

# **Advocacy for Water, Environmental Sanitation and Hygiene**

Thematic Overview Paper

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Please note that the TOPs are a web-based series. However, we feel that those who don't have access to the Internet should be able to benefit from the TOPs as well. This is why we have also made them available as paper versions.

The structure of the TOP web pages is different from that of the paper documents. We have tried to accommodate that by placing the links in footnotes of this document and also by placing information that is not part of the running text of the web version, in the annexes of this paper version.

However, you may still come across some sentences or paragraphs that seem a bit strange in this paper version. If you do, then please keep in mind that the TOPs are primarily intended to be web pages.

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## *Thematic Overview Papers (TOPs): an effective way to TOP up your knowledge*

### **Do you need to get up to speed quickly on current thinking about a critical issue in the field of water, sanitation and health?**

Try an IRC TOP (Thematic Overview Paper). TOPs are a new web-based initiative from IRC. They combine a concise digest of recent experiences, expert opinions and foreseeable trends with links to the most informative publications, websites and research information. Each TOP will contain enough immediate information to give a grounding in the topic concerned, with direct access to more detailed coverage of your own special interests, plus contact details of resource centres or individuals who can give local help. Reviewed by recognised experts and updated continually with new case studies, research findings, etc, the TOPs will provide water, sanitation and health professionals with a single source of the most up-to-date thinking and knowledge in the sector.

### **Contents of each TOP**

Each TOP consists of:

- An Overview Paper with all the latest thinking
- Case studies of best practice
- TOP Resources:
  - links to books, papers, articles
  - links to web sites with additional information
  - links to contact details for resource centres, information networks or individual experts in your region
  - a chance to feedback your own experiences or to ask questions via the Web.

To help those who have little or no access to the Internet, the TOPs will be available in hard copy format too. IRC will produce printed copies at intervals, and the website will contain a .pdf version of the most up-to-date version, so that individuals can download and print the information to share with colleagues.

The TOPs are intended as dossiers to meet the needs of water, sanitation and health professionals in the South and the North, working for national and local government, NGOs, community-based organisations, resource centres, private sector firms, UN agencies and multilateral or bilateral support agencies.

Not all the information will be of interest to everybody. The strength of the TOPs is that you can easily find the parts that matter to you. So, if you want to be up-to-date on what is happening in this important sector, don't search around aimlessly; go straight to the TOP!

## *Advocacy for water, environmental sanitation and hygiene*

IRC's Thematic Overview Papers (TOPs) aim to give their readers two kinds of help:

- Easy access to the main principles of the topic -- in this case Advocacy for Water, Environmental Sanitation and Hygiene <sup>1</sup> -- based on worldwide experiences and views of leading practitioners.
- Direct links to more detailed explanations and documented experiences of critical aspects of the topic on the world wide web.

The audience for whom the Advocacy for Water, Environmental Sanitation and Hygiene TOP has been written is wide. It consists of policy makers, practitioners, educators, trainers and researchers in the fields of health, hygiene, water supply and sanitation, but also those involved in broader programmes for the alleviation of rural or urban poverty.

This TOP may therefore meet different aims of different users: an introduction to, and a rationale for, Advocacy for Water, Environmental Sanitation and Hygiene for policy makers and programme planners and managers; access to recent research and case studies for researchers, educators and trainers; information on approaches and experiences of colleagues for practitioners; and opportunities to give your feedback or add your contributions <sup>2</sup>.

In this Thematic Overview Paper we focus on the issue: water, sanitation and hygiene for all. We link this to existing campaigns, such as the WASH - Water, Sanitation and Hygiene for all - campaign of the Water Supply and Sanitation Collaborative Council (WSSCC) <sup>3</sup>. This campaign was launched at the Bonn Freshwater Conference in December 2001. It emerged from the earlier efforts on public information and promotion for water and sanitation in the 1980s, followed by the work of an international working group on Information, Education and Communication (IEC) of the WSSCC. This group from 1991 - 1997 developed and tested various advocacy and communication <sup>4</sup> tools.

The links between advocacy, social mobilisation and communication are explained with an example from an eight-year sanitation programme in Bangladesh. In the section Why this theme matters starting on page 3, the key messages and the process of the WASH campaign are being described.

Global public information and promotion and IEC efforts in the 1980s and 1990s and the problems associated with them provide valuable lessons for future advocacy work. Integrated Marketing Communication (page 14) for behavioural impact in health and social development builds on lessons from commercial marketing. To achieve a specific behavioural result for a specific target group a carefully designed strategic, integrated marketing communication plan is essential.

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1. <http://www.irc.nl/page.php?page=69>

2. For this paper version, send your comments and contributions to Sascha de Graaf (graaf@irc.nl)

3. [http://www.wsscc.org/load.cfm?edit\\_id=57](http://www.wsscc.org/load.cfm?edit_id=57)

4. <http://www.irc.nl/themes/communication/index.html>

A set of examples of successful single issue-based advocacy campaigns (page 15) is followed by the Implications at different levels (page 17) for planning and implementing advocacy and communication programmes, and what steps to follow.

TOP books, web sites, and other on-line resources provide information about the experiences of agencies with special expertise in advocacy. For information on organisations that can help you further in your work on hygiene, you may go to TOP Contacts. These sections, as well as the others, are interactive. You can add your contribution by using the appropriate forms.

Research for advocacy and communication programmes (page 36) is mainly done in the formative stage while the programme is being designed. A list of five major advocacy topics containing information on 16 issues illustrates the need to focus. The major categories are: hygiene, sanitation, gender, institutional/sector reform and resource centre development/capacity building.

Targets, indicators and monitoring (page 18) of advocacy action on the basis of targets and indicators is needed to check whether the programme is reaching its goals and to see where changes are called for. Impact research and evaluation methods need to be planned in advance. Two major evaluation studies dealing with hygiene promotion are looked at in more detail.

This TOP ends with a quiz (page 43) that you may want to do now, before you read the TOP.

In the web version of this document you will find the main components of this TOP in the menu on the left. If you want to read the TOP from start to finish go to Understanding advocacy, social mobilisation and communication and click on 'continue' or 'read on' at the bottom of every page. This will take you through the whole TOP. If you wish to short-circuit the full read, the menu on the left allows you to hop to any special area of interest you may have within the TOP.

As you read, you will find various links to other documents with useful and more detailed advice or experiences. In most cases, the underlined link will take you first to an abstract on this website telling you more about the linked document. You may then decide whether to let your browser take you to the full reference for reading, printing or downloading.

# *Understanding advocacy, social mobilisation and communication*

## **Introduction**

What is advocacy? Advocacy is the action of delivering an argument to gain commitment from political and social leaders and to prepare a society for a particular issue. *Advocacy* involves the selection and organisation of information to create a convincing argument, and its delivery through various interpersonal and media channels. Advocacy includes organising and building alliances across various stakeholders.

On its own, advocacy cannot achieve much. Social mobilisation and effective communication are also essential to achieving its objectives.

There are several different ways of looking at and understanding advocacy. In this overview we follow a well-tested approach that sees advocacy as part of a wider continuum of a communication process, that includes social mobilisation and programme communication (McKee, 1992). The first component in this continuum is creating awareness and gaining the commitment of decision-makers for a social cause, and this is called advocacy. Increasingly, advocacy is people-based and people-driven. A rights-based approach to development is also very helpful in understanding advocacy.

## **Continuum**

Figure 1 is an example of how McKee's communication planning continuum was used for the Sanitation for All in Bangladesh programme that the Government of Bangladesh implemented from 1993 to 1998 with UNICEF and Danish and Swiss support. Political will, when combined with an investment of over 4 million US dollars and the support of appropriate and effective allies, contributed to an increase in the use of sanitary latrines from 10 percent to nearly 40 percent of the population <sup>5</sup>.

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5. <http://www.irc.nl/themes/communication/cases/bangladesh.html>





*Figure.1 Communication planning process (McKee, 1992)*

After 1998 the outbreak of arsenic pollution of groundwater in Bangladesh triggered different advocacy action in and outside Bangladesh. As a result less attention was paid to sanitation promotion and the commitment for action dwindled.

## Advocacy action

Advocacy is the action of delivering an argument to gain commitment from political and social leaders and to prepare a society for a particular issue. Advocacy involves the selection and organisation of information to create a convincing argument, and its delivery through various interpersonal and media channels. Advocacy consists also of organising and building alliances across various stakeholders.

Advocacy starts from the basic premise that the issues we are concerned about are political and politicised. Questions such as who decides to place what infrastructure, when and where; when to prioritise or de-prioritise services for the poor; how much to allocate and why – these are all political questions. How people gain a voice to argue for their positions, regardless of how well researched or presented, is also a political question.

Existing policies, current attitudes to the poor, ongoing practices by development practitioners and bureaucrats and the relatively weak voice of poor people in determining priorities, all contribute to lack of prioritisation of water and sanitation services for the poor and marginalised.

The goal of advocacy is not only to make the issue a political or national priority and to achieve change in policy and practice. It also aims to build transparency and accountability in policy-making and decision-taking, and to build the capacity of civil society and of grassroots people and organisations to act for change.

Advocacy is carried out through a large number of what are traditionally known as information and public affairs activities.

Advocacy, in the first instance, may be carried out by key people in international agencies, as well as special ambassadors, but is gradually taken over by people in national and local leadership positions and by the print and electronic media. Increasingly in this multi-polar world where e-mail communication is used by NGOs in the remotest areas, advocacy may be led by local actors from the south, then picked up by international agencies – especially in relation to highlighting issues.

### **Advocacy tools**

*Interpersonal meetings* are the most effective and participatory advocacy tools, but with the limited availability of advocates in the field, the potential number of people reached is limited and further expansion is costly. Other common tools used for advocacy include:

- *lobbying* to influence the policy process by working closely with key individuals in political and governmental structures;
- *meetings*, usually as part of a lobbying strategy;
- *negotiation*, to reach a common position;
- *project visits*, to demonstrate good practice.

Many advocacy initiatives involve members of the general public influencing policy makers. Tools for reaching the public include newsletters, e-mail/internet, flyers, pamphlets, booklets, fact sheets, posters, video and drama, petitions and canvassing.

The media (press, TV and radio) reach the general public and contribute to setting the agenda for politicians and policy makers. Many of these tools overlap or are used in conjunction with each other. For example, policy makers need to be personally contacted to benefit from dialogue and influence decisions.

On its own advocacy will not achieve much. Social mobilisation is also absolutely essential to achieving advocacy objectives.

