

Contract No. R7819

Social marketing for Urban Sanitation

Review of evidence and inception report
(revised edition)

*Amaka Obika¹, Marion Jenkins², Valerie Curtis³,
Guy Howard¹ & TREND⁴*

1 – WEDC, Loughborough University

2 – University of California, Davis

3 – London School of Hygiene and Tropical Medicine

4 – TREND Group Kumasi Ghana

October 2002

<http://www.lboro.ac.uk/wedc/projects/>



Water, Engineering and Development Centre
Loughborough University Leicestershire
LE11 3TU UK

Executive Summary

This report presents the initial findings from research into social marketing for sanitation in urban Africa, and the key issues that have been identified. A summary of the remaining activities that will be carried out is also provided. An extensive literature review has been completed and used to identify the major areas of interest within the research. Little previous work appears to have been done in relation to social marketing of sanitation. Previous sanitation projects do, however, support the hypothesis that social marketing will be a useful tool in promoting latrine acquisition and use, and experiences in other health fields suggest that social marketing can be effective.

Field research was initiated in Nkawie, Atchima District Administration, Kumasi Metropolis Ghana in early January 2002. Given the changes in research personnel and delays in issuing of contract, it was considered more appropriate to initially commence project work in one country. This also allows lesson learning and updating of methodology.

Formative research has been undertaken in Nkawie using in-depth interview of users, latrine design inventory, area mapping, interviews of latrine providers and information from secondary sources. The area mapping indicates that public latrines are the most common type of excreta disposal facility in Nkawie. Analysis of the in-depth interviews of users and latrine providers highlighted the key *motivating* and *constraining* factors for the acquisition of household latrines. In-depth interviews in conjunction with latrine design inventory also indicate that users are not satisfied with the existing household sanitation facilities due to reasons ranging from operation to performance. Analysis of the producer interviews also highlighted some of the barriers to latrine acquisition as lack of availability of latrine options to satisfy user desires, initial cost of installation, lack of credit facilities, etc. The latrine providers also indicated that providing latrines on 'hire purchase' system would increase user acquisition of household latrines.

Analysis of the formative research has provided indicative attributes that could motivate latrine acquisition in Nkawie. The attributes identified will facilitate the development of suitable latrine(s) that will be promoted/marketed. The project is also exploring various strategies that will be effective for the delivery of latrines to users. The project is exploring effective strategies for building the capacity of the private sector for effective delivery of sanitation facilities and services. Other possible delivery mechanisms such as the involvement of the Government and NGOs are also being investigated.

Segmentation of user population into possible market groups has been initiated considering key motivations and barriers, and linking them to profiles of people interviewed. A quick quantitative survey will be conducted to estimate the overall population of consumers that fall into different market groups. Initial investigation into possible promotion channels highlighted several existing options that could be used for the social marketing of latrines. The possible channels identified include, *clinic days*, *video centres*, *market days*, *churches*, *music concerts*, and *the media*. Further investigations are continuing into possible promotion channels.

The tools and methodologies have been tested and shown to provide useful information of importance in sanitation planning. The development of guidance in undertaking formative research is being finalised in draft form ready for further testing in a second

study site. It is proposed that the second site be changed to Dar-es-Salaam, Tanzania and the partner organisation to WaterAid.

Based on initial findings, the second phase of the research will focus on issues associated with product development, product delivery, promotion/marketing strategies, and initiating work in a second country. The research intends to work with local latrine providers to develop products (latrines) for which users will be willing to pay.

The project will also be investigating various delivery mechanisms for household latrines. This will include, looking at the technical capacity of latrine providers, payment system for latrines (payment by instalment or hire purchase) and availability of credit facilities. The objective of investigating product delivery mechanisms is to ensure that systems are in place to meet the demand for household latrines that would be created through marketing. Considering the timeframe and the resources of the project, it will not be possible to run a delivery mechanism.

Getting the right products and setting up effective delivery systems can only increase latrine uptake if various levels of users can get access to adequate information of available options and how to acquire the latrine option of their choice. The second phase of the research will therefore explore possible channels for disseminating information on the acquisition of household latrines. This will include investigating the possible role of the local latrine providers in marketing, and identifying appropriate channels for marketing household latrines to different population segments in a small towns.

Research activities in a second country will also be started in the second phase, and the activities from the second phase will facilitate the development of the intervention guideline and tool kits for social marketing. Workshops and dissemination of research outputs will also be undertaken in the second phase.

Contents

Executive Summary	2
1 Introduction	5
2 Goal, Purpose and Outputs of the Project	6
3 Initial Findings	8
3.1 Literature review	8
3.1.1 <i>Definition of social marketing</i>	8
3.1.2 <i>Social marketing process</i>	9
3.1.3 <i>Application of social marketing to sanitation</i>	9
3.1.4 <i>Application of social marketing to health and social issues</i>	16
3.1.5 <i>Concerns regarding social marketing theory</i>	18
3.2 Field Activities to Date	20
3.2.1 <i>Research site: Ghana</i>	20
3.2.2 <i>Formative research</i>	20
3.2.3 <i>Market segmentation</i>	35
3.2.4 <i>Promotion channels</i>	36
3.3 Review of Tools/Methodologies Developed to Date	38
3.3.1 <i>In-depth Interview (IDI) tool</i>	38
3.3.2 <i>Producer interview tool</i>	39
3.3.3 <i>Guide for secondary information</i>	40
3.3.4 <i>Checklist for area mapping</i>	40
3.4 Poverty and Gender analysis	41
3.4.1 <i>Gender analysis</i>	41
3.4.2 <i>Poverty analysis</i>	42
3.5 Conclusion	43
<i>Motives for acquiring household latrines</i>	43
<i>Barriers stopping people from acquiring household latrines</i>	43
3.5.1 <i>Promotion channels</i>	44

