triggering can be a key factor in the success of CATS interventions. In Mozambique, for example, small communities provided a more favorable environment for CLTS, and showed quicker results. Over 85% of the communities recognized as ODF had less than 1,200 inhabitants or 240 households. This finding is echoed in evaluations of CATS programs in other countries. A WaterAid-supported program in Nigeria found that well-defined homogenous communities, that did not have distinct cultural groups with significantly differing lifestyles from the majority (e.g., semi-nomadic communities), tended to see more success with CLTS.

CLTS has also been shown to be more successful where communities value the benefits of better sanitation. In Mozambique, the impact of the demonstration of the fecal contamination of food was stronger when 'special' food (e.g., meat stew with rice) was used, rather than everyday food (eg. maize and vegetables). Timing also matters. Communities were more likely to build toilets after harvests, when there was plenty of food available or, as in Kenya, when local materials for construction were available.

Effective co-ordination with local government can influence the sustainability of behavioral change as well. In Ghana, UNICEF's work with District Assemblies helped promote effective implementation of the CATS approach. This strategy helped the program avoid problems witnessed in other areas where local authorities were at variance with CLTS projects. Community-Based Hygiene Volunteers – who were trained and equipped with basic hygiene tools – provided important follow-up through weekly visits, house inspection and clean-ups, which helped encourage communities to move to adopt improved sanitation practices.

Hardware + focus. While the supply of a range of low-cost technological options and services are central to sanitation marketing, options which make training, technical skills and access to credit more broadly available should also be addressed to achieve greater equity in the approach. Low uptake by the poorest in sanitation marketing programs can generally be attributed to one of the following issues: affordability (prices/products too expensive), no financing or credit options available that met their needs, willingness to pay (cash prioritized for other basic needs), lack of technical know-how to self-construct, etc. Addressing these obstacles requires a stratified approach to design of program options – i.e. offering services corresponding to various consumer abilities, motivations and limitations.

Case Study 3. Insights from KAP Studies: Egypt

UNICEF Egypt conducted a sample survey of over 1,600 men, women and children in Egypt in 2009 to assess knowledge and attitudes about water and hygiene and examine service provision. The research showed that almost all households surveyed had access to a toilet facility, but few, especially in rural and slum areas, were connected to a public sewage network. Households with lower monthly incomes were also less likely to be connected to a public sewage network. Rural and slum households used pits or vault systems, and consequently suffered from various health-related problems. Low-income households paid up to 60 Egyptian pounds (about 11 USD) per month to have their pits/vaults cleaned. This provides some indication of the amount they are likely to be willing to pay for improved sanitation services. The results of 'market research' surveys can inform the design of future CATS initiatives.

Market segmentation and equity. Sanitation marketing is, by definition, demand driven. Consumers from different socio-economic classes may have different needs, and consequently, different degrees of ability and willingness to pay for sanitation products and services. Hence, there exists a fear that some

sections will be excluded from the benefits of sanitation marketing. It is important to divide the overall market into key subsets, whose members share similar characteristics and needs – a process called *market segmentation*. This process can involve significant market research, but it allows producers to adapt their products or services to fit the needs of specific segments of the population. It can also inform marketing strategies - for instance, one producer can advertise the affordability of her toilet, while another emphasizes the ease of use. By acknowledging the variation and various starting points for consumers relating to sanitation practice, relevant and appropriate options can be developed distinctly and where needed, supported with technical and financial support. Developing a basic segmentation chart can also assist in analyzing key behaviours, motivators, obstacles and the associated interventions for improving uptake in a specific target population (see Table 1). Table 1 is an example of what a segmentation chart may look like.

	I- Open Defecators	II- Unimproved Latrine	III- Improved latrine
Target behaviors	Stop OD, HWWS	Upgrade to improved latrine, HWWS.	Upgrade beyond improved latrine, HWWS
Possible Barriers	Cash, low priority, no time	Cash, low priority, no time	Technical options/support.
Potential Motivators of change	Dignity, privacy, comfort, convenience, shame.	Prestige, Status, Comfort, Convenience.	Prestige, Status, Comfort, Convenience
Potentially Relevant interventions	Community-led processes that correctly prioritize/identify high need households. Technical support, access to credit, smart subsidies, incentives as needed.	Support from community, visit from other communities/expertise shared. Credit, micro-loans.	Sani-marts, demonstration sites, technical support services, etc. Access to credit.

Table 1. An example of basic segmentation of consumers based on sanitation related practice

VI. Segmenting according to opportunity, ability and motivations

Identifying the key determinants of household behaviour can help us determine the nature of the sanitation interventions that need to be made in a community. One approach to analysing the determinants of behaviour, and the factors that can encourage or inhibit an action, looks at three

Motivation <i>Does the individual use a latrine?</i>	Yes	No		
Opportunity <i>Does the individual have access to services or products to install a latrine?</i>	Yes	No	Yes	No
Ability <i>Is the individual capable of paying for or building a latrine?</i>	Yes	Yes	Yes	Yes
	No	No	No	No

aspects: opportunity (does the individual have the *chance* to perform the behaviour?), ability (is the individual *capable* of performing it?), and motivation (does the individual *want* to perform it?)³.

Individuals have different levels of opportunity, ability and motivation with regard to adopting sanitation behaviours, and hence need different kinds of interventions to enable them to change their behaviour. The following table identifies various categories of individuals, who lack one or more of the three determinants.

By and large, via the CATS triggering process, we target the motivational factors of individuals. With sanitation marketing, we target the opportunity. With an equity-based approach to marketing we also include the abilities of the individual. This type of analysis allows us to go beyond the systemic/supply driven aspects of sustainability to capacity and socioeconomic factors that affect uptake.