### **Social mobilisation**

*Social mobilisation* is the process of bringing together allies from various sectors to raise awareness of and demand for a particular development programme or policy change. The process mobilises allies at different levels in society to assist in the delivery of resources and services, to strengthen community participation for sustainability and self-reliance, and to bring about transparent and accountable decision-making. Social mobilisation is the glue that binds advocacy to planned and researched programme communication.

*Programme communication* is the process of identifying, segmenting and targeting specific groups and audiences with particular strategies, messages or training programmes; reaching them through various mass media and interpersonal channels, both traditional and non-traditional. Effective communication is a two-way dialogue, where senders and receivers of information interact on an equal footing and where this interchange of knowledge and experience leads to mutual discovery. During effective communication, planners, experts and field workers learn to listen to people about their concerns, needs and possibilities.

## **Advocacy in practice**

WaterAid and other NGOs in the UK with project partners in the developing world have since 2000 recognised and applied four dimensions of advocacy<sup>6</sup>:

- *policy dimension* – changes in policy, attitudes, practices, programmes, direction of resource allocation, etc.;
- *civil society dimension* – the strengthening of capacity and power of civil society so that they could take their seat at the table and play an effective role in policy making and decision-taking;
- *democratic space dimension* – improving the accountability of those who lead/govern, and increasing the legitimacy of civil society participation in policy making/decision-taking;
- *individual gain dimension* – improving people's material gains in terms of quality of life, as well as expanding their awareness of themselves as citizens with rights and entitlements and the responsibility to act on them.

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6. [http://www.wateraid.org.uk/site/in\\_depth/why\\_advocacy/default.asp](http://www.wateraid.org.uk/site/in_depth/why_advocacy/default.asp)

## *Why this theme matters*

The Water Supply and Sanitation Collaborative Council (WSSCC) launched the Water, Sanitation and Hygiene for All, WASH campaign <sup>7</sup> at the International Conference on Freshwater in Bonn, Germany in December 2001 as a concerted global advocacy effort by members and partners of the Collaborative Council to place sanitation, hygiene and water firmly on the political agenda. The Council has been advocating for these issues since 1991 the end of the International Water Supply and Sanitation Decade.

Hundreds of members of the Collaborative Council met in Foz do Igauçu, Brazil in November 2000. Collectively, they considered both Vision 21 and the JMP Global Assessment Report, and reached consensus on the way forward. That way forward is described in the Iguauçu Action Programme (IAP). The IAP indicates how we can put Vision 21 into practice, to progress from the current situation to our desired goal. It is aimed at everybody around the world who is involved in water, sanitation and hygiene, from individual householders to politicians and decision-makers.

Better hygiene, more sanitation facilities and safe water supplies are among the goals of the Iguauçu Action Programme (IAP) agreed upon at the Fifth Global Forum of the Council end November 2000 by some 250 “ambassadors” for VISION 21: Water for People <sup>8</sup>.

### **Key messages**

The WASH campaign has three key messages:

#### **1. The silent emergency**

Billions of people are without adequate sanitation, resulting in 6,000 unnecessary deaths every day.

#### **2. Women and children suffer the most**

There are still 2.4 billion people around the globe without access to adequate sanitation facilities, with devastating consequences for women and children. Where there are no latrines girls commonly avoid school. Without latrines women and girls wait until dark to defecate, exposing themselves to harassment and sexual assault. Infectious diseases associated with lack of water and sanitation put women’s reproductive health at risk. Diarrhoea resulting from poor sanitation and hygiene is responsible for the death of more than two million impoverished children each year.

#### **3. Sanitation is not a dirty word**

Many politicians and decision-makers do not realise that providing access to sanitation facilities is relatively inexpensive, and will halve the death toll for those who do not currently enjoy this fundamental human right. Politicians need to realise that water, hygiene and sanitation are entry points for poverty reduction. Because the neediest have the least political power, leaders have little incentive to focus on this issue.

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7. [http://www.wsscc.org/load.cmf?edit\\_id=57](http://www.wsscc.org/load.cmf?edit_id=57)

8. [http://www.wsscc.org/load.cmf?page=events\\_3.cfm](http://www.wsscc.org/load.cmf?page=events_3.cfm)

## **Poverty, sickness and death toll: shameful and scandalous**

What do these three key arguments add up to? The poverty, sickness and death toll on these populations are shameful and scandalous in these times of relative prosperity. Many of those affected are impoverished women and children living in squalor in Asia, Africa, Latin America and the Caribbean. Women and girls pay a high price in terms of loss of dignity, lack of education, increases to their already heavy workloads and in infectious diseases. In some countries in Eastern and Central Europe as well as the Middle East many people also suffer in misery from lack of these basic facilities. Improper disposal of human wastes is one of the developing world's most serious public health problems. The statistics are staggering: diarrhoea – dehydration caused by this disease has killed more children in the last ten years than all the people lost to armed conflict since World War II.

## **Why do politicians and decision-makers turn a blind eye?**

Why then do politicians and decision-makers turn a blind eye? Why do the world's citizens not exert greater pressure on their leaders for action to solve this crisis? The reasons are many and complex. Politicians and decision-makers consider sanitation a dirty word. They do not realise that they could halve the death toll on the half of humanity that do not enjoy these fundamental rights. There are few incentives and little prestige or political capital to encourage politicians to tackle sanitation, because those who are most in need have the least political power.

Water has always played a key role in people's cultures and priorities. It is natural that they should demand water rather than sanitation or hygiene promotion as their first priority. However, while investments in water quality and quantity can reduce deaths caused by diarrhoea by 17 per cent, sanitation can reduce it by 36 per cent and hygiene by 33 per cent. One reason why these figures are overlooked is that water sector agencies are typically led by highly qualified water engineers, who are untrained or uninterested in sanitation or hygiene.

## **Crisis of management and political will**

The impending water and sanitation crisis in the developing world is a crisis of governance and political will. Many governments are failing to address the needs of its poor and marginalised inhabitants who often pay a higher price than the rest of society for water and sanitation services. Unless there is a shift to involve people at the centre of water management, this precious resource will cause conflicts among communities and between countries and will widen the gap between the rich and poor. Stronger public accountability, better regulations and legislation and more effective monitoring of water and sanitation services are all needed to improve governance and service delivery, especially to the poorest of the poor. The WASH campaign promotes partnerships between the public and private sectors to provide more equitable and affordable services. It aims for priority to be given to the poor, particularly women and children who suffer the heaviest burden of poverty and sickness.

WASH aims to raise the commitment of political and social leaders to achieve these goals and the necessary behavioural changes. This will involve using traditional and mass media, focusing on hygiene promotion in schools, training and building the local capacity for communications and improving networking and research.

## Campaign approaches

The Collaborative Council Secretariat will provide strategies and guidance to test and adapt a “communication for development” methodology for the campaign, with the help of its Regional and National Co-ordinators, partner organisations and allies in different parts of the world. This methodology has been successfully used by UN organisations and donor agencies such as UNICEF, WHO and USAID in implementing health, water and environmental sanitation programmes in the developing world.

This social mobilisation and advocacy strategy calls for a range of partnerships to be developed among stakeholders, from policy-makers, practitioners and community, religious and business leaders, to schools and sector professionals, and individual households and families. The media features significantly in this strategy to bind all segments of society to support the necessary changes in policy, behaviour and practice.

These campaign approaches will include:

- Mobilising communities and promoting people-centred approaches,
- Building partnerships across sectors and disciplines,
- Collecting science-based information and sharing experiences,
- Finding ways to allow the voices of ordinary people to be heard,
- Working with an informed and responsible media.

## Management of the campaign

The WSSCC Secretariat in Geneva, Switzerland, provides the overall management and co-ordination of the global WASH campaign. Regional and national co-ordinators in different parts of the world play pivotal roles in defining strategies relevant to their own environments and to implementing activities on the ground with the help of partner organisations and various segments of civil society. A generic set of advocacy materials is being developed by the Council and will be made available on its website<sup>9</sup>. Council members, numbering over 1,100 professionals in more than 140 countries, all act as ‘goodwill ambassadors’ for WASH. These professionals include, among others, water, sanitation and hygiene practitioners, information specialists, sociologists and community leaders, representatives of government and non-governmental organisations, United Nations agencies, bilateral and multilateral donors, regional banks, private sector, academic and training institutions, professional and community associations.

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9. <http://www.wsscc.org>.

## *A brief history*

Global advocacy for water and sanitation has been attempted since the UN Water Conference in Mar del Plata, Argentina, in 1977<sup>10</sup>. This contributed to the launch of the UN International Water Supply and Sanitation Decade (1981-1990) under the slogan ‘Water and Sanitation for All by 1990’. The number of people served in the Decade was impressive, but the number of unserved hardly decreased. During the Decade the basic provision of a handpump and latrine had become four times cheaper, which can only partly be contributed to advocacy work. In fact, during the Decade funding for water and sanitation actually decreased.

Two quotes at the end of the Decade illustrate how little progress was made in advocacy for water. In 1990 the Working Group on Information recommended to the Collaborative Council (1990) that it should:

*“Resolve to collaborate in the preparation of a coordinated public information strategy for the water supply and sanitation sector in the 1990's and commit resources for a sustained public information campaign at national and international level”.*

Jack Ling<sup>11</sup> in *Water - a vital wellspring for human development* (1990), said:

*“With the close of the Water Decade it cannot be assumed that public interest and financial support will continue, without a planned programme of communication. It is axiomatic that a public information and promotion programme should be designed to support national efforts in the developing countries.”*

The Global Consultation for *Safe Water 2000* in New Delhi in September 1990 drew lessons from the Decade, resulting in the New Delhi Statement: “Some for all rather than more for some”<sup>12</sup>. The 1992 International Conference on Water and Environment and Development in Dublin put integrated water management on the political agenda and was the bridge to the Earth Summit – UN Conference on Environment and Development, held in Rio de Janeiro in June 1992. There, world leaders endorsed Agenda 21’s Chapter 18<sup>13</sup> on the protection of freshwater resources.

## **Noordwijk Conference 1994**

To help convert the professional and political consensus into action, the Netherlands Government convened a Ministerial Conference on Drinking Water and Environmental Sanitation in Noordwijk in March 1994. One of the recommendations from Noordwijk showed how small the progress had been on advocating key messages in the first four years of the 1990s:

*“Governments should develop programmes, both at national and international levels, presenting priorities for the water and environmental sanitation sector and develop coordinated action programmes to advocate for the sector at all levels- political, public, technical, and financial”.*

10. <http://www.undp.org/seed/water/strategy/4.htm#42>

11. <http://www.irc.nl/themes/communication/vital.html>

12. <http://www.jiscmail.ak.uk/files/wsscc/newdelhi.doc>

13. <http://www.un.org/esa/sustdev/agenda21chapter18.htm>

## Integrated Water Resources Management

With more than half of the 1990s gone, the World Water Council <sup>14</sup> was established in Marseille, France, in 1996 as a non-profit global think tank raising awareness about the importance of water. The Global Water Partnership <sup>15</sup> was established by the World Bank to facilitate action on Integrated Water Resources Management in countries. The mission of the World Water Council is to promote awareness and build political commitment, up to the highest decision-making level, to facilitate efficient conservation, protection, development, planning, management and use of water in all its dimensions on an environmentally sustainable basis for the benefit of all life on earth.

