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Sanitation Marketing As An Emergent Application of Social Marketing: Experiences From East Java

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Abstract

Currently the world is not on track to meet its Millennium Development Goal (MDG) sanitation target by 2015. To assist certain areas to get "back on track" to meet it, the Water and Sanitation Program (WSP) of the World Bank and its partners are implementing the Global Scaling Up Sanitation Project in East Java in Indonesia, 10 rural districts of Tanzania and the Indian states of Madhya Pradesh and Himachal Pradesh. Its main objective is to improve access to safe sanitation to 3.8 million people by building demand, strengthening supply and improving the enabling environment. The Global Scaling Up Sanitation Project uses a combination of advocacy, capacity building, social mobilization techniques and sanitation marketing, the latter which is the focus of the article. This program-oriented article provides a general landscape of the field of sanitation marketing and highlights some of the key challenges in applying best practices and approaches from social marketing. The article showcases how the Global Scaling Up Project is seeking to overcome the challenges in East Java where innovative formative research, social franchising, product branding and integrated communications using mass media are being introduced.

Introduction

Sanitation is the most important medical advance since 1840, according to a reader survey conducted by the *British Medical Journal* in January 2007 (Ferriman, 2007). Improved sanitation reduces cholera, worms, diarrhea, pneumonia and malnutrition, among other illnesses (Joint Monitoring Programme WHO/UNICEF). Some 1.8 million people die every year from diarrheal diseases, the vast majority of whom are children under five, mostly in developing countries. Almost 90 percent of diarrheal disease can be attributed to unsafe water supply, inadequate sanitation and hygiene (WHO, 2004).

Currently, the world is not on track to meet its Millennium Development Goal (MDG) sanitation target by 2015. Only 62 percent (compared to the MDG target of 77%) of the world's population have access to an improved sanitation facility, that is, one that effectively separates excreta from human contact (Joint Monitoring Programme WHO/UNICEF, 2008). Some 2.5 billion people still do not have access to improved sanitation with 1.2 not having access to any toilet at all (Joint Monitoring Programme WHO/UNICEF, 2008).

The reasons for this significant lag are numerous and outside the scope of this article. Parallels with the global fight against HIV/AIDS have been drawn, highlighting national policies, lack of political leadership, traditional practices, stigma, and inadequate supply as key issues and barriers (UNDP, 2006).

In the rural areas of most developing countries where sewerage-based systems are not feasible, household-based facilities such as pit latrines or septic tanks are more cost effective solutions. To bolster sanitation coverage, many governments have concentrated their efforts and resources on building and subsidizing household toilets. However, supply-driven interventions have not proven to be effective in rapidly scaling up and sustaining sanitation, particularly among the rural poor (Mukherjee & Frias, 2006).

More recent and promising approaches have focused on creating demand for improved sanitation. Two main strategies have emerged: community-led total sanitation (CLTS), which mobilizes communities to cease open defecation, and sanitation marketing, which effects behavior change at the individual and household levels.

This article aims to describe the current situation of the emergent sanitation marketing field, highlight some of the challenges and illustrate how they are being overcome in East Java, Indonesia, within the Water and Sanitation Program's (WSP) Global Scaling Up Sanitation Project.

Sanitation Marketing To Date

WSP, a multi-donor partnership administered by the World Bank, is currently supporting initiatives that incorporate a sanitation marketing component in 17 countries. A recent systematic literature review identified only five published articles mentioning the use of social marketing strategies in the context of sanitation.[1] At the 2009 World Water Week held in Stockholm, Sweden, several sessions on "sanitation promotion" and the role of the private sector were held, attesting to the growing visibility of this field. It is difficult to quantify or enumerate the various sanitation marketing projects that have been undertaken to date or that are currently underway, particularly since no standard definition of sanitation marketing yet exists. Many water and sanitation sector professionals equate sanitation marketing with the strengthening of supply chains. In her own work in this area, the author has put forward the following definition of sanitation marketing: "*sanitation marketing is the application of best social marketing practices to scale up the demand and supply for improved sanitation among the poor.*"