List of Abbreviations

CWSA:	Community Water Supply and Sanitation Agency
IDI:	In-depth interview
ORT:	Oral Rehydration therapy
SWS:	Safe Water Systems
WC:	Water Closet
WSSCC:	Water Supply and Sanitation Collaborative Council
PSI:	Population Services International

1 Introduction

This report summarises the initial findings of project R7819: Social marketing for urban sanitation in Africa. This project is supported by DFID under its Knowledge and Research programme within the Infrastructure and Urban Development Department. The goal, purpose and outputs of the project are summarised in section 2 of this report.

The project is managed by the Water Engineering and Development Centre (WEDC), but includes several collaborators including the London School of Hygiene and Tropical Medicine, the University of California, Davis and TREND in Kumasi, Ghana. Initial fieldwork has been undertaken in Ghana and work will shortly commence in a second country to be agreed with DFID.

2 Goal, Purpose and Outputs of the Project

The overall goal to which this project will contribute is to raise the well being of the urban poor through improved water and sanitation. The purpose of the project is to test the hypothesis that social marketing is a cost-effective means of increasing latrine adoption and use in urban Africa, and that sector stakeholders adopt elements of social marketing methodology. At this early stage in the project, achievement of the purpose cannot be evaluated, however, as there has been progress in achieving the outputs of the project, the project team believe that the purpose will be achieved.

The project has two phases, the formative research and the intervention, each producing specific outputs.

The outputs expected from the formative research phase include:

- a. **A comprehensive review of literature on social marketing.** This has been completed and is attached as Annex 1 to this report, and a summary of the principal issues raised and how the project is addressing these is provided in section 3. The review examines the emergence and development of social marketing, its theory, definitions and conceptualisations from academic and practitioners' perspectives. It identifies case studies of sanitation projects that used some aspects of social marketing but did not necessarily apply social marketing systematically to latrine promotion. Lessons from these case studies are applied in this project. The review also pointed out some of the concerns regarding the theory of social marketing.
- b. **Guideline for social marketing of latrines in low-income urban communities.** The guideline will offer a concise methodology for conducting formative research. It will propose how to determine what can motivate individuals (from identified market segments) to acquire household latrines. It will show how to develop suitable communication strategies for social marketing latrines for different market segments and target groups. It will also suggest delivery mechanisms for latrine products and services. This output is currently being finalised in draft form and will be available for further testing in early 2003.
- c. **A catalogue of user selected latrine profiles** resulting from adopter and non-adopter perspectives of existing latrines and attributes of latrine products. This has been prepared for the first project site and broader application is discussed in section 4.

The outputs of the second, intervention phase are:

- **Guideline for intervention**, which will include supervision, monitoring and evaluation procedures for social marketing of latrines. This output will only be achieved later in the project once further fieldwork is undertaken.
- **A review of likely constraints to latrine adoption** by the different market segments identified in the formative research phase. It will also suggest strategies for reducing household constraints to acquiring latrines. This has been developed for the first field site and broader lessons learnt are discussed in section 4 of this report.

- **A regulatory, legal and administrative framework** for public-private partnership in social marketing for latrines. This is intended to guide donors, planners and managers to develop appropriate frameworks for the support of latrine marketing projects. This output will be achieved by mid-2003.
- **Proposed delivery mechanisms for latrine products** that have been identified in the formative research for social marketing. The initial research has brought into sharp focus the difficulties involved in designing and testing new technologies and delivery mechanisms. Such issues need to be addressed but this requires more time and resources than the current project allows. It has become clear that it will be necessary not only to build the capacity of the small-scale private sector to design, develop, deliver and install user preferred latrines, but also to address issues of credit facilities and subsidies. Within the timeframe of the research and available resources, a full implementation and evaluation of delivery mechanisms will not be possible. The project therefore proposes to review the issues involved in assisting the small-scale private sector to develop, deliver and market more appropriate latrine products. This will involve detailed consultation with the private sector including local latrine producers, marketers of latrine products, and the government agencies, as well as small business advisors.

3 Initial Findings

3.1 Literature review

The literature review draws on published and ‘grey’ literature on social marketing. As there is limited documented experience in using social marketing within the sanitation sector, much of this literature reviews its application within other spheres. Search terms were put into a variety of databases (including Medline, IRCDOC, WSP web page, the cluster of databases accessed through Cambridge Scientific Abstracts) as well of as documents held in the WEDC Resource Centre and the libraries at the London School of Hygiene and Tropical Medicine and University of California, Davis.

This section summarises some key findings from the literature and provides a brief definition of social marketing. The key issues arising from the review and their implications for the research on the marketing of latrines are discussed. The detailed literature review is attached in Annex 1.

3.1.1 Definition of social marketing

Social marketing has been defined in various ways. The first comprehensive definition of social marketing is as a framework for planning and implementing social change, Kotler and Zaltman (1971:5). They defined social marketing as:

“The design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research. Thus it is the explicit use of marketing skills to help translate present social action efforts into more effectively designed and communicated programs that elicit desired audience response. In other words, marketing techniques are the bridging mechanisms between the simple possession of knowledge and the socially useful implementation of what knowledge allows”.