To fulfill its missions and objectives, the World Water Council has created the World Water Forum, accompanied by a major Ministerial Conference every three years. The first one in 1997 in Morocco endorsed the development of a Vision for Water, Life and the Environment. This was endorsed with a Putting the World Water Vision into action plan in March 2000 at the Second <sup>16</sup> WWF in the Hague.

VISION 21: Water for People <sup>17</sup> is part and parcel of the World Water Vision. The Third World Water Forum <sup>18</sup> is in Japan, in March 2003.

### The problems

This short summary shows one of the problems with advocacy in the water and sanitation sectors: a succession of too many initiatives: too many international conferences dealing with water without sufficient national follow-up, too many good intentions from a relatively small group of international experts without real grounding in national and community settings.

Other problems include:

- Too many messages, too many organisations dealing with water; insufficient involvement of civil society, and the lack of a concerted, well researched, monitored long-term advocacy and communication programming.
- No clear understanding that advocacy (gaining political and societal commitment for a cause) is part of a wider communication development process that encompasses social mobilisation (of relevant allies and partners) and programme communication (media use etc).
- Lack of an overall international agency to champion water, sanitation and hygiene, in the way that the International Red Cross does for emergencies, UNICEF for mother and child care, WHO for health, UNEP for environment, UNFPA for family planning and FAO for food and agriculture. Lack of national-level and local-level champions lead a push for change.
- Advocacy for prioritising water, sanitation and hygiene has never reached the grassroots and has not involved wider civil society. Insufficient links have been made with social movement groups like women's groups, organisations of the urban poor, farmers' cooperatives and local NGOs working on environment, against poverty, etc. Advocacy has been mainly directed at the professional and global bureaucracy levels.

14. <http://www.worldwatercouncil.org>

15. [http://www.gwpforum.org/servlet/PSP?chStartupName=\\_about](http://www.gwpforum.org/servlet/PSP?chStartupName=_about)

16. <http://www.waternunc.com/gb/secWWF.htm>

17. [http://www.wsscc.org/activities/load.cfm?edit\\_id=45](http://www.wsscc.org/activities/load.cfm?edit_id=45)

18. <http://www.worldwaterforum.org/>



Funding for public information and awareness raising has decreased in many UN and bilateral agencies, as is illustrated by the relatively poor performance of the UN World Water Day celebrations organised by a different UN agency each year since 1993 <sup>19</sup>.

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19. <http://www.worldwaterday.org>

## *Concepts, lessons, good examples*

### **Integrated Marketing Communication**

A recent paradigm that the author of this TOP has found useful for the water, sanitation and hygiene is Integrated Marketing Communication (IMC) <sup>20</sup> for behavioural impact in health and social development. This draws lessons from commercial marketing to achieve a specific behavioural result for a specific target group with a carefully designed strategic, integrated marketing communication plan.

IMC suggests that key conventional "Information-Education-Communication" (IEC) programmes in health have been able to increase awareness and knowledge, but they have not been as successful at achieving behavioural results. It is clear that informing and educating people are not sufficient bases for behavioural responses. Behavioural impact will emerge only with effective communication programmes, purposefully directed at behavioural goals, and not directed just at awareness creation, or advocacy or public education.

Private sector experience over 100 years in successfully using IMC with consumer behaviour (for products both awful and superb) points to an approach applicable to health and social development. IMC begins with the client/consumer and a sharp focus on the anticipated behavioural result, clearly mapped out by practical market research or situation analysis related to the desired behaviours. This requires the integrated application of the disciplines of health education, adult education, mass communication, social and community mobilisation, folk media, marketing (including village-level marketing traditions), advertising, public relations and public advocacy, counseling, client/customer relations, and market research to achieve the ultimate goal of behavioural results.

### **Eight steps**

Integrated marketing communication involves the following eight steps:

1. State overall goal and behavioural results/objectives;
2. Situational 'market' analysis vis-à-vis the precise behavioural result;
3. Strategy for achieving behavioural results, including communication objectives and an outline communication strategy;
4. IMC plan of action, specifying integrated communication actions to be undertaken with details on Message, Sender, Channel, Receiver, Effect, Feed back and Setting (MSCREFS);
5. Management of the IMC plan.
6. Progress monitoring and impact assessment;
7. Calendar / time-line / implementation plan;
8. Budget.

The New York University and Dr. Everold Husein (now Communication Advisor at WHO) who combines 25 years of commercial marketing and social marketing with public health communication experience are offering a three-week summer IMC course for planners dealing with communication challenges on health and social topics in the developing world. See Courses and Conferences (p. 34).

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20. <http://www.nyu.edu/education/summer/imc>

## Examples

Here are a few examples of successful advocacy ranging from longer running programmes using the mix of advocacy, social mobilisation and programme communication to quick, single issue-based campaigns:

- The successful international guinea worm eradication campaign shows the impact of effective advocacy action<sup>21</sup>. It also shows that it takes a long time and may need to be repeated. The campaign started in 1989 with nationwide searches for cases, and by highlighting the socio-economic impact of infestation. Internationally, the campaign was boosted by former President Jimmy Carter, who was able to open doors at top level. WHO and UNICEF put their weight behind it. Nationally, it was characterised by personal communication from national leaders. The impact of communication at local, national and global level came together for maximum effect.

The number of people infected by guinea worm worldwide has fallen by 98% since 1989, but war and lack of financial backing in countries still plagued with this debilitating disease are allowing the number of cases to increase again. The World Health Organization and influential campaigners were in March 2002 calling for a final effort to eliminate the disease in countries where cases have fallen to low levels, and for new approaches to create the space to rescue communities still living with the guinea worm in conflict zones.

These challenges were addressed at a meeting in Khartoum, Sudan, in March 2002 involving former U.S. President Jimmy Carter, two other former heads of state, eight ministers of health and public health leaders from all countries where guinea worm exists.

- **The Dona Flávia Experience** <sup>22</sup> in the Philippines is an excellent example of how since 1999 in the most populated barangay of the municipality of San Luis in Agusan del Sur, in the Philippines, advocacy helped to create an enabling environment for community management of water and sanitation systems. The Philippine Centre for Water and Sanitation/International Training Network Foundation, Manila, supported this process. In October 2001 the local government was replicating the approach in other barangays.
- **Clean up of Hudson river** – USA <sup>23</sup>. Called to action by the US based Citizens Campaign for the Environment (CCE) (a grassroots campaign to restore the Hudson River), over 12,000 of CCE's Hudson Valley members and supporters agreed with the proposed cleanup plan and signed petitions and submitted comments to the Environmental Protection Agency (EPA). As a result of this backing by civil society and the support generated by other pro-cleanup advocates, the EPA announced in August 2001 plans to force General Electric to clean up its mess.
- **WaterAid' s first campaign Water Matters** <sup>24</sup> culminated at the World Summit on Sustainable Development (WSSD) in September 2002. Leading up to the WSSD the UK NGOs WaterAid and Tearfund had an online petition as part of their advocacy work influencing the UK government. The petition was signed by 121,770 members of the public in the UK.

21. <http://www.irc.nl/themes/communication/cases/guinea.html>.

22. <http://www.irc.nl/manage/manuals/donaflaviacs.html>

23. <http://www.citizenscampaign.org/newsletters/fall2001.htm>

24. [http://www.wateraid.org.uk/site/in\\_depth/campaigns/](http://www.wateraid.org.uk/site/in_depth/campaigns/)

There are more case studies in WaterAid's advocacy guide *Advocacy, What is it all about?*<sup>25</sup>. These include:

- **Contributing to the National Rural Water Strategy: Uganda**  
The final strategy document contains two advocacy objectives: promoting the role of the NGOs in the provision of water and sanitation services in rural areas, and how community management might be implemented.
- **Contributing to the National Water and Sanitation Strategy: Zambia**  
WaterAid's contribution to the final strategy was to emphasise the need to understand why a commitment to community contributions was necessary for water provision.
- **The Mole Conference Series: Ghana**  
WaterAid and ProNet have since 1997 organised the annual national conference for the water and sanitation sector held in Mole, central Ghana. The conference, together with other advocacy initiatives, has been instrumental in changing government policies towards hand-dug wells in Ghana, which are now recognised and accepted. Other issues, such as the role of women in water management, challenges of community water, and issues of sustainable sanitation were debated. Collaboration and co-ordination has increased as a result of the Conference series.
- **More flexible government subsidies for sanitation: India**  
WaterAid targeted two leading government programmes as a result of a successful, more flexible approach to sanitation promotion in Tamil Nadu, India, that since the mid 1990s has included varying levels of subsidy and loans for latrine construction. This achieved some key advocacy objectives including a restructured Total Rural Sanitation Programme that accepted reduced and differential subsidy levels and different models of latrines, so that more subsidy is now targeted to those in need.

Key factors in the success of this advocacy initiative have been assessed as:

- demonstrating successful initiatives in the field,
- providing cheaper, alternative models which still meet the required standards,
- the strength of the NGO network in providing support and a unified voice when dealing with government,
- the reputation of the NGOs in the network.

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25. [http://www.wateraid.org.uk/site/in\\_depth/why\\_advocacy/default.asp](http://www.wateraid.org.uk/site/in_depth/why_advocacy/default.asp)

## *Implications at different levels*

Taking an advocacy and communication approach will require changes in the following:

- Design of WSS programmes;
- Capacity building for the organisation, and for programme staff;
- Resources to build advocacy and communication into programmes;
- Network building and networking;
- Addressing the capacity needs of people in communities for advocacy work.