One of the most cited sanitation marketing endeavors in developing countries is the pilot project that was undertaken in two provinces of Vietnam with the technical assistance of international non-government organization (NGO) International Development Enterprises (IDE) from 2003-2006. The project enlisted community health workers, the Vietnam Women's Union (a grass-roots organization with some 13 million members) and village heads to promote sanitation among households. It also trained masons and small businesses on how to build and sell improved technology options. Over 15,000 of the 54,000 households targeted built safe toilets during the three-year period.[2] The project contributed to a growing paradigm shift in the water and sanitation sector, one that characterizes rural poor as customers rather than beneficiaries and views commercial enterprises and not the state as the service providers. Sanitation marketing has been applied in other provinces of Vietnam and other countries in Africa, Asia and South America.

With the exception of the Global Scaling Up Sanitation Project, described below, few sanitation marketing initiatives have been undertaken at the scale needed to bridge the sanitation coverage gap described earlier. Few have integrated all elements of the marketing mix and fewer still satisfy other benchmark criteria for the use and application of social marketing established by Andreasen in 2001 and the National Social Marketing Centre in the U.K. in 2006.

Since late 2006, WSP and its partners have been implementing the Global Scaling Up Sanitation Project in four areas (East Java in Indonesia, ten districts of rural Tanzania and the states of Himachal Pradesh and Madhya Pradesh in India).The main objective of this four-year project is to improve access to safe sanitation to 3.8 million people by building demand, strengthening supply and effecting policy and other changes that are necessary for the national and local environments to enable and sustain positive outcomes. The Global Scaling Up Sanitation Project uses a combination of advocacy, capacity building, social mobilization techniques and sanitation marketing, the latter which is the focus of this article.

Defining and Understanding Sanitation Behaviors

Before examining any social marketing initiative, it is essential to first define which behaviors are being targeted for change. In the area of sanitation, they include the following (Devine, 2009):

1. Ceasing to defecate in the open (whether in a field, near a river or elsewhere)
2. Acquiring a hygienic[3] facility. This may involve upgrading from an unimproved facility (e.g., by adding a concrete platform to close up a simple pit) or installing an entirely new one.
3. Properly maintaining a facility. This includes keeping it clean and ensuring longer term maintenance (e.g., periodic emptying of a septic tank).
4. Correctly handling and disposing of children's excreta.

The Global Scaling Up Sanitation Project has focused largely on the first two behaviors in light of its main goal of improving access to safe sanitation. In early 2008, WSP convened a workshop in Durban, South Africa, aimed at developing a framework to help understand and explain sanitation behaviors so that program managers can design more effective programs. Approximately 30 participants from seven organizations attended the event, sharing their research findings and other data to help build the conceptual model.[4] The outcome is a simple, explanatory framework called SaniFOAM[5] (*see Figure 1*) that identifies the key factors or determinants that influence sanitation behaviors.[6]

Figure 1. SaniFOAM behavior change framework.

SaniFOAM categorizes the behavioral determinants for sanitation under three headings: Opportunity, Ability, and Motivation.[7] These can be broadly defined as follows:

- *Opportunity:* Does the individual have the *chance* to perform the behavior? Determinants under this category include access and availability (e.g., proximity to a local retailer), product attributes (e.g., ease of cleaning), social norms (e.g., acceptability of open defecation) and sanctions/enforcement (e.g., fines for open defecation).
- *Ability:* Is the individual *capable* of performing it? Determinants under this category include knowledge (e.g., awareness of causes of diarrhea), skills and self-efficacy (e.g., ability to dig a pit), social support (e.g., willingness to share one's latrine with a neighbor), roles and decisions (e.g., who in the household manages the budget) and affordability (e.g., cash available).
- *Motivation:* Does the individual *want* to perform it? Determinants under this category include attitudes and beliefs (e.g., misconceptions about infants' excreta) and social drivers (e.g., status), physical/emotional drivers (e.g. comfort),[8] values (e.g., modernity), competing priorities (e.g., tuition, television), intention (e.g., stage of saving for a toilet) and willingness to pay (e.g., presence of government subsidies).