Subsequently, Weinreich, (1999) defined social marketing as ‘the use of commercial marketing techniques to promote the adoption of a behaviour that will improve health or well-being of the target audience or of society as a whole’.

This project uses the Weinreich (1999) definition as the basis for developing the process for the social marketing of latrines.

3.1.2 Social marketing process

The process for conducting social marketing was highlighted in the review. Weinreich (1999) identified five steps for a social marketing process,

Table 1: Social marketing process

Planning	Formative research Analysis Audience segmentation Strategy development
Message and materials development	Identifying appropriate channels Developing effective messages Producing creative executions
Pre-testing	Conducting the pre-test Using the pre-test results
Implementation	Developing an implementation plan Planning and buying media Generating publicity Monitoring implementation
Evaluation and feed back	Evaluation design Evaluation methods Using feedback to improve the programme

Source: adapted from Weinreich (1999)

The project has adopted a similar process to the one highlighted above for the social marketing of urban sanitation. Many authors conclude that formative research is a crucial and indispensable component of the social marketing process, (Lefebvre 1992). Weinreich (1999) states that in the planning process for social marketing, research with target audience assists in making programmatic decisions about the following,

Product, Price, Place and Promotion, often called the “four P’s of marketing.

These issues are being addressed within this research through development and testing of methodologies and tools through fieldwork.

3.1.3 Application of social marketing to sanitation

Experience with social marketing of sanitation remains relatively limited. Whilst some aspects of sanitation projects have contained components that are similar to social marketing, few can be said to have applied this systematically.

Reiff and Clegbaza (1999) reported a project on marketing sanitation undertaken in Benin and state that this led to the construction of 600 family latrines without subsidy. This project appears to have used approaches more closely matching social marketing, but there remained some unanswered questions. Most notably among these are:

- What background level of construction of household latrines would be expected in the area (i.e. what excess proportion of latrine construction does this represent over usual practice)?
- Were the 600 family latrines of a different and improved design from those usually available?
- What impact has 600 latrines had on overall access figures within the region – are we seeing an accelerated increase in access or marginal improvements?

Some important lessons for sanitation promotion of relevance to social marketing emerge from a review by Mukherjee (2001) of why sanitation promotion had been effective in selected communities in Cambodia, Indonesia and Vietnam. Although none of these projects used social marketing (some relied on PHAST and others on more directive promotion activities) many aspects of success were similar to those expected to be delivered by social marketing. The keys for success in all three countries were noted to be:

- Understanding community preferences and offering a range of options;
- Peer pressure and collective community responsibility;
- Using neighbourhood and community networks; and,
- Development of local enterprise to provide services.

The use of single options was found to be counter-productive to promoting sanitation improvement, particularly when the options did not fit livelihood considerations, for instance use of pour-flush latrines in communities that traditionally use faeces as a fertiliser.

Mukherjee (2001) concludes that a major component for success was effective development of the local private sector to deliver sanitation improvements in the longer-term. More significantly, it was concluded that emphasis should be placed on developing the technical and awareness-raising skills of the private sector, rather than subsidising construction. It was noted that where the household had paid for latrines they were better maintained and more hygienic than when projects had supplied the hardware.

The need to address factors other than health to promote latrines was also identified as important to persuade households to acquire and use a latrine. Although users of latrines noted the importance of health benefits, these were typically articulated after acquisition and use for some time rather than as an initial driver for acquisition.

The experience from these three countries provides support for a social marketing approach even though this was not employed in the projects, as they all emphasise the need to match options to consumer preferences and the importance of local private sector enterprises in meeting demand. Furthermore, the conclusion that Government and NGO support should focus on developing skills in the private sector also represents an important area to be developed within the current research project.

WSP (2000a) provides a summary of activities to promote sanitation in Bangladesh by the Department of Public Health Engineering (DPHE) and UNICEF. The programme adopted an approach that involved the private sector, strengthening their marketing ability and ensuring that a supply of sanitary hardware was closer to the villages. A key component of the strategy is to increase access to local credit institutions. WSP (2000a) notes that there have been some problems in implementing this approach, but if successful it will represent a very significant use of social marketing in sanitation promotion.

WSP (2000b) provides a description of the application of social marketing in rural sanitation projects in India. Information is provided regarding the approaches followed (which are standard social marketing activities) but do not provide any data on the impact upon uptake.

It is important to reflect on the relevance of Asian experience in developing similar activities in Africa. Although there is a lack of quantifiable evidence for the impact of these approaches in Bangladesh and India, the development of such approaches (if successful) should provide Africa at least with the evidence of efficacy. However, a certain degree of caution should be

applied when trying to apply lessons learnt from Asia to Africa. With particular reference to the example from Bangladesh above, two major points emerge.

- Access to credit institutions. The ability of small-scale private sector sanitation providers to access credit may well be critical to the economic viability of sanitation as a business. Bangladesh, in particular, has a well-established and extremely active credit-providing sector with well-respected banks and NGOs offering a wide range of services and maintaining significant numbers of customers. Experience in Africa with credit institutions is far more limited and generally less positive. There are not sufficient numbers of the well-established banks that target smaller businesses and households. There have also been a number of high-profile failures in the past where these have been established. Reliance on access to credit therefore appears less feasible in urban Africa.
- Experience of social provision by the private sector. Although there have been some developments within the private sector in providing social goods and services in Africa, it is nonetheless true to say that this is less well developed than in parts of Asia. For instance, in Bangladesh, the overwhelming majority of tube wells in the country are owned by households, which were sunk by private sector drilling companies (DANIDA, 1999). In many ways the population in Bangladesh is well attuned to purchase of some social services and goods from the private sector, which may provide a significantly advanced starting point for private provision for sanitation.