## **Steps to create a strategy for advocacy and communication**

The steps to follow as identified by the Water Supply and Sanitation Collaborative Council's IEC working group in 1997 can be summarised as follows:

What is the issue? What are we trying to achieve?	ISSUE
What behavioural change does this involve?	BEHAVIOUR
Who are the target groups? (whose behaviour needs to change?)	WHO
What are the present knowledge, attitudes, practices of the target groups?	KAP
What type of messages will be used?	MESSAGE
Will the messages be two-way?	TYPE
Will information provider also listen?	TYPE
Who will help in communication?	MESSENGERS
What field test will be carried out?	FIELD TEST
What media and tools will be used?	TOOLS
What are the indicators for results?	INDICATORS
What are the costs and the budget?	COSTS
What revisions are needed after the field test?	REVISE

The Resource booklet for Communication in Water Supply and Sanitation <sup>26</sup> can also be used as a tool to design a communication strategy as part of an overall water and sanitation programme. Chapter 5 provides basic elements for messages to key target groups, which need adjustment to local situations and problems. Chapter 7 contains Basic Steps for Preparation and Implementation of an advocacy and communication programme.

## **Do's**

- Make sure you link advocacy and communication posters, pamphlets and videos to a strategic communication plan.
- Only produce materials as part of a campaign.
- Pre-test messages, posters pamphlets and pictures with a selection of key consumers.
- Ensure that you organise how you will measure the impact of your advocacy efforts.

26. <http://www.irc.nl/themes/communication/resbook/>

## *Targets, indicators and monitoring*

Monitoring and evaluating advocacy work is relatively new territory for NGOs and donors. The earlier mentioned training guideline ‘How to do advocacy’ from the British Overseas NGOs for Development (BOND) contains a useful online note <sup>27</sup> on this topic.

There are some excellent materials recently published regarding the monitoring and assessment of impact of advocacy work:

- *Impact Assessment for Development Agencies: learning to value change*. Roche, C, 1999, Oxfam Development guidelines, Oxfam and Novib, UK. This is a comprehensive and thorough discussion of impact assessment and it includes a chapter devoted to advocacy impact assessment, which builds on Roche and Bush 1997 and discusses various approaches, constraints and key considerations for assessing advocacy impact.
- *Assessing Impact of advocacy work*. Roche, C and Bush, A, 1997 *Appropriate Technology*, Vol. 24, No. 2  
There is also an excellent more general survey of impact assessment of advocacy methodologies and tools. We include this because it would be good for the WSS sector to look at how advocacy is being monitored and assessed beyond the sector.
- *Monitoring and evaluating advocacy: A scoping study*, by Jennifer Chapman and Amboka Wameyo, Jan 2001 ActionAid, UK.  
The basic lesson is that if your advocacy objectives are vague and unspecific, it is almost impossible to monitor or evaluate your progress.

### **Indicators of political will**

Kraig Klaudt, Advocacy Campaign Coordinator WHO-Geneva made useful contributions at the 2001 Integrated Marketing Communication Summer course at NYU (see Courses and Conferences, p. 34) on indicators of political will. In a STOP-TB eForum <sup>28</sup> discussion from Aug to Nov 2001 he summarised the following indicators for the existence and emergence of ‘political will’:

1. One could imagine a number of specific, ultimate behavioural outcomes that one could track, which would indicate increasing, static or decreasing political will for hygiene promotion within a country. To name a few:
  - appointment of high-caliber hygiene promotion programme leadership;
  - relative salaries of hygiene promotion programme staff compared to other staff;
  - size and administrative positioning of hygiene promotion within the MOH/Min of Water;
  - specific changes in hygiene promotion policy, legislation or regulations;
  - implementation of hygiene promotion policies, legislation or regulations;
  - changes in levels of hygiene promotion funding;
  - actual allocation of hygiene promotion funding.

27. <http://www.bond.org.uk/advocacy/guideval.html>

28. <http://archives.healthdev.net/stop-tb/>

2. In attempting to achieve these outcomes, one could measure many intermediary attitudinal indicators, which could suggest whether or not one's advocacy strategies are on target for achieving the desired behavioural outcomes. This would involve pre- and post- tests (using opinion polls, focus groups, etc.) among decision-makers regarding changes in their awareness, knowledge, attitudes and values toward hygiene promotion.
3. In influencing positive changes in awareness, knowledge, attitudes, values - and ultimately influencing the political behaviour of decision-makers toward WSS - one could monitor the level of advocacy activities. Successful advocacy strategies are often a prerequisite for positive behavioural outcomes by decision-makers. Some basic measurements of advocacy activities include:
  - amount and quality of media coverage;
  - frequency and scope of advocacy activities by partners and coalitions;
  - amount of discussion in legislatures and political for a number of useful and highly visible political statements by celebrities and decision makers.
4. Effective advocacy is usually predicated by the capacity of organisations or networks to conduct effective advocacy activities (advocacy capacity is not the same as IEC capacity). Since this is the foundation of the entire process of creating political will, these are the most basic and rudimentary indicators that can be measured in monitoring the process toward achieving greater political will for water and sanitation services. Some examples include:
  - number of advocacy staff,
  - experience of advocacy staff,
  - size of advocacy budget,
  - size, diversity and influence of advocacy coalition,
  - existence of a strategic plan for national advocacy,
  - number and quality of advocacy materials and media events,
  - frequency of communication with political leaders.

The inability to invest in the capacity for hygiene promotion advocacy is one of the main reasons why desirable *behavioural outcomes* by decision-makers for hygiene promotion are often not forthcoming. This investment in hygiene promotion advocacy must be made by NGOs, associations, universities, health services, the private sector, and donors. Political will rarely emerges by accident.

## Impact research and evaluation methods

A short general introduction on this topic comes from the Johns Hopkins University Center for Communication Programs. “Impact research estimates the net effects of an intervention apart from other factors that might affect the outcome. Impact is best measured by the classical experimental design, with random assignment of subjects to treatment and control groups. Activities that allow for random assignment, such as interpersonal communication/counseling training and some types of community mobilisation are used when feasible. Activities reaching entire populations, such as mass media, cannot use this design. JHU/CCP generally use quasi-experimental designs and research techniques to evaluate these and other combined activities. A combination of these methods allows for the strongest possible causal inference about the effects of communication”. They also give examples of some of their methods for impact evaluation<sup>29</sup>.

29. <http://www.jhuccp.org/r&e/index.stm>.

## **Two major evaluation studies on hygiene promotion**

Two major studies have been done on evaluations of effectiveness of health/hygiene promotion. John Hubley (2001) is slightly more positive than Cave and Curtis (1999).

Hubley's main conclusion from research he started in 1997 is that: "Evidence exists for many health topics and methods that well designed health education/communication programmes can bring about changes in knowledge, attitudes, behaviour change and in some cases improvements in health". See next section.

Cave and Curtis, based on their review of the literature of 31 cases between 1987 to 1999, claim that: "although health education is promoted as a major factor in preventing ill health and disease, there is little evidence of its actual impact in terms of changing people's behaviour".

However, they raise an important question about whether health education is sustained for long enough periods. "Marketing specialists do not expect miracles in the way some health educators seem to. Take-off curves for some consumer durables in the US show how behaviour change can be long and slow. For example few colour TVs were sold between their introduction in 1954 and 1962, when sales went over the thousand and climbed steeply from there. Answering machines took for years to take off, as did electric shavers. Blenders took about 14 years for sales to go above 1000 per year. One reason why results haven been poor for most of the reported studies of health promotion may simply be because most interventions are too short and evaluations too early to show a clear impact".

For two examples on Water and Sanitation refer to Annex 1.



## TOP Books, papers, articles, manuals

**Cave, B. & Curtis, V. (1999).** *Effectiveness of promotional techniques in environmental health*, WELL study Task No 165 <sup>30</sup>. Available online.

This review appears to raise legitimate grounds for doubt about the value of health promotion. However, some interventions have demonstrated major behavioural change and cannot be discounted. The design of interventions and evaluations should develop feasible and practical replacement behaviour; remove constraints to behaviour change prior to the intervention and set predefined, explicit and measurable behaviour change outcomes from the outset. Planners and policy makers need to be aware that success in effecting behaviour change is seldom evidenced, but that cost-effective interventions are possible, especially in large scale programmes.

**Cohen, D., Vega, R. de la & Watson, G. (2001).** *Advocacy for Social Justice. A global Action and Reflection Guide*. Oxfam America and Advocacy Institute, Kumarian Press.

This is a very good chunky 364-page workbook, full of examples, case studies, and worksheets/exercise sheets to use in designing advocacy work. It sets out the framework for understanding advocacy, from a social movement perspective/people-centred approach, and discusses the changes or requirements for advocacy in an era of globalisation. There is a very useful section on advocacy skills and the book takes the reader through the different steps toward strategy development. There is also a very useful chapter on resources, covering capacity building for advocacy, building networks of support, development policy and research organisations. This also lists institutions that fund advocacy work.

**Gorre-Dale, E., Jong, D. de and Ling, J. (1994).** *Resource booklet on Communication in Water Supply and Sanitation* <sup>31</sup>. Available online.

This booklet is designed to support people who are convinced of the need for change in the water sector and who want to know how to put a communication programme into effect, in and for the sector. It cannot be prescriptive or fulfil the role of a manual, as there is considerable variation from country to country in the way the necessary steps should be introduced. However, it offers guidance based on the experiences of many people in many countries, and outlines the steps that need to be taken to develop and implement a communication strategy. Such a strategy should be designed to support the sector goal of supplying everyone with sustainable basic water supply and sanitation.

**Hubley, J. <sup>32</sup> (1994).** *Communicating Health - An Action Guide to health education and health promotion* <sup>33</sup>. TALC, London, UK.

The prevention of disease and the promotion of health depend on the social conditions in which people live and decisions made by politicians, planners, families and individuals. This book explores the role of communication in improving people's health and discusses strategies for health education, health promotion and empowerment of families and communities to take action on health issues. Practical guidelines are given

30. <http://www.lboro.ac.uk/well/resources/well-studies/summaries-htm/task0165.htm>

31. <http://www.irc.nl/themes/communication/resbook/index.html>

32. <http://www.hubley.co.uk/>

33. <http://www.hubley.co.uk/hbk.htm>

for how to carry out effective communication in a wide range of settings, including the family, community, schools, health services and the mass media.

Topics include an introduction to health education and health promotion; understanding human behaviour; what communication is; how to teach effectively; face-to-face communication; working with communities; using media and popular media; working with children and young people; intersectoral collaboration; and the planning process, including research, evaluation, and preparation of project proposal.