Research findings from East Java will be presented later in the article to illustrate some of these determinants.

The Global Scaling Up Sanitation Project has been using SaniFOAM to structure the design of formative research among rural households and to organize the findings of previously conducted studies. In East Java, for example, social norms around open defecation emerged as a significant behavioral determinant; individuals practicing open defecation felt that this behavior was acceptable and commonplace compared to those who defecated in a toilet.[9] SaniFOAM has also informed marketing mix decisions and shaped monitoring strategies and tools.

Challenges to Applying Social Marketing Approaches to Sanitation

Whereas social marketing techniques such as product branding and mass media behavior change campaigns are now standard practices in HIV/AIDS prevention and other public health interventions in developing countries, they have been seldom used in sanitation to date. This section highlights some of challenges involved in applying these practices in sanitation.

Complexity of Product

Rural household toilets are relatively complex from a marketing perspective. Higher end sanitary fittings (such as flush toilets) certainly lend themselves to commercial promotion; billboards and point-of-sale displays are not uncommon in many urban retail outlets. However, rural household toilets have three main components: the receptacle for waste below the ground (known as the infrastructure), the middle that interfaces with the user and the part above the ground that provides some degree of privacy to the user (called the superstructure). Each of these components has multiple options in terms of technical specifications and features resulting in dozens of possible configurations. The infrastructure can be anything from a simple pit to a septic tank. The middle part options include cement platforms and ceramic squatting pans. Superstructures range from temporary ones (such as a piece of cloth or palm fronds) to more permanent and elaborate ones (such as wood or concrete with or without tiles). Given this level of complexity, opportunities to standardize the product, and price, are not surprisingly limited.

To date, almost all sanitation marketing initiatives have used the technical names of products in promotional materials. Thus, households must navigate through appellations such as “ventilated improved pit latrine” and “double vault compost latrine” when seeking information about possible product options and interfacing with suppliers.

Fragmented Distribution

The supply chain for rural sanitation products and services involves several players including but not limited to distributors, wholesalers and retailers of cement and sanitary wares (e.g., ceramic squatting pans), local producers (e.g., of concrete rings to line a pit), service providers (e.g., septic tank emptying), masons and laborers. Households can give all their business to a given retailer or buy all the materials

required based on informal recommendations and hire a mason to do the work. Households sometimes by-pass the mason and build the toilet themselves, particularly when it comes to simpler units such as pit latrines.

In East Java alone, it is estimated that there are some thousands of suppliers of sanitation products.[10] Some of these have established informal vertical networks (e.g., between a retailer and masons); some cement companies have a cadre of masons they have trained in construction techniques. However, many operate on a standalone basis. The distribution channel for sanitation can thus be described as diverse, fragmented and largely informal. Many suppliers have generally not received formal training in sanitation, which is rarely their core business. They may not always be aware of the entire range of improved options and correct technical specifications and tend to offer the products they are most familiar with or that offer the greatest profit margin.

Consequently, rural sanitation marketing initiatives have placed a heavy emphasis on training suppliers on safe sanitation technologies, particularly masons who are often the frontline providers. In East Java for example, a qualitative study that explored buying behavior confirmed that the mason is frequently the first person (other than a neighbor) who is consulted, particularly to get a list of materials to be purchased and a quotation for work.[11] Sanitation marketing initiatives have typically developed a four to five day training courses aimed at strengthening masons' technical know-how on a full range of options and providing them with basic selling skills. WSP recently conducted an assessment of the Vietnam 2003-2006 sanitation marketing project referred to earlier; findings suggests that despite the capacity building efforts, relatively limited promotion by the suppliers took place, as reported both by households and suppliers themselves.[12] Under which conditions masons can become and remain active promoters of safe sanitation is an active topic of discussion.