Case Study 4. Mozambique Lessons Learned in Sanitation Marketing

CLTS has been a big success in Mozambique since its introduction in 2008. Today over 185 Communities are declared ODF, all within a few months after triggering and with most households constructing traditional (unimproved) latrines. To increase the sustainability of the programme, and to assist households to climb up higher on the Sanitation Ladder, Demonstration Centres (DCs) in each programme district were established with a range of technologies on display and for sale. Because of the enormous demand in many of the communities, and difficulties to transport dome slabs from the DC to the communities, it has been proposed to train community artisans in construction of latrines. This will help solving the problem of transportation and at the same time strengthen the role of the local private sector in sanitation marketing. In order to improve sequencing, the range of services offered by DCs is being reviewed, with suggestions to include more information and promotion services as well as piloting of credit facilities, complemented with a more comprehensive promotion of the DCs in the CLTS programme.

VII. Special strategies for reaching the poor

As discussed, an analysis of abilities provides greater insight into what the limitations and obstacles are for marginalized and extremely poor segments of the underserved population. Using the analysis above we see that in the bottom levels, the options for reaching the poor are more focused on options which limit the ability of the household to act in their best interests. Specialized strategies for addressing the interests of the poor may include (but would require further elaboration contextually):

- Assessing financing options such as access to credit; better allocation of existing community-level subsidies to ensure it is captured by the poor.
- Developing a more detailed trajectory for staged construction, such as buying and storing materials over time, building in stages, making an x-year construction plan for a toilet/bathroom and uniting to buy goods/services in bulk.

³ Devine, Jacqueline, "Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs", *Water and Sanitation Program Working Paper*, October 2009. Also see Rothschild, Michael L., "Carrots, Sticks and Promises: A conceptual framework for the management of public health and social issue behaviors", *Journal of Marketing*, October 1999.

- Better ‘packaging’ of solutions in such a way that is obvious or easily accessible to consumers, with clear pricing information, that maps out an upgrade path starting with a lower cost initial investment.
- Incentivizing small-scale providers to provide innovation and to deliver low-end service packages. Approaches such as Output-based aid may be instrumental in this (see Box 4).

There are also clearly constraints that may arise in analyzing abilities and opportunities which will require inputs from the public sector beyond the scope of marketing, such as tenuring issues and legal constraints of individuals which in the course of market segmentation will become clear and assist in the selection of feasible and effective strategies for increasing upscaling (Beth and Scott 2007 describes a market study in Ghana which a segmentation was used to assess the percentage of population likely to upgrade toilets).

Table 3. Strategies by behavioural determinant

Motivation	CATS triggering strategies
Opportunity	Sanitation marketing – stimulating local markets and supply chains
Ability	Equity focused interventions – access to credit, training, special incentives to private sector for marginalized populations served.

Box 4. Output-Based Aid as a strategy for reaching the poor

Low-income households are often unable to access basic water and sanitation services since they cannot afford to pay the user fees necessary to get a connection. **Output-based Aid (OBA)** is an aid strategy that involves giving subsidies to private service providers once they deliver their services to low-income households. The subsidies compensate for the uncollected user/connection fees.

Aid is conditional not on the inputs to providers, but on the outputs they generate. Since the payment is made after verification of the service delivery, the provider takes on the risk of non-performance. But the provider also stands to gain from any innovation that makes the delivery more efficient. OBA hence provides an incentive to service providers to expand access to services in areas which they might otherwise not have targeted. To work well, however, OBA needs a sound regulatory environment. OBA can be used to incentivize private service providers to set up working water and sewerage connections to low-income families.

Advance market commitments are similar pledges made by donors to vaccine manufacturers, guaranteeing the purchase of a certain number of vaccines for a predetermined price if and when the vaccines are developed. This creates an incentive for the industry to increase investment in research and development.

VIII. What are the respective roles of other entities in enabling the marketing of sanitation?

IX. How can UNICEF incorporate marketing into ongoing CATS programming?

1. **Continue to strengthen ongoing behavior change work in CATS.** Continue to develop the quality and process of facilitation for CATS triggering, building on the lessons of past evaluations and ensuring quality training of facilitators.
2. **Understand the local market and barriers to sustainable sanitation behavior.** Undertake national assessments of the sanitation market, with a view to understand current sanitation practice, understand the consumers, and appropriate technical options, gaps in existing markets, and capacity.
3. **Ensure equity by developing a deeper understanding of obstacles to uptake by marginalized groups.** Develop a better understanding of the motivations and limitations that are particular to marginalized and the poorest population segments, acknowledging that cost is not the only barrier to buying a latrine; other important factors are operation and maintenance, space, lack of awareness, lack of credit facilities and government legislation such as building permits.
4. **Develop a market segmentation or typology to assess various market segments to be addressed.** Develop a stratification based on known population segments that share similar motivations, abilities and opportunities and use this as a basis to develop marketing strategies for relevant products/services for each group. Ensure equity by including special strategies for reaching the lowest quintiles.
5. **Develop a strategy for marketing products and services to each group.** Considering budget and feasibility, select elements of the segmentation to implement that deliver the greatest reach and potential for uptake by the mainstream and marginalized groups.
6. **Test marketing strategies**
7. **Develop and test a sanitation monitoring system** that is simple, participatory and can be fed into broader monitoring efforts at district or national levels (i.e., for verifying ODF, verifying uptake of various products/services, etc.).
8. **Understand/support development/understanding of the roles of different players-** government, private sector, NGOs- in sustaining sanitation and reinforce/support these roles/process.

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