Contact address: TALC, St. Albans, AL1 4AX, UK. Tel: 0727 53869; Fax: 727 46852

**Hubley, J. (2001).** *Leeds Health Education Database* <sup>34</sup>. Available online.

This is an ongoing research project to set up a computer-based database of evaluated health education /promotion interventions in developing countries. The initial stage has been completed with over 600 publications reviewed and 350 entered into the database. Further analysis of the entries is being carried out to develop a book on evidence-based health promotion to be funded by DFID. Hubley's conclusions of his research since 1997 are:

- Evidence exists for many health topics and methods that well designed health education/communication programmes can bring about changes in knowledge, attitudes, behaviour change and in some cases improvements in health.
- Most published evaluations in developing countries have been on sexual health, infectious and tropical diseases. There has been little effort directed at emerging problems such as cancers both tobacco-related and others, hypertension, accident prevention, drug abuse, adolescent health, disability awareness, occupational health and the workplace setting.
- Most published studies explored traditional areas of health and behaviour change.
- There were very few evaluation studies of programmes using empowerment participation or community participation.
- The impact of advocacy on health promoting policies has not been evaluated.
- Many of the programmes which provide good evidence of effectiveness are small scale pilot programmes. There is a need for research to explore issues of scaling up and introducing good practice into health and education infrastructure.
- Many good programmes have not been evaluated or have been poorly written up in the literature. There is a need to provide technical and financial support for evaluation, documentation and dissemination of health promotion activities.

**IRC/WSSCC (1993).** *Communication Case Studies for Water Supply and Sanitation* <sup>35</sup>. Available online.

A summary of eight development programme experiences in which effective communication played or is playing a major role. The two-page case studies are from Nigeria, Ghana, India, Bangladesh, Egypt, Philippines, Lesotho and Mexico.

**Ling, J. & Willstein, C.** *Water - a vital well spring* <sup>36</sup>. Available online.

Ling and Willstein show how to initiate advocacy for water and for environmental sanitation.

34 <http://www.hubley.co.uk/listing.htm>

35. <http://www.irc.nl/themes/communication/cases/>

36 . <http://www.irc.nl/themes/communication/vital.html>

**Jong, D. De and Wegelin M. (2000). *Public Awareness and Advocacy for Sewage Management*** <sup>37</sup>. Available online.

*“An issue as distant from the public as sewage management for the protection of the marine environment requires more than a mass media public awareness campaign to mobilise interest in and willingness to pay for improvements”.*

This paper gives a summary introduction to public awareness and advocacy and how various factors influence behaviour and play an important role in the outcome. Dick de Jong and Madeleen Wegelin-Schuringa provide a concise overview and practical advice on advocacy in the wider context. This includes outlines of McKee’s useful Development Communication Process approach combining advocacy, social mobilisation and programme communication; social marketing; and Hubley’s model for understanding behaviours in health communication: Beliefs, Attitudes, Subjective Norms and Enabling Factors (BASNEF).

**McKee, N. (1992). *Social mobilisation and social marketing in developing communities: lessons for communicators*. Penang, Malaysia. ISBN 983-9054-01-5**

Excellent introduction in concepts on development communication based on 20 years fieldwork by McKee (editor of Prescription for Health 1986 and four years in Bangladesh). Contains many handy lists and the development communication process continuum: advocacy/social mobilisation/programme communication, as used in nutrition, education and community participation. The model was also applied in the “Sanitation for all” programme in Bangladesh. (see above)

*Contact address: Southbound, 9 College Square, 10150 Penang, Malaysia.*

**WaterAid. *Advocacy, What is it all about?* (2001) (downloadable in PDF Format)** <sup>38</sup>

A very useful guide to advocacy work in the water and sanitation. The Guide aims to explain different advocacy tools, to provide practical examples of advocacy work and to provide information on key policy actors and processes and how to influence them at international level. It provides information about agencies, networks and institutions engaged in advocacy work in the freshwater sector. The guide contains lots of case studies, checklists and resources. The aim of WaterAid's advocacy activities is to extend the organisation's ability to influence national policies and practices so that the poor gain access to safe, affordable, accessible and sustainable water supply, sanitation and hygiene promotion services.

37. <http://www.irc.nl/products/advocacy/papers/advpubawr.html#41introd>

38. [http://www.wateraid.org.uk/site/in\\_depth/why\\_advocacy/155.asp?keyword=advocacy%20toolkit](http://www.wateraid.org.uk/site/in_depth/why_advocacy/155.asp?keyword=advocacy%20toolkit)

**WHO (1987). *Communication: a guide for managers of national diarrhoeal disease control programmes: planning, management and appraisal of communication activities*. WHO, Geneva, Switzerland.** Available also in French and Spanish .

Excellent guide to help project managers in water, hygiene and sanitation to prepare the communication component of programmes. It helps managers to: understand the function of communication in programmes, the essential steps in effective communication, the need to identify a communication coordinator and other resources to implement the communication programme, supervise and manage the people and other resources for the communication activities.

The Water Supply and Sanitation Collaborative Council's IEC working group produced between 1991 and 1997 a number of publications with valuable lessons and examples of effective communication advocacy and communication that are still valid today.

## Radio

***Using Radio Spots to Support National CDD Programmes*** <sup>39</sup>.

The main focus of national diarrhoeal disease control (CDD) activities is to assure the correct treatment of child diarrhoea. This involves teaching parents how to take care of their children during and after diarrhoea episodes, including when to seek help from health professionals.

***Radio Guide: A Guide to Using Radio Spots in National CDD Programmes*** <sup>40</sup>.

The keys to effective promotion via radio are creativity and repetition. Although there are various types of radio materials that could be used to support CDD programmes, both of these criteria are best fulfilled by using radio spots. For these reasons, the CDD Programme and the HealthCom Project, Academy for Educational Development, have developed a manual called Radio guide: A guide to using radio spots in national CDD programmes.

## Video

**IDRC communications division (1986) *Prescription for health (Motion Pictures and Video Recordings)* / IDRC Canada, - video (23 min.): VHS, Pal and Users' guide**

The only video that can be used with ministers as well as villagers. This video promotes personal hygiene and community practices that can help break the cycle of infection caused by polluted surroundings and poor sanitary habits, even when safe drinking water is available. Emphasis is laid on women and health. Extensive animation has been used to illustrate clearly the path of disease and to unify the message for audiences of diverse cultural backgrounds. The film is aimed primarily at health care workers, and water and sanitation engineers and technicians, and can also be used as a prime source of information for policy makers. Excellent use of animation.

The practical user's manual repeats the key messages on safe water and latrine use, hand washing and use of Oral rehydration solution and provides guidance for field workers to facilitate discussion with the audience. It is one of the best examples of effective use of a video together with face-to-face communication in the water, hygiene and sanitation sector.

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39. <http://www.who.int/chd/publications/cdd/radio.htm>

40. <http://www.rehydrate.org/resources/who.htm>

The video is available in French, Spanish and many languages in Asia as well as in Kiswahili through either a Canadian Embassy or High Commission, or a UNICEF field office.

Available for \$ 34.95 inc. shipping and handling through: Precision Transfer Technologies Inc, 22 Hamilton Avenue North, Ottawa, ON, Canada K1Y 1B6, Fax: +613 729 5517, e-mail: salesott@precisiontransfer.com.

**Ministry of Agriculture, Nature Management and Fisheries -NL; Netherlands.  
Ministry of Transport, Public Works and Water Management ; Netherlands  
Information Service (1993) *Troubled water : water management in the next century*  
(Motion Pictures and Video Recordings).**

The Hague, The Netherlands, Netherlands Information Service, - Video (18 min.): VHS. Available through local offices of the Television Trust for the Environment. <sup>41</sup>

This video was made to show how the planet's health and welfare may deteriorate in the next century if water resources are not managed better and more efficiently at local, national and international level. It discusses the availability, quality and quantity of water resources in the form of a CNN-type of documentary broadcast on September 6, 2018, interrupted by comic "water-commercials". Excellent use of humour.

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41. <http://www.tve.org/mp6/searchresults.cfm?l=e>

## *TOP Web sites and Electronic Networks*

### **TOP Web sites**

#### **Advocacy tool kit From Knowledge to Action.**

<http://www.psr.org/dwtoolkit.pdf>

How to become a safe drinking water advocate. A safe drinking water advocacy kit, from the Physicians For Social Responsibility (USA).

#### **Advocacy - what is it all about?,**

[http://www.wateraid.org.uk/site/in\\_depth/why\\_advocacy/155.asp?keyword=advocacy%20toolkit](http://www.wateraid.org.uk/site/in_depth/why_advocacy/155.asp?keyword=advocacy%20toolkit) (as PDF only)

A guide to advocacy work in the water and sanitation sector.

The most recent valuable resource for anyone working in the water and sanitation sector who wants to undertake advocacy work. The Sourcebook aims to explain the different advocacy tools, provide practical examples of advocacy work, provide information on key policy actors and processes and how to influence them at international levels and to provide information on agencies, networks and institutions engaged in advocacy work in the freshwater sector. See also Resources section.

You may also want to have a look at WaterAid's Corporate Advocacy Strategy, also on the website, under the section, 'How we work.' This is an example of how and why an organisation has included advocacy in its own approaches to WSS.

#### **Communication for Development News.** Publishes online and by e-mail.

<http://www.comminit.com/commfordevnews.html>

Contains summaries of news articles pertaining to using communication for development purposes.

#### **The Communication Initiative (“global forces...local choices...critical voices...telling stories”)**

<http://www.comminit.com>

Is an excellent searchable database on all components of communication for development. Partners involved: The Rockefeller Foundation, BBC World Service Trust, The CHANGE Project, CIDA, The European Union, Exchange, FAO, Johns Hopkins University Center for Communication Programs, The Panos Institute, Soul City, The Synergy Project, UNAIDS, UNICEF, USAID, WHO.

#### **The Drumbeat**

[http://www.comminit.com/drum\\_beat.html](http://www.comminit.com/drum_beat.html)

Contains selected programmes, data, materials, people, and media sources from communication, development and change organisations.

#### **Making Waves**

[http://www.wateraid.org.uk/site/in\\_depth/research\\_centre/default.asp](http://www.wateraid.org.uk/site/in_depth/research_centre/default.asp)

Civil society advocacy on international water policy documents the seminar organised by WaterAid in December 2000, on behalf of the UK Water Network, in response to the need for a greater understanding of freshwater policy making institutions, and to strengthen the NGO voice in the policy debate. The aim of the seminar was to provide information on key institutions that shape freshwater policy globally, regionally and nationally, and to share experiences and knowledge of ways to influence them.

**Resources on Participatory Approaches and Communication for Water and Sanitation Programming**

<http://www.irc.nl/themes/communication/comres/index.html>

Annotated references, by Jong, D. de, Mendonca, V. & Luciani, S. Advocacy and Communication Strategies Working Group, Water Supply and Sanitation Collaborative Council/IRC International Water and Sanitation Centre and UNICEF, 1997, provides annotated publications, training materials, courses and workshops and a selection of Web sites relevant to the area of communication and participatory approaches. The second part contains annotated materials divided in categories related to the planning and implementation of advocacy and communication for improved water and environmental sanitation programmes.