In condom social marketing, a rule of thumb is that a customer should not have to walk more than 10 minutes to buy a pack of condoms. In sanitation marketing, no similar convention yet exists. Rapid assessment methods (such as those using Lot Quality Assurance Sampling) is currently being applied to measure the level and quality of coverage for condoms and other health products[13] have not been used for rural sanitation. Mystery shopper surveys, used to monitor the level of quality of service among family planning providers, for example, have not yet been used in sanitation marketing.

Environmental Constraints

Many of the challenges faced in implementing social marketing approaches in sanitation lie in the so-called enabling environment. The following represent some of the key ones:

- Institutional arrangements are often unfavorable, with sanitation responsibility often shared among the ministries of health, education and rural development. Many countries lack a national

sanitation policy and strategy and few have identified sanitation marketing as a key approach.

- The water and sanitation sector is highly decentralized, with budgets and responsibilities largely devolved to lower levels of government such states and districts. This may limit the opportunity to conduct nationally representative surveys and large mass media campaigns.
- Although there is a trend away from untargeted subsidies for household sanitation, there are still regions where government-driven construction is planned or underway, an approach which may hinder efforts to stimulate a viable sanitation market.
- At the ground level, sanitation marketing is sometimes seen as being at odds with community-based approaches. Some proponents of the latter perceive sanitation marketing as being in favor of commercial gain at the expense of social benefits. They may argue that a dozen technology options for households to choose from is better than a few; social marketers would counter that having fewer would be easier to promote at scale (assuming of course they have been developed using market research). Ideally, community-based approaches such as community-led total sanitation (CLTS)[14] and sanitation marketing[15] should be integrated in a seamless fashion through joint planning, shared communication platforms and careful sequencing of activities. However, on the ground, this has not yet been fully achieved.
- Unlike in public health, there is not yet a cadre of human resources tasked with implementing sanitation marketing who have commercial or social marketing experience. Although this may add a certain fresh approach, technical assistance is often needed to introduce best practices and proven approaches.[16]
- A shared vision of what sustainability means in the sanitation sector has not yet been achieved. It is equated by some to government taking on all aspects of implementation. Thus the "NGO-model", i.e. one where a non-government organization takes the lead in executing a project is often viewed as undesirable. This is different than in public health fields such as HIV/AIDS where it is recognized that NGOs may have a comparative advantage in social marketing.

Experiences from East Java

The initial reviewer suggested moving the "Research & Monitoring" section to the beginning of this section about East Java. I agree with the suggestion that it will ease the flow of the paper.

Despite these challenges, the Global Scaling Up Sanitation Project is endeavoring to introduce standard social marketing practices when appropriate and feasible, particularly those which have proved effective in achieving greater scale in public health interventions. This section highlights experiences from East Java in this area.

It should be noted that the approaches being introduced in East Java are in their infancy and hence no hard data exists yet on their effectiveness. Many have been developed based on emergent learning and as additional funding became identified.

Supplier Accreditation and Branding

A supply assessment conducted for WSP at the start of the Project revealed that most suppliers in East Java are neither sanitation masonry specialists nor aware of improved latrines (Frias, 2008). Based on this and other findings of the study, the Global Scaling Up Sanitation Project enlisted the services of the Institute of Technology of Surabaya (ITS) in East Java to strengthen the capacity of sanitation suppliers. The initial terms of reference called for the development of a comprehensive supply chain strategy; however, the budget allocated proved to be insufficient. A decision was made to focus on enhancing the technical and sales skills of frontline providers such as masons and create an accreditation program for providers of safe sanitation. Identified during the community mobilization phase, some 1,740 suppliers were trained by August 2009. Training focused on the most commonly available product options available in East Java using a catalog developed by the Project as the basic framework. This same catalog will be used by the providers to discuss options with customers. Providers were coached on sales arguments that build on key insights from the formative research including benefits sought (e.g., ease of cleaning) and social drivers (e.g., status).[17]

Accredited providers are authorized and encouraged to use the logo "*WC-Ku Sehat*" through the Global Scaling Up Sanitation Project to signify "safe toilets".