These points do not mean that no useful lessons may be learnt from the experience in South Asia, but does perhaps highlight the need for careful consideration regarding transferability of those lessons. Table 2 summarises some of the case examples of the application of aspects of social marketing to sanitation in the developing countries.

Table 2: Marketing latrines in developing countries

Title/source	Main conclusion
<p>Rural sanitation: <i>The experience of non-subsidized household latrines through social marketing and the promotion of the small-scale private sector: the case of the PADEAR programme in Benin.</i> Reiff and Clégbaza (1999)</p>	<ul style="list-style-type: none"> • Marketing latrines (media, promotion materials, masons, etc) using messages based on rural community perceptions of the benefits of latrines seem to lead to an increase in the demand for household latrines. • Households will only buy and use latrines if it is in their real and personal interest. Providing a wide range of technological options, suited to the needs as well as the financial means of the households is essential. • Poor households could be supported to install a latrine not necessarily through subsidies but by making payment flexible and giving groups of households the possibility of sharing one latrine and the costs. • Training masons to build different types of latrines and in basic sales techniques is essential for effective delivery of services to users. • Enough masons need to be trained to increase competition and ensure that labour prices go down.
<p><i>New approaches to promoting sanitation in rural Bangladesh.</i> WSP (2000a)</p>	<ul style="list-style-type: none"> • The UNICEF/DPHE programme modified its approach due to the low success rate recorded in comparison to the private sector where there is zero subsidy. The key innovations made by the programme for promoting sanitation include <ul style="list-style-type: none"> - Creating a more flexible and responsive institutional framework for social mobilisation - Promoting the marketing ability of the private sector and ensuring a supply of latrine hardware closer to the villages. - Generate consumer demand through a more professional, marketing-oriented communication strategy, which acknowledges more than just health benefits.
<p><i>Marketing sanitation in rural India</i> WSP (2000b)</p>	<ul style="list-style-type: none"> • The major obstacles to increasing sanitation in rural India is the lack of demand because people do not see the need or feel a desire for sanitation, and the promotion of a single high specification design with high construction subsidy by the government. • Demand for household latrines can be stimulated among target communities by marketing the “non health” benefits of sanitation • Developing a range of latrine designs and options is necessary for matching household demand, (e.g. attaching a bath extension to latrines). • Installing demonstration latrines and building up reliable and effective links between suppliers, manufacturers and consumers is necessary for effective delivery of latrine products and services. • Targeting the subsidy to poorer families and providing micro credit loans with low interest facilitates the acquisition of latrines by the poor.
<p>Rural poor choose their water and sanitation services in Lao PDR Maniphousay et al (2000)</p>	<ul style="list-style-type: none"> • Community dialogues to investigate needs and wants regarding sanitation can be initiated using tools from the <i>Participatory Rural Appraisal (PRA) AND Participatory Hygiene and Sanitation Transformation (PHAST)</i>. Actual exercises can take as long as 6 – 7 hours to do. • It is not always possible to find words equivalent to ‘latrines’, ‘cleanliness’, and ‘sanitation’ in the language of the ethnic minorities. • Demand for sanitation varied in direct proportion to the communities’ and households’ exposure to the world outside their village.

<p><i>Selling sanitation in Vietnam.</i> What works? WSP (2002a)</p>	<ul style="list-style-type: none"> • A supply-driven institutional system trying to transform itself into a demand-driven one has to increasingly empower and enable its field level personnel to be creative, innovative and non-conventional in responding to local demands. • <i>Demand responsive approaches are essential for sustained sanitation:</i> Households can make informed choices and be able to select the most suitable and affordable sanitation options. Agencies should avoid the promotion of single-product based sanitation services. • <i>Sanitation promotion strategies should start by identifying the factors that influence the demand for sanitation:</i> Market research is essential to understand what intervention strategies will be most successful to ensure that sanitation services are sustained. • <i>Demand for sanitation facilities does not automatically result in hygiene behaviour change in relation to latrine use:</i> Although the construction of latrines may not take much time, it does not necessarily translate into improved behaviour change such as use of latrines. • <i>Success of sanitation projects cannot be measured only by coverage rates:</i> Sanitation coverage may be high, but it does not reveal differentials in coverage within the community and does not take into account the difference between and within communities in terms of actual use of sanitary facilities. • <i>Projects that aim to provide sustainable sanitation services should plan their interventions for longer time frames</i>
<p><i>Achieving sustained sanitation for the poor.</i> Policy and strategy lessons from participatory assessment in Cambodia, Indonesia, Vietnam Muhkerjee (2001)</p>	<ul style="list-style-type: none"> • The conclusions from this assessment are similar from that of Vietnam above. One of the key conclusions is the need for improved access to credit facilities if the demand created for household latrine is to be realised. The study indicates that access to credit to assist the poorest families in latrine construction does not necessarily mean providing highly subsidised or free latrines. Developing very low-cost latrine designs, allowing poor households to pay over long periods of time not necessarily in cash, micro-credit schemes to finance latrines, and promoting shared latrines between several households are some solutions that are possible.
<p><i>Learning what works for sanitation.</i> Revisiting sanitation successes in Cambodia. WSP (2002b)</p>	<p><i>For accelerating demand for and access to sanitation;</i></p> <ul style="list-style-type: none"> • Sanitation promotion strategies need to be based on research understanding of local motivation to acquire household toilets • Promoting a set of design, cost and payment options for household toilets is important for scaling up sanitation coverage. • Until poverty in the rural areas is reduced, special poverty-targeted strategies must be found to assist the poorest families. • Sanitation promotion needs to be gender sensitive and gender inclusive <p><i>For sustaining sanitation improvements and impact on community lives;</i></p> <ul style="list-style-type: none"> • Sanitation needs to plan for longer contact periods with communities • Promoting local technical and building skills may be key to sustainable rural sanitation services • Developing behaviour change strategies in consultation with communities can pay off in terms of effectiveness.