**World Water Day**

<http://www.worldwaterday.org/advocacy/index.html>

A practical Water for Development advocacy guide for World Water Day 2002. There is also one available on the theme of Water and Health Advocacy for World Water Day 2001. This site maintained by IRC also contains content guides, photos and events and an archive of WWD since 1994.

## **TOP Electronic networks**

### **Discussion list on Social Marketing**

Alan Andreasen, the Social Marketing Institute US (since 1999), e-mail: andreaasa@georgetown.edu, Andreasen is running an e-mail-based discussion list on social marketing. It is US dominated, but interesting.

### **The Drumbeat Listserver**

Warren Feek from Communication Initiative, US, e-mail: wfeek@comminit.com. Feek running an e-mail-based list server The Drum Beat (see also under Web sites)

### **Freshwater Action Network**

Danielle Morley, e-mail: info@freshwateraction.net, co-ordinates the Freshwater Action Network, <http://www.freshwateraction.net>.

This site aims to improve and support the participation of NGOs and CBOs in policy making and advocacy work around freshwater issues at major international fora. It was centrally involved in supporting and co-ordinating NGO input into the International Conference on Freshwater in Bonn, December 2001. It also focused its work on the World Summit on Sustainable Development 2002, assisting NGOs active on freshwater issues to lobby for sanitation and water during the preparatory committee meetings, and co-ordinated NGO participation in the Water Dome. It is also involved in preparatory work for the 3rd World Water Forum, which. present opportunities for NGOs to focus international attention and resources on key freshwater issues. In the long term the network can act as a forum for coordinated NGO campaigns on water and target other institutions or issues at different levels. It will also continue to help build NGO capacity for international advocacy work and campaigning.

### **Water advocacy Yahoo group**

Dick de Jong from IRC. <http://groups.yahoo.com/group/wateradvocacy>

De Jong has since early 2001 moderated an informal water Advocacy Yahoo group with 38 members who exchange advocacy news and resources.



## *TOP Contacts*

The advocacy specialists listed below spend most of their time on advocacy, social mobilisation and communication. Although they are busy people they occasionally answer questions on their areas of expertise.

### **The Communication Initiative**

<http://www.comminit.com/>

The Communication Initiative is a partnership of development organisations seeking to support advances in the effectiveness and scale of communication interventions for positive international development.

The C.I. strategy includes provision of real-time information on communication and development experiences and thinking, facilitating horizontal linkages between people engaged in communication action, peer commentary on programmes and strategies and taking opportunities to promote strategic thinking on communication and development issues and problems.

Contact person: Warren Feek

The Communication Initiative

5148 Polson Terrace

Victoria

British Columbia

Canada V8Y 2C4

Phone: 1-(250)-658-6372

Fax: 1-(250)-658-1728

E-mail: [wfeek@comminit.com](mailto:wfeek@comminit.com)

### **Freshwater Action Network**

<http://www.freshwateraction.net/>

The Freshwater Action Network is a global network of environmental and developmental Non-governmental and Community Based Organisations working to strengthen civil society's participation in international water policy formulation. FAN's advocacy efforts are geared towards helping members of the network understand international water policies and to co-operate together across the water sectors for more effective and influential participation in freshwater policy making and implementation.

Contact person: Danielle Morley

Freshwater Action Network

c/o Water Aid

Prince Consort House

27-29 Albert Embankment

London

SE1 7UB

Phone: +44 20 7793 4522

Fax: +44 20 7793 4545

E-mail: [daniellemorley@wateraid.org.uk](mailto:daniellemorley@wateraid.org.uk)

**GWA (Gender and Water Alliance)**

<http://216.198.199.82/english/main.asp>

The Gender and Water Alliance is a network of 133 organisations and individuals from around the world with an independent steering committee. It is an Associated Programme of the Global Water Partnership (GWP) funded by the governments of the Netherlands and United Kingdom. Because of the pooled experience and skills contained in this network, the GWA offers a mix of information and knowledge sharing activities such as electronic conferencing, a web site, advocacy leaflets and video, annual reports, capacity building and pilot programmes.

Contact person: Rose Lidonde

Contact person: Niala Maharaj

GWA

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**IRC International Water and Sanitation centre**

<http://www.irc.nl>

IRC is an independent, non-profit organization by and linked with the Netherlands Government, the United Nations Development Programme, the United Nations Childrens Fund, the World Health Organization, the World Bank and the Water Supply and Sanitation Collaborative Council. IRC facilitates the sharing, promotion and use of knowledge so that governments, professionals and organizations can better support poor men, women and children in developing countries to obtain water and sanitation services they will use and maintain (new mission statement 2002). Using its web site, documentation, publications, IRC advocates change and aims to improve the information and knowledge base of the sector.

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**NGO (Non-governmental organizations associated with the United Nations)**

<http://www.ngo.org/index2.htm>

The Non-Governmental Organization (NGO) Section of the Department of Public Information (DPI) at United Nations Headquarters serves as the liaison between the Department and NGO associated with DPI. These organizations disseminate information about the UN to their constituency, thereby building knowledge of and support for the Organization at the grassroots level. Currently, close to 1,600 NGOs from all regions of the world are associated with DPI.

Its aim is to help promote collaborations between NGOs throughout the world, so that together we can more effectively partner with the United Nations and each other to create a more peaceful, just, equitable and sustainable world for this and future generations.

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**UNDESA (United Nations Department of Economic and Social Affairs)**

<http://www.un.org/esa/desa.htm>

The Department of Economic and Social Affairs was created as the result of the consolidation of the Department for Policy Coordination and Sustainable Development, the Department for Economic and Social Information and Policy Analysis and the Department for Development Support and Management Services.%%

The main objective of the Department's programme is to promote broad-based and sustainable development through a multidimensional and integrated approach to economic, social, environmental, population and gender related aspects of development. The Department's functions represent a crucial interface between global policies and national action, and between research and operational activities, thereby facilitating the translation of international agreements to strategies at the country level, and feeding back lessons learned and experiences gained from the country level into the international policy development process.

In implementing the programme, the Department will also aim at strengthening linkages between the United Nations and civil society and at developing innovative means of cooperation and modes of partnership in areas of common interest.

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### **WaterAid**

<http://www.wateraid.org.uk/>

WaterAid is a charity dedicated to helping people escape the stranglehold of poverty and disease caused by living without safe water and sanitation. WaterAid works in partnership with local organisations in 15 countries in Africa and Asia to help poor communities establish sustainable water supplies and latrines, close to home. WaterAid also works to influence governments' water and sanitation policies to serve the interests of vulnerable people.

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### **Water Policy International**

<http://www.waterpolicy.com/>

Water Policy International is a small private company which provides expert advice on water resources management reform including policy development and process management.

Activities include advice in policy development and implementation, legislative reform and institutional rationalisation. Areas of operation include national governments and international river basins mainly in Africa.

Clients include the bi-lateral agencies such as Sida and DFID, a variety of UN agencies and the World Bank.

Depending upon the circumstances, expertise in a wide range of related services can be brought together to meet the needs of most circumstances.

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**WHO (World Health Organization)**

<http://www.who.int/about/en/>

The World Health Organization, the United Nations specialized agency for health, was established on 7 April 1948. WHO's objective, as set out in its Constitution, is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

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**WSSCC (Water Supply and Sanitation Collaborative Council)**

<http://www.wsscc.org/>

The Water Supply and Sanitation Collaborative Council is a leading international organisation that enhances collaboration in the water supply and sanitation sector to accelerate the achievement of sustainable water, sanitation and waste management services to all people, with special attention to the unserved poor, by enhancing collaboration among developing countries and external support agencies and through concerted action programmes.

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## *TOP Courses and conferences*

There are many communication for development courses offered by universities from all over the world. A good place to start is The Communication Initiative's listing [<http://www.cominit.com/university.html>] of university and other academic institutions that offer programmes related to communication, change and development. Most are master programmes. The author and reviewer of this TOP can recommend two short courses:

**Integrated Marketing Communication for International Health and Development**,  
New York University (NYU), New York, USA.  
<http://www.nyu.edu/education/summer/imc>

In collaboration with the World Health Organization (WHO), Communicable Diseases/Control-Prevention-Eradication Department, Social Mobilisation and Training Unit NYU provides this short course (3 & ½ weeks) every year in July. Participants learn to apply the techniques of Integrated Marketing Communication in the strategic planning of development communication programmes. A major feature of this programme is a facilitated workshop in which participants complete an integrated marketing communication plan for a specific behaviour change programme in health or any other development sector.

The cost of the programme, excluding transportation, housing, meals and incidentals is US\$ 2,500.00.

The author of this TOP followed this excellent course in the summer of 2001 and produced together with a group of high level health professionals from Bhutan a draft marketing communication plan on handwashing for the country.

### **Advocacy for NGOs**

BOND, UK

<http://www.bond.org.uk/advocacy/training.html>

A more general two-month training programme on advocacy for NGOs is offered in the UK by British Overseas NGOs for Development (BOND). The reviewer followed it in 1999. This is a network of more than 260 UK based voluntary organisations working in international development and development education. It advocates mainly on the role of UK NGOs as development actors, and on their relationships with other actors.

Useful guidance notes were developed from the first BOND advocacy training course, '*An Introduction to Advocacy*'. They are designed to be used as training tool outside of the training environment. They highlight key elements of the training and should help readers to 'sell' the idea of advocacy in their own organisations. They can be used either as a set or individually. They cover:

1. *The what and the why of advocacy*  
<http://www.bond.org.uk/advocacy/guidwhatandwhy.html>
2. *Participative advocacy*  
<http://www.bond.org.uk/advocacy/guidpart.html>
3. *Getting the message across*  
<http://www.bond.org.uk/advocacy/guidmessage.html>

4. *Evaluating advocacy work*  
<http://www.bond.org.uk/advocacy/guideval.html> (includes Belinda Calaguas' action plan for the first 6 months of WaterAids advocacy plan for the VISION 21: Water for People and World Water Forum)
5. *Partnerships with the Private Sector*  
<http://www.bond.org.uk/advocacy/guidprivate.html>

The Advocacy Institute in the USA provides an international capacity building programme [<http://www.advocacy.org/capacity.htm>] focusing on leadership development and social justice.