Figure 2. Safe toilet logo.

They will receive an initial lot of branded caps, t-shirts and stickers. Their use will serve to heighten the visibility and awareness of reliable providers, a behavioral determinant that research showed significantly correlated with adoption of safe sanitation.[18] As part of its next steps, the Global Scaling Up Sanitation Project will need to devise a long-term strategy to monitor quality of accredited suppliers and appropriate use of the promotional materials.

Social Franchising and Product Branding

In one of the districts, the Global Scaling Up Sanitation Project has been working closely with a sanitarian[19] who has developed a promising small business model: a one-stop shop offering everything from information on safe sanitation to septic tank emptying. Through a close association with wholesalers of sanitation fittings and a team of masons who provide on-site services, the small enterprise is able to provide a highly popular facility at one-quarter cheaper than if the household were to acquire the materials and build the unit themselves. Three additional modular product configurations have been identified based on informal market research, allowing households to upgrade over time as needs and budget evolve. All four products are sold as a bundled unit or package. In this way, the business is selling a "*WC Sehat Murad Sumadi*" rather than a "a ceramic closet with slab, one-meter concrete ring and cover", representing a major milestone in rural sanitation marketing: the use of product branding. The business has introduced other standard marketing practices such as post-sale service and warranties. Most notably, the business is also partnering with informal savings groups (called *arisans* in Indonesia) and local micro-credit institutions to enable customers to pay by installments. This alleviates a common constraint faced by households identified through research: lack of cash due to competing priorities. Demand for the line of branded products has been brisk, even outside his normal catchment area.

The Global Scaling Up Sanitation Project is currently considering elements of the social franchising approach as a means to replicate and scale up this sanitarian's promising business model. Through the accreditation program, promising entrepreneurs with a suitable profile (and the right attitude) will be identified for further capacity building in stock management, post-sale servicing, financing and other key areas. This model could take "sanitation as a business" to the next level in Indonesia.

Integrated Behavior Change Communication

In 2008, the Global Scaling Up Sanitation Project contracted an advertising agency in Jakarta to develop an integrated communication campaign. Based on the findings of the formative research, the main objectives are to reinforce the new social norm conveyed through community mobilization efforts (that of universal toilet use), correct misconceptions about sanitation and awaken social drivers for improved sanitation.

Weaving a character called "*Lik Telek*," the campaign features a series of posters, radio commercials and an 8-minute video drama.

Figure 3. "Lik Telek" poster.

Except for a short broadcast in May-June 2009 organized by the Global Scaling Up Sanitation Project, execution of the campaign is funded through local district authorities who all received an orientation on the campaign by June 2009. Districts are provided with a menu containing prototypes and guidance on proper use of the tools. As of September 2009, ten districts had begun using some of the materials; all 29 districts had prepared promotional plans for the next fiscal year and had submitted the required budget requests to the central government. Though not being in the position of controlling campaign implementation is far from ideal in terms of potential exposure and outcomes, the approach does provide a model for a centrally developed campaign that can lead to economies of scale through local replication. It also provides a platform for follow-on communication efforts, such as the one currently being planned which targets households who share a toilet with neighbors (around 10% of the population). Research has shown that this segment is somewhat of high risk given that only one out of three is satisfied with their toilet and an equal proportion also defecates in the open (Nielsen, 2008).

Research and Monitoring

The two-phased formative research undertaken for East Java was innovative for the sector. Through qualitative methods, the first stage probed beliefs about sanitation, social norms around open defecation, buyer behavior and competing household priorities. Findings were rich and informed the advertising agency brief. The second stage involved a more traditional Knowledge, Attitudes, Beliefs and Practices (KABP) quantitative approach. Using segmentation analysis,[20] the large household survey identified behavioral determinants that are correlated with open defecation as well as those which are associated with improved sanitation. The results are being used to fine-tune campaign tools and messages as well as monitoring plans.