3.1.4 Application of social marketing to health and social issues

Social marketing has been used in relation to several other health issues. For instance, Population Services International (PSI) have worked with the Center for Disease Control and Prevention, US (CDC) in Zambia to promote the Safe Water System (SWS) . PSI started social marketing of the SWS and in particular the disinfectant (with the brand name of clorin) in Zambia in October 1998. They used local communication channels to market clorin, radio and billboard advertising to create awareness of the dangers of unclean water and importance of using SWS. According to PSI (2002), over 45,000 units of clorin were sold during the cholera epidemic in Zambia in 1999 and over 220,000 sold to date.

In Madagascar, PSI collaborated with CARE and CDC to produce, market, and sell sodium hypochlorite under the brand name *Sur'Eau* for domestic treatment of drinking water. PSI conducted the market research, developed the brand name, produced support materials and launched *Sur'Eau* in March 2000. The project was so successful that it received further funding from other donors, which has led to its scaling up to all parts of Madagascar, (PSI 2002).

In addition, social marketing or elements of social marketing have been applied in the health sector to promotion of bed nets for malaria control, promotion of oral rehydration solution, use of contraceptives and use of health services. Table 3 summarises below some of the case studies of the application of social marketing to other health and social issues.

Table 3: Social marketing in developing countries

Issues/source	Country	Main Conclusion
Application of social marketing approach to malaria prevention (PSI 2002)	Bossembele, Central African Republic	<ul style="list-style-type: none"> • In April 1995, PSI started the first social marketing of impregnated mosquito net (IMN) project for malaria prevention. • The project offers three components, a polyester mosquito net pre-treated with permethrin, branded <i>fa ngougou</i>, (<i>Kill mosquitoes</i>). A re-treatment service called <i>Zingo Moustiquaire (come alive, mosquito net)</i> and an intensive information, education and communication campaign. • According to PSI (2000), the bed net has been so popular that all the initial 12,000 nets have been sold. Although the re-treatment phase is still in its infancy stage, 14% of the target population has re-treated their nets. It is evident that the social marketing approach is successful because consumers are bringing their nets to be re-dipped.
Social marketing of oral rehydration therapy (ORT) and contraceptives (Fox 1988)	Egypt	<ul style="list-style-type: none"> • The programme in Egypt sought to raise national awareness of diarrhoeal diseases and the use of ORT. • It used mass media advertising, subsidised production and distribution of ORT and training for Doctors, pharmacist and health workers. • Fox notes that the project had a significant impact on the way that health issues are communicated.
Comparison of the social marketing of contraceptives and the alternative approaches of combined community based distribution and information, education and communication. (CBD/IEC), Vernon et al, (1988).	Columbia	<ul style="list-style-type: none"> • The social marketing approach used advertising campaigns while the CBD used field workers. • The author indicated that both approaches were effective, social marketing achieved a good level of coverage in urban and peri-urban areas, while the CBD achieved good communication rates. • It was also highlighted that only social marketing yielded profit and CBD was found to be less cost effective.
Social marketing of health services (Stuer, 1988)	Cambodia	<ul style="list-style-type: none"> • This study describes and analyses the use of a social marketing approach by Cambodian Urban Health Care Association (CUHCA) to improve the awareness and knowledge of consumers to make good choices in the market for health services. • CUHCA initiated health services on a <i>fee-for-service basis</i>. The low demand made them apply social marketing. The consultation and product were integrated into a package, for which a single fee is payable. • The programme had difficulties getting the poorest to attend even when they are exempted from paying. This could be associated with the stigmatisation of being considered poor. • The author concludes that the original premise that supply-driven strategy of improving health services by increasing competition failed due to the absence of the sufficient demand to introduce competition. • The key lesson is that the promotion of competition among health care providers works well and is cost-effective if the goods or service is popular and easy to sell.

3.1.5 Concerns regarding social marketing theory

The review highlighted some criticisms of the application of marketing principles to social issues, which are considered below.

Social marketing theory has been criticised by mainstream marketers, who are fearful that social marketing will damage the reputation of marketing by influencing people to adopt behaviour that is not in their best interest, (Fox and Kotler 1980).

This project does not intend to influence people to adopt household latrines based on a predetermined reason such as health. It is investigating the motives and constraints that currently motivate people to adopt household latrines and will base the development of promotion strategies on the key motivations of the various population segments. The latrine options to be promoted will be developed based on user preference and marketability; there is no predetermined latrine type. This criticism therefore does not have much bearing on the research, as the issue raised is already being addressed.