Major international events [<http://www.wsscc.org/events/index.php>] for planning advocacy on key topics are updated in a database by IRC's information specialist Cor Dietvorst. Here is a selection:

World Water Day [ <a href="http://www.worldwaterday.org">http://www.worldwaterday.org</a> ]	Global	22 March 2003
3rd World Water Forum [ <a href="http://www.worldwaterforum.org">http://www.worldwaterforum.org</a> ]	Yodo River Basin (Kyoto, Shiga and Osaka), Japan	16-23 Mar 2003
WSSCC 6th Global Forum [[ <a href="http://www.wsscc.org/activities/forums/index.html">http://www.wsscc.org/activities/forums/index.html</a> ]]	Dakar, Senegal	Early Dec 2003

## *TOP Research programmes*

Research for advocacy and communication programmes is mainly done in the formative stage while the programme is being designed. It normally includes:

- situation analysis,
- developing the key desirable behavioural result,
- current knowledge levels, attitudes and practices,
- priority market segments,
- SWOT analysis,
- consumer needs, wants, desires,
- positioning, competitors
- communication situation.

Pre-testing concepts, messages and communication materials is essential to assess whether materials actually communicate what is intended. This helps to save a lot of wasted posters and money.

Outcomes and impact research is needed to improve program impact and to promote sustained behaviour change.

The Johns Hopkins Center for Communication Programs, one of the better-known universities in this area has a useful online research and evaluation section. The JHU/CCP Research and Evaluation Division has developed a multi-method, applied research system [<http://www.jhuccp.org/r&e/index.stm>] specifically for family planning communication programs. The following principles guide their applied research [<http://www.jhuccp.org/r&e/codes.stm>] and evaluation approaches:

- The primary purpose of research and evaluation is to improve program impact and promote sustained behaviour change.
- Research and evaluation is built into every project at the beginning.
- Research and evaluation results belong to the entire health community.
- Coordination of research efforts increases efficiency and reduces costs.
- Standardisation improves quality and comparability.
- Training in research and evaluation is essential to capacity-building and institutionalisation.

See also the section on targets, indicators and monitoring.

Here is a list of ongoing research on issues for advocacy and organisations involved in advocacy, which can aid advocacy and communication planning. We start with issues related to the WASH campaign of the WSSCC.

### **HYGIENE**

#### *1. Sustainability in hygiene behaviour*

<http://www.irc.nl/projects/susthygb/index.html>

This is a three year (2001 – 2003) research and exchange project to find out more about the sustainability of changes in hygiene behaviour. Organisations: IRC and 8 project partners: LSHTM (UK), GTZ (Germany), NEWAH (Nepal), COSI (Sri Lanka), SEUF (India), WaterAid (Uganda), CWSA (Ghana) and NETWAS (Kenya). The European Commission and the Dutch Government funds the project.



2. *School Sanitation and Hygiene Education*

<http://www.irc.nl/sshe/index.html>

Implementation of a school sanitation and hygiene education project. Organisations: UNICEF's Education and Water, Environment and Sanitation Programme, IRC and local partners in Burkina Faso, Colombia, India, Nepal, Nicaragua, Viet Nam and Zambia.

3. *The Global Initiative for Public-Private Partnerships (PPP) in Handwashing*

<http://www.wsp.org/english/activities/handwashing.html>

The World Bank [<http://www.worldbank.org/watsan/>] and the Water and Sanitation Program (WSP) in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) and other partners, launched this global initiative in 2001, as a PPP initiative to promote handwashing in the state of Kerala, India and in Ghana.

4. *Hygiene Improvement Framework*

<http://www.ehproject.org/Pubs/GlobalHealth/GlobalHealthArticle.htm>

Organisation: Environmental Health Project EHP), see also their Hygiene Bulletins [<http://www.ehproject.org/Library/HB/HygieneBulletinList.htm>] and reports section [<http://www.ehproject.org/live/Rptspub.html>]

The Hygiene Improvement Framework helps us understand the means to prevent diarrhoea and the obstacles that must be overcome to do so.

## SANITATION

5. *Sanitation Connection*

<http://www.sanicon.net>

An Internet-based resource giving "access to accurate, reliable and up-to-date information on technologies, institutions and financing of sanitation systems around the world". Topics include: cost/benefit and impact analysis; ecological sanitation; finance; fluxes to oceans; gender; health aspects; human development and poverty; hygiene behaviour; institutional development; legislative issues; low cost sewerage; marine pollution; monitoring and evaluation on-plot sanitation technology; participatory approaches; pollution control; promotion of sanitation; sanitation and fresh water ecology; sanitation for the urban poor; sanitation within integrated water management; school sanitation; solid waste management; stormwater management; wastewater reuse; wastewater treatment technology. Organisations: WSP, IWA, UNEP (GPA), WSSCC, WHO, IRC, WEDC, CSIR, EW Banking, EHP, GHK, Leeds University, Maynilad Water Services Inc., SKAT, Swedish Institute for Infectious Disease Control, UNEP GEMS/Water Collaborating Centre, UNCHS (Habitat), WHO-CEHA;

## GENDER

6. *Mainstreaming Gender in Integrated Water Resources Management*

<http://www.genderandwateralliance.org/english/main.asp>

This is an Associated Programme of the Global Water Partnership (GWP) funded by the governments of the Netherlands and United Kingdom. Through the pooled experience and skills contained in this network, the GWA offers a mix of information and knowledge sharing activities such as electronic conferencing, a web site, advocacy leaflets and video, annual reports, capacity building and pilot programmes.

In 2002 the Gender and Water Alliance (GWA) advocacy group produced a draft training module for gender ambassadors: advocacy materials that are currently being field tested. The training module consisting of tools and techniques to be used with the four sets of guidelines for gender ambassadors. It focuses on the knowledge and skills

of how to deliver the various key messages in mainstreaming gender concerns. It includes guidelines for gender ambassadors cover lobbying, speeches, conferences and exposure visits.

Organisations: GWA since March 2000, GWP, IRC and a network of 133 organisations and individuals from around the world with an independent steering committee.

## **INSTITUTIONAL / SECTOR REFORM**

7. *Water and Sanitation Cluster* of the Business Partners for Development  
<http://www.bpd-waterandsanitation.org>

This informal global network, a World Bank initiative, aims to research and promote tripartite partnerships involving the public and private sector and civil society. It also aims to "identify specific lessons learned about partnerships from existing projects which are providing responsive and affordable water services to urban poor and to demonstrate that these can be replicated and scaled up to national and regional levels". The site includes brief information on projects in Argentina, Bolivia, Colombia, Haiti, Indonesia and South Africa, a newsletter (Crystal Clear) and links. Organisations: Générale des Eaux (Vivendi), WaterAid and the World Bank Group.

8. *Water Aid has done three separate pieces of research:*

### **Private sector participation (PSP)**

[http://www.wateraid.org.uk/site/in\\_depth/current\\_research/157.asp](http://www.wateraid.org.uk/site/in_depth/current_research/157.asp)

Reforms currently ongoing in the water and sanitation sector promote the involvement of the private sector in water supply development and service delivery in both urban and rural areas. WaterAid's case study research on private sector participation asks the following questions: Does PSP serve the poor? If it does, what enables it to do so and how can these factors be strengthened? If it does not, what prevents it from doing so, and how can these barriers be taken down? The research looks into urban and rural experiences of private sector involvement and public utilities in 12 countries. The research project is being done in collaboration with Tearfund and with support from DFID.

### **Poverty Reduction Strategy papers (PRSP)**

[http://www.wateraid.org.uk/site/in\\_depth/current\\_research/400.asp](http://www.wateraid.org.uk/site/in_depth/current_research/400.asp)

In 1999, the IMF and the World Bank agreed the Highly Indebted Poor Country (HIPC) Initiative, providing debt relief to 42 countries around the world on the condition that these countries produce a Poverty Reduction Strategy Paper (PRSP). Out of the 15 countries where WaterAid works, 11 are HIPCs. Many WaterAid country programmes worked to influence governments to prioritise water and sanitation within the new poverty reduction strategies, and therefore within the allocation of debt relief monies.

This scoping study on water sanitation and PRSPs, undertaken in collaboration with the Overseas Development Institute with support from DFID, focuses on five countries. Three other country programmes also produced critiques of the water element in the PRSPs. They also focused on developing monitoring indicators that can be used in assessing the impact of water and sanitation interventions on poverty.

## Financing water and sanitation

[http://www.wateraid.org.uk/site/in\\_depth/current\\_research/169.asp](http://www.wateraid.org.uk/site/in_depth/current_research/169.asp)

Financing water and sanitation infrastructure development and water and sanitation service provision continues to be a huge challenge for all development actors.

WaterAid's desk research provides an overview of the issue, as well as looking in more detail at levels of official development aid allocated to water and sanitation.

9. *Institutional and Management Options Working Group (IMO-WG) of the Water Supply and Sanitation Collaborative Council (WSSCC)*  
<http://www.wsscc.org/activ/imo/index.html>

The site includes an introduction to the range of basic modes of water supply sector organisation, links to a discussion list and background documents, and gives an overview of research opportunities within IMO-WG. Organisations: WSSCC, IHE and around 200 members from developed and developing countries.

10. *Public Services International (PSI)*  
<http://www.world-psi.org>

PSI, the international trade union federation for public sector workers (with a head office in France) has developed a Water Code <sup>42</sup> in the water sector <sup>43</sup>. PSI leads an active anti-privatisation campaign called "No profits from water!" <sup>44</sup> for which it has set a special utilities site <sup>45</sup>.

It has a separate research unit, PSIRU [<http://www.psi-ru.org/>], Public Services International Research Unit, in the UK. PSIRU has developed set of modules <sup>46</sup> and activities on privatisation and restructuring in the energy and water sectors for use by trade union educators. One of the most active developing country PSI affiliates is SAMWU [<http://www.cosatu.org.za/samwu/>], the South African Municipal Workers Union, which has been fighting water privatisation for several years.

11. *Public-Private Partnerships (PPP) and the Poor in Water and Sanitation*  
<http://www.lboro.ac.uk/wedc/projects/ppp-poor/index.htm>

This is the site of a research project (June 1999 - March 2003) managed by WEDC (UK). It contains project outputs/reports, links to selected Internet sources and publications.

12. *Scaling up community management of rural water supplies*  
<http://www.irc.nl/manage/debate/econf.html>

The site consolidates a wealth of resources from a participatory action research and dissemination programme in six developing countries that ran from 1994 to 2002. Organisations involved: IRC, WSSCC, WaterAid, PLAN International, WEDC and SKAT.

42. <http://www.world-psi.org/Psi.nsf/6e53a54e88ae01c12568270037cc33/79d3f35c484af37bc12568940038e9c4?OpenDocument>

43. <http://www.world-psi.org/psi.nsf/70e5a424a2513f54c125682700403814/426aaa164b6300d9c12568930038de7c?OpenDocument>

44. <http://www.world-psi.org/psi.nsf/07545e68a11263c0c1256873002db34e/82dc365fef2843fac1256890003da851?OpenDocument>

45. <http://www.psi-utilities.org/>.