Conclusion

Regardless of how sanitation marketing is defined, it is safe to say that it is nascent. In some respect, it can be characterized as "outsider social marketing"[21] given that was largely pioneered by sanitation sector specialists rather than behavior change or marketing experts. There has yet to be agreement within the community of practice on what sanitation marketing is and where it should be headed. Some contend that community-led total sanitation (CLTS) is sufficient to trigger behavior change and that sanitation marketing should focus on supply. Some maintain that CLTS focuses on eradicating open defecation while sanitation marketing focuses on moving households up the sanitation ladder. Others believe that by adapting social marketing approaches, sanitation marketing can enable scale in both demand and supply generation and they should be seamlessly integrated with CLTS. Conscious of this lack of convergence, WSP's Global Practice Team (GPT) for Sanitation will be convening sanitation marketing program managers, both within and outside the organization, for a two-day workshop in October 2009 aimed at sharing and capturing practices and emergent learning. It is hoped the approaches being pioneered by the Global Scaling Up Sanitation Project and documented through this article will serve as a showcase and learning portal for that event and for the sector as a whole.

Notes

1. Evans, W.D., Pattanayak, S.K, Young, S, Buszin, J. "Systematic Review of Global Water & Sanitation Social Marketing." Accepted for Oral Presentation at the 137th Annual Meeting of the American Public Health Association, Philadelphia, PA, November 2009.

2. "Sustainability of Rural Sanitation Marketing in Rural Vietnam: A Case Study", draft final report, WSP, September 2009.

3. Here safe, hygienic and improved are all used to describe a facility which effectively separates excreta from human contact.

4. Organizations participating included UNICEF, USAID, AED, WaterAID and Plan International. For more details on the workshop, refer to the workshop report at http://www.wsp.org/UserFiles/file/SaniFOAM_Report409_3.pdf.

5. Sanitation Focus on Opportunity, Ability and Motivation.

6. SaniFOAM largely builds on OAM frameworks used by PSI in HIV/AIDS, reproductive health and malaria.

7. For the time being, no relationship between the various determinants is posited. This could be revised based on research data.

8. In Figure 1, emotional/physical/social drivers are grouped together; however, they can be considered as distinct determinants.

9. "Total Sanitation and Sanitation Marketing Research in East Java", unpublished report, Nielsen, 2009.

10. Personal communication with Ari Kamasan, Marketing Coordinator, WSP/EAP, Jakarta.

11. "Understanding Sanitation Habits, A Qualitative Study in East Java Indonesia.", unpublished presentation, Nielsen, 2008.

12. "Sustainability of Rural Sanitation Marketing in Vietnam: A Case Study", draft report, WSP, September 2009.

13. PSI for example uses these methods in its Measuring Access and Performance (MAP) studies.

14. For more information on CLTS which was pioneered in Bangladesh by Kamal Kar, see http://www.communityledtotalsanitation.org/.

15. Social marketers may even argue that CLTS is part of the marketing mix.

16. It should be mentioned that at the inception of the Global Scaling Up Sanitation Project, no local staff in the focus country offices had a marketing background. Since then, marketing coordinators with commercial sector or behavior change communication experience have been recruited, an action which has proved essential in moving activities forward.

17. "Understanding Sanitation Habits, A Qualitative Study in East Java Indonesia.", unpublished presentation, Nielsen, 2008.

18. Total Sanitation and Sanitation Marketing Research in East Java", unpublished report, Nielsen, 2009.

19. A sanitarian is a local public health official focusing on sanitation and hygiene.

20. For more information on segmentation analysis, see "Studies: TRaC & the Dashboard to Decision Making Process", Population Services International, 2007.

21. This is borrowing from an expression from the field of art. "Outside art" refers to art which is self-taught or does not use conventional techniques or practices.

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