Some authors assert that social marketing takes an individualistic rather than a societal view of social issues. Goldberg (1995) elaborates this criticism citing an example (drug abuse prevention) based on the ‘upstream’ and ‘downstream’ theory set out by Wallack (1990). According to Goldberg’s example, the key social marketing message would be “don’t use drugs”. He argued that it fails to address factors that facilitate drug use such as alienation, poor housing, lack of education, or lack of economic opportunity but relies on the self-discipline of the user. Others worker have criticised social marketing as being top down and not involving ascertaining consumers’ felt needs and wants, (Montazeri, 1997).

This research is incorporating both individualistic and societal views to social marketing of sanitation. It is not just telling people to ‘use household latrine’ but has investigated individual motivations and constraints/facilitators (external and internal) for latrine adoption. It will explicitly consider the role of the enabling environment in creating conditions that can either constrain or facilitate latrine adoption by different population segments. While such factors are not likely to be changeable within the resources and duration of the project, their role and likely impact on the success of social marketing promotional strategies will be assessed and opportunities identified (where feasible) to address them.

Some of the external constraints emerging from the research in Ghana so far, include:

- lack of awareness of different latrine options and producers;
- poor operation, performance, and other characteristics of available latrine options;
- lack of desludging services and disposal facilities for full latrines;
- complex permit approval for latrine construction;
- lack of affordable/accessible household credit;
- lack of enforcement of building codes requiring toilets in new domestic construction; and,
- distortions in the domestic rental market in order to provide business and private capital (2 to 3 years rent payable in advance is standard in Ghana).

The project is exploring ways of resolving some of these constraints; for example, it intends to work with private latrine providers and users to come up with appropriate latrine options that will make desludging easier. It has initiated discussions with the Government in Ghana on ways of speeding up the process of permit approval and

redirecting limited latrine subsidy for possible use as a revolving credit fund. However, the major part of the project is promotion, which will be used to create adequate awareness and stimulate interest in latrine acquisition.

Some other critics also argue that social marketing excludes some groups by using strategies such as the mass media e.g. television, (Ling *et al* 1992). According to Wallack (1990), social-marketing strategies may first target segments of the audience that are most likely to change, and may do little for those who are most in need of intervention but have the least resources to facilitate change.

Although social marketing adopts the principles of commercial marketing such as the use of mass media, this research intends to use a variety of communication channels in the promotion of household latrines. It is investigating the existing communication channels appropriate for reaching different target audience and there is evidence to suggest that television will not be an appropriate option for social marketing of latrines in the research site.

Another concern regarding the initial targeting of some segments may apply to this project. Based on the formative research, the population of the research site is being divided into market segments. The project may not be able to target all the segments at once in the implementation stage due to time and budgetary limitations. If this becomes the case, it would make recommendations for targeting the remaining segments. Furthermore, a legitimate justification for targeting only those groups most likely to adopt household latrines with only a promotional campaign may arise from the need to reduce supply side barriers for those groups (in particular the very poor) least likely to change. Expanding the demand for appealing products can be achieved more quickly by first targeting the audience most likely to become adopters. Barriers to the acquisition of these new products for the poor may be reduced more quickly, as providers increase production, reduce costs, and improve accessibility and quality for consumers. A similar approach was used in the UNICEF/DPHE rural sanitation programme in Bangladesh, (WSP 2000a).

3.2 Field Activities to Date

Field based research activities were initiated in Kumasi Ghana in collaboration with TREND in January 2002. The project document originally envisaged work starting in two sites simultaneously, the second being in Uganda. However, when the project was initiated it was felt that as this was a complex research issue it was preferable to start fieldwork at one site first. This would be easier to manage and would allow lessons learnt at the first site could be incorporated into the research in the second site. The experience in Ghana has suggested that this was a correct assessment of the situation and that had work been initiated at two sites simultaneously it would have been very difficult to manage.

As noted in section 4, it is proposed to change the second country and it is hoped that activities will be initiated at the second site as soon agreement is reached with DFID.

3.2.1 Research site: Ghana

A total of 5 potential field sites in Ghana were originally identified by TREND. Two of the sites were excluded prior to visits mainly due to the distance from Kumasi, the base of TREND. The three remaining sites were visited by TREND and the UK research team and the final site was selected on the basis of the following criteria,

- At least 20% (estimate) of the population have excreta disposal facilities
- No mains sewage
- No previous sanitation promotion project
- Reasonably close to Kumasi
- Approval and support by relevant government authorities
- Physically and legally possible to construct sanitation facilities

The site selected - Nkawie – is about 13km from Kumasi and met all the above criteria. It is a small town in Atwima district with an estimated population of 13000 at a growth rate of 2.9% (Ghana population census, 2000). It is divided into three sections – Kuma, Taose and Panin. The research project covers all the three sections of Nkawie.

Initial discussion was held with the District Administration of Nkawie to ensure that they were aware of the research and its aims. Two staff from the water and sanitation unit in the District Assembly were identified to work with the project team.

3.2.2 Formative research

The methodology used for the formative research includes,

- Area mapping
- Information from secondary sources
- In-depth interview of adopter and non-adopter heads of households
- Latrine design inventory
- Producer interviews

The methodology and guideline used for the formative research were developed during the inception visit made in January 2002. The methodology was based on the work previously done in Benin by Jenkins (1999), which was an investigation into the *drives* and *constraints* for the adoption of household latrines.