46. <http://www.psi-ru.org/affiliates/steweduc/index.htm>

## RESOURCE CENTRE DEVELOPMENT/ CAPACITY BUILDING

### 13. *Resource Centre Network for Water, Sanitation and Environmental Health (WELL)* <http://www.lboro.ac.uk/well/index.htm>

WELL is a resource centre network providing services and resources in water, sanitation and environmental health from 2001 – 2005 for the Department for International Development (DFID) of the British government and partner agencies, in collaboration with network partners [<sup>10</sup> <http://www.lboro.ac.uk/well/about-well/network-partners.htm>] worldwide: AMREF (Kenya), IWSD (Zimbabwe), NETWAS International (Kenya), TREND (Ghana), ICDDR-B (Bangladesh), SEUF (India), EHC (Russia), CINARA (Colombia) .

WELL will provide a wide range of information and documentation services in water supply, sanitation and environmental health. It will provide these services in partnership with the eight selected resource centres in the South, helping to strengthen their knowledge broking capacity. It also undertakes studies on specific topics in water, sanitation and environmental health. Current themes for information development are: decentralised approaches and management, environmental concerns, environmental interventions for child survival, gender, hygiene promotion, sanitation: the unmet need. Organisations: WEDC, LSHTM, IRC and WELL

### 14. *Streams of Knowledge coalition* <http://www.irc.nl/stream/index.html>

The mission of the global coalition of resource centres in the water and sanitation sector is to help to close the gap on unmet needs by achieving equitable access to information, focusing knowledge where it can help to build capacity, and promoting action learning, whereby people benefit from their own experiences. Launched in March 2000 based on an IRC study on what makes a good resource centre. Activities by partners include action research, strategic sector analysis, advocacy, publishing, information support, training, and advisory services.

Organisations involved from the South: CINARA from Colombia, CREPA from Burkina Faso, Institute of Water and Sanitation Development (IWSD) from Zimbabwe, NETWAS International from Kenya, Philippine Centre for Water and Sanitation (PCWS) from the Philippines, and Training, Research and Networking for Development (TREND) from Zimbabwe. Organisations involved from the North: IRC International Water and Sanitation Centre from the Netherlands, Programme Solidarité Eau (pS-Eau) from France, Swiss Centre for Development Co-operation in Technology and Management (SKAT) from Switzerland, and the Tampere University's Institute of Water and Environmental Engineering (TUT/IWEE) from Finland.

### 15. *Resource Centre Development* <http://www.wsscc.org/source/bulletin/sb22.html>

IRC and partners started in February 2002 a participatory Resource Centre Development programme 2002 – 2006. This will collaborate on joint in-country scoping studies, sector reviews and joint activity planning. Organisations: IRC, IWSD (Zimbabwe), NETWAS International (Kenya), TREND (Ghana), NGO Forum WSS (Bangladesh), SEUF (India), CINARA (Colombia), COSI (Sri Lanka), NCWSTI (South Africa).

16. *Water Policy and Management*

<http://www.worldbank.org/wbi/sdwater/index.html>

Supports national capacity building for sustainable water resources management, with a focus on formulating water resources management strategies and economic analysis.

Also supports sector reform through learning partnerships with client country agencies, World Bank operations and civil society. Key topics include institutional options, tariff reform, economic and environmental regulation, and the design of public-private partnerships to improve services to the poor. Organisation: World Bank Institute.

## *Press cuttings*

It is worth doing a regular search on 'advocacy' using the search engine at [www.irc.nl](http://www.irc.nl). On 26 Jan 2003 this produced 1,858 results of which the first 37 had a greater than 70 percent relevance ranking. The Source Bulletin that IRC publishes six times per year online [<http://www.irc.nl/source>] and on paper is an advocacy tool that reaches thousands of professionals working in the water, sanitation, health, environment and local government sector, NGOs, universities, private sector and media.

The top 5 Source Bulletin articles on advocacy are:

*SOURCE Bulletin No.17, July 2001 77%*

<http://www.wsscc.org/source/bulletin/sb17.html>

....New WSSCC advisory group on water advocacy set up...

*SOURCE Bulletin No.16, May 2001 75%*

<http://www.wsscc.org/source/bulletin/sb16.html>

...It has placed less emphasis on using the results from that research for advocacy to influence other organisations. Now the Council's focus is changing to advocacy and communication, influencing how other organisations work in the...

*SOURCE Bulletin No.15, February 2001 73%*

<http://www.wsscc.org/source/bulletin/sb15.html>

...Iguaçu Action Programme: Strong commitment for VISION 21 advocacy ...

*SOURCE Bulletin No.18, September 2001 73%*

<http://www.wsscc.org/source/bulletin/sb18.html>

... "The advocacy challenge is that while many leaders speak about water and sanitation, they do not always act. "There is an urgent need for the water and sanitation sector to build synergies with other sectors such as those...

*SOURCE Bulletin No.22, March 2002 71%*

<http://www.wsscc.org/source/bulletin/sb22.html>

...IRC and partners, and links to other key organisations. The WWD 2002 site provides an updated Water for Development advocacy guide, background information about previous years and a selection of photos. Visitors to the site can add events and comments.

The IRCDOC [<http://www.irc.nl/products/documentation/ircdoc/search.html>]

bibliographical database when searched online for 'advocacy' or 'awareness raising' gives 135 results.

## Top Quiz

Try it before you read the Overview Paper. Answer “yes” or “no” to each of the following questions to see if your programme should consider getting advocacy and communication support.

### Questions

1. Political leaders do not talk about the costs and benefits of sanitation and hygiene.  
Y / N
2. We have to subsidise people to get them interested in building a household latrine.  
Y / N
3. We can't really sell latrine parts until women and men know where they are available and what the benefits are.  
Y / N
4. There are too many customers who do not pay their water bills.  
Y / N
5. I am afraid that one day a negative news story will break about the programme and I won't be ready to handle it.  
Y / N
6. I must introduce hand washing, but the women will never accept it here.  
Y / N

If you answered yes to one of these questions, adding advocacy/ communication skills might help. You can start by contacting one of the organizations mentioned under TOP Contacts.

The WSSCC regularly has polls online at <http://www.wsscc.org/poll/index.php>

## *Annex 1: Two water and sanitation examples*

This research includes a section Environmental Health including water, sanitation and hygiene education and one on interventions using mass media.<sup>47</sup> This contains examples from water sanitation and hygiene. Two of these are listed below:

### **Example 1:**

Curtis, V., Kanki, B., Cousens, S., Diallo, I., Kpozehouen, A., Sangare, M. and Nikiema, M. (2001) *Evidence of behaviour change following a hygiene promotion programme in Burkina Faso*. Bulletin of the World Health Organization. 79, 518-527. REF ID 8859.

Target Group/Country: Carers of small children in rural communities in Burkina Faso.

Methodology: The programme was designed following extensive research on local practices, motivation and facilities using both qualitative and quantitative methods. Community volunteers carried out monthly house-to-house visits and community meetings. Health centre staff were trained in participatory discussion and gave talks at health centres. A youth theatre group performed a comic play each week about cleanliness and the need to dispose of stools. A series of 12 comic radio spots with an evolving story was developed, tested and broadcast in local languages and French by local radio stations. A curriculum and materials for six primary school hygiene lessons were developed, teachers trained and provided with lesson guides, 6 posters and a box of soap and buckets.

Evaluation: There were no controls (because of the use of mass media) and a time series approach was used for evaluation. Two population surveys recorded the coverage of the programme among target audiences (mothers of children aged 0-35 months). Four surveys were carried out: three prior to the programme and one in 1998 (after the programme had been running for 3 years), using structured observation of hygiene behaviours of young children and their carers and recording a three hour period on a pre-coded form.

Impact: After the programme had run for 3 years, three-quarters of mothers targeted had had contact with programme activities. Half could cite the two main messages of the programme correctly. Although the safe disposal of children's stools changed little between 1995 and 1998 (80% pre-intervention, 84% post-intervention), hand-washing with soap after cleaning a child's bottom rose from 13% to 31% ( $p < 0.01$ ). The proportion of mothers who washed their hands with soap after using the latrine increased from 1% to 17% ( $p < 0.001$ ). Lack of a control is the main limit to the validity of this study. Even with the pre-test studies the authors conclude that it is not possible to show from the data that the change in washing hands after using the latrine was a change from the underlying trend. It is unfortunate that the data on coverage was not related to the impact - to show a relative take-up of behaviours by those persons who reported hearing the messages from radio or volunteers.

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47. <http://www.hubley.co.uk/1mass.htm#part14>



**Example 2:**

Montazeri, A. and McEwen, J. (1998) *Health education campaign on environmental health: a pilot study*. International Journal of Environmental Health Research 8, 35-41. Ref ID : 8489.

Target Group/Country: Residents in Teheran, Iran.

Intervention: Health education campaign on environmental health consisting of billboards with three illustrations asking people to (1) keep flies away from food, (2) to use a dustbin with a lid and (3) to wash vegetables and fruit with chlorinated water.

Evaluation: A sample of 183 adults aged 18 to 56 years was shown a picture related to the campaign (illustrating keeping flies away from foodstuffs, using dustbins with lids, and chlorinating vegetables and fruits), and then filled in a short questionnaire. The main objective of the study was to measure recall rates.

Impact: The results showed that recalls were high (73%), 53% of respondents were either "very positive" or "positive" about the campaign, and almost all participants perceived the main idea of the campaign correctly. The study findings showed some significant associations between demographic variables, recall and perception of the campaign. The study concludes that health education campaigns are useful tools for launching environmental health related topics and the focus should be on getting the attention of as many of the target population as possible

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### **IRC International Water and Sanitation Centre**

IRC facilitates the creation, sharing, and use of knowledge so that sector staff and organisations can better support poor men, women and children in developing countries to obtain water and sanitation services they will use and can sustain. It does this by improving the information and knowledge base of the sector and by strengthening sector resource centres in the South.

As a gateway to quality information, the IRC maintains a Documentation Unit and a web site with a weekly news service, and produces publications in English, French, Spanish and Portuguese both in print and electronically. It also offers training and experience-based learning activities, advisory and evaluation services, applied research and learning projects in Asia, Africa and Latin America; and conducts advocacy activities for the sector as a whole. Topics include community management, gender and equity, institutional development, integrated water resources management, school sanitation, and hygiene promotion.

IRC staff work as facilitators in helping people make their own decisions; are equal partners with sector professionals from the South; stimulate dialogue among all parties to create trust and promote change; and create a learning environment to develop better alternatives.

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