Table 4 below summarises the methodology used for formative research. It outlines activities (tools), objectives of each activity; information collected using the tools and outputs from the exercises.

Table 4: Draft formative research methodology

Activities	Objective	- Information	Output
Unit area mapping	<ul style="list-style-type: none"> To familiarise the team with the research site. To develop sampling framework and target households for formative research. 	<ul style="list-style-type: none"> Public latrines Water sources Household latrines Roads Schools, etc List of households with owner's name (from census/ house nos.) 	3 area maps done by area committees.
In-depth interview	<ul style="list-style-type: none"> To describe drives and constraints, and attributes that influence consumer purchase decision for latrines. To facilitate the segmentation of the market for household latrines To identify attributes of latrines important to consumers. 	<ul style="list-style-type: none"> Profile of respondents Motivations for installing household latrines and difficulties encountered (adopters) Constraints/barriers for not installing household latrines (non –adopters) Users preference and positive latrine attributes; why the attributes and particular features are important for them. 	<p>Summary of drives and constraints expressed by consumers for purchasing or not purchasing household latrines.</p> <p>User perception of different types of latrines and attributes that are important for adoption.</p>
Latrine design inventory	<ul style="list-style-type: none"> To know the types and attributes of existing household latrines. 	<ul style="list-style-type: none"> History of adopter household latrines. Photos of latrine features Simple technical drawing of different types Other types of latrines outside the project site Cost of different types and features 	Types and attributes of existing household latrines with photos.
Producer perspective interviews	<ul style="list-style-type: none"> To understand how producers sell their products and get new customers. To know what attributes and features are commonly requested by customers. 	<ul style="list-style-type: none"> How producers price their products and collect fees What types of latrines do consumers want (models, features, etc)? System for procurement of materials Problems with construction Relationship with District Assembly, Water and Sanitation Unit and other authorities What training did they have What will help them to improve their jobs. 	<p>Producer perspective on consumer decision to buy or not to buy household latrines.</p> <p>Producer mechanism for selling latrines to consumers.</p>
Secondary information	<ul style="list-style-type: none"> To understand background of the research site 	<ul style="list-style-type: none"> Characteristics of the site (e.g. political, demography, geology, climate, etc.) Credit availability (formal and informal sources, access to and conditions for credit) Other types of latrines outside the project site. 	An overview of Nkawie.

The analysis of the formative research has been carried out and is being used to address the following,

- Key motivations and constraints for the adoption of household latrines.
- Market segments (most likely to exist in the project site)
- Assessment of the marketability of existing latrine options and development of alternative latrine options (based on user preference)
- Strategies to facilitate the delivery of latrines
- Communication channels and strategies for promoting household latrines.
- Simple indicators for monitoring and evaluating social marketing of sanitation.

A final phase of the formative research phase will be a quantitative survey, to confirm and quantify the size of market segment characteristics.

3.2.2.1 Unit Area mapping

The **area mapping** was aimed at collecting information from key informants on facilities in Nkawie. This was backed up with the **information from secondary sources** about Nkawie. The map was made by Area councillors, sector leaders, opinion leaders, (traditional chiefs, queen mothers, etc.) and facilitated by the TREND team. The map was produced by unit areas and indicates where social facilities are located. The facilities indicated include the following: *well, public latrines, schools, refuse dumps, bars, markets, churches, mosques, palace, football fields, etc.*

The sanitation facilities in the unit areas are mainly public toilets. An estimated 70% of the total population of Nkawie do not have latrines in their houses but use mainly the public toilets. However, this level of use is highly variable across the nine unit areas of Nkawie, ranging from over 90% in Zongo and Nkorang to 50% or less in Wenachi East/West, Kubeasi Central and Toase New Town. The majority of households use public latrines early in the morning leading to long queues. Some households use chamber pots (particularly for use by children at night), which are generally emptied into the public toilets. There is no evidence that contents are disposed of at other sites and the overall number of households using chamber pots is relatively small.

Open defecation is not widely practised although some children use the open dumps or defecate in shallow pits behind the public latrines. The lack of field and bush close to Nkawie does not allow for privacy for open defecation by adults. However, some farmers use the 'cat' (dig and bury) method while in their farms (situated some kilometres away from the town) although this is not a common practice as it is not their preferred option. This could explain the reasons why no open defecation sites were shown on the map. The maps are attached as Annex 2.

3.2.2.2 Information from secondary sources

Information from secondary sources was collected by key informant interviews with opinion leaders, (chiefs, queen mothers), District Government, national census data, private sector, etc. The secondary information revealed that Nkawie occupies 10% of the Atwima District landmass, which is 1,356.47km.

The population of Nkawie is estimated to be 12,753 of which the majority (98%) are of the Ashanti tribe, about 85% are Christians, 10% Moslems and 5% traditionalists. The majority of the population (about 80%) are engaged in farming activities while the remaining 20% are in poultry/livestock production, cottage industries (agro-based, art, wood/forest based and metal based), services ('chop-bar' keepers, hairdressers, tailors) and trading.

The settlement pattern in Nkawie is still very traditional with original owners or inheritors still living in their houses. Large houses with several individual rooms are enclosed within a wall and are generally known as compounds. Five – ten households occupy rooms in these houses with the majority coming from the same family and a few are renting. A house inventory of Nkawie from the District Assembly gave the total number of houses to be 567. Of the 407 compounds with occupancy information, approximately 28% are mixed tenant/family compounds, 71 % are family only, and less than 1 % are tenant only (absentee landlord).

The average number of tenants (rented rooms) per mixed compound for those with available data is 3. The data did not indicate the ratio of female headed and male-headed households or the number of households per compound, but average number of people per compound is 22 and average household size is 4.8 in Ghana, (Ghana census data). Based on this, the number households per compound is estimated at 4.7.

The validity of the data is uncertain but gives an approximate indication of the situation. During the in-depth interviews many houses contained in the inventory could not be easily located and some of the information on house ownership in the inventory was found to be incorrect. However, the in-depth interviews indicate that the majority of houses are family-only houses.

The majority of the adults defecate in one of the seven functional public latrines located in the different parts of the town with designated cubicles for men and women. There are ten public latrines in total, the majority of which are aqua privy built by either the government, the church or through donor-funded projects. The distribution of the latrines is as follows,

- Four functional public latrines in Nkawie Kuma, three funded by the District Government and the fourth built by the Catholic church in Zongo.
- Three latrines located in Nkawie Panin with only one functioning. Two were built by the local council long time ago, and the third (full and not in use) was built with funds from EU/GoG under the Micro Projects Scheme.
- Three latrines in Nkawie Toase, two were built under the Micro Projects Schemes funded by the EU and the third (the oldest one) built by the Local Council is no longer used.

The District Assembly claims to have supported the construction of 200 household latrines with support from the World Bank under its *Urban Four Project*. However, the household inventory indicates that there are about 125 private household latrines operating in Nkawie of which over 30% are bucket types. Thus, the District Assembly number appears to be highly optimistic and very few latrines were identified where owners said they had received support from the Assembly. The main types of latrines supported by the Assembly are the VIP, and

improved pit latrines, including the locally termed ‘Mozambique’ (with dome slab). The majority of the people interviewed were not aware of the support from the District Assembly.

Three parts of Nkawie are linked to a piped water supply with public stand posts located in strategic places. The pipe-borne water supply system is from Kumasi (Owabi Head Works). It is operated and managed by the Ghana Water Company Limited. The connection to the town was funded by the District Assembly and users pay water rates based on agreed tariffs. The piped water supply is not constant and therefore people do not rely solely on this as a source of water. Many of the compounds are connected with a yard tap installed, which serves the household living in that compound. A few households have private hand dug wells located in their compounds as an alternative for when the pipe supply is not functioning. There are 5 public hand-dug wells located in Nkawie Kuma, which were dug by the Local Council about fifty years ago, and three are no longer in use. There is also a private borehole with a hand pump, which is mainly used for washing clothes and cars because of the salty taste of the water. It is interesting to note that there is no obvious link between the availability of water and ownership/use of household latrines in Nkawie.

Refuse is collected by individual households and dumped in specified locations, although final disposal of refuse is a big problem. Mountains of refuse can be seen in parts of the town, often adjacent to public toilets.

There are three hospitals, (1 private) and a number of health centres and health posts in Nkawie. The diseases most prevalent in Nkawie include malaria, diarrhoea and bilharzia. A number of primary schools, junior secondary schools and a few senior secondary schools exist in Nkawie.

People in Nkawie have some access to credit facilities through the formal and informal set ups. The formal set ups include one Commercial Bank and a Rural Bank with offices in Nkawie. Others include semi-formal credit and loan ventures (susu) with offices located in neighbouring towns and connected to formal commercial banks. They send representatives to Nkawie on a daily basis to collect deposits from individual clients with savings accounts. They have various conditions and terms for credit, tied to an individual’s balance in their savings account. There are three of these types of organisations. There are also the several traditional susus organised by various groups.

The majority of the characteristics of Nkawie are similar to many small towns in Africa especially those with close proximity to a city. It is therefore expected that the outputs from the research site will be applicable and adaptable to many small towns, urban and rural areas in Africa.

The detailed report of the Nkawie profile from secondary sources is attached as Annex 3.

3.2.2.3 In-depth interview of users

In-depth interviews formed the bulk of the formative research to date. The tool used for in-depth interviewing was developed and piloted with the TREND team during the inception visit. Sixty interviews were conducted in the initial stage and upon review, the information contained in the transcripts was not detailed enough for understanding motivations. Thirty of the sixty respondents were revisited to enable the addition of more detail to their original transcripts. The detailed data obtained during the re-interviewing was consistent across the

thirty households and there were indications to show that no new information was emerging. It was therefore decided that no further re-interviews were required.

The in-depth interviews were mainly targeted at the primary market for latrine acquisition, which in this case is the decision maker in a compound (usually the owner) because he/she is the person responsible for any type of alterations or improvements that would be made to the houses. The interviewers tried to include as many female-headed compounds as possible. In many cases when the male heads of households were being interviewed, their wives and other members of the household (brothers, mothers) also made contributions.

Secondary target audiences (those that influence the decision-maker) for promotion of latrines identified in the in-depth interviews include: wives, mothers of small children, secondary school-age children, extended family relations, unmarried young adult family members, aged parents of decision-makers, and tenants. A fuller assessment for segmenting secondary target audiences and motivational messages will be addressed with a quantitative survey.

Transcripts of all the interviews conducted, including the original sixty, were analysed for,

- Key *motivations* and **constraints** of latrine adoption
- User perception of existing latrines
- Latrine attributes preferred by users

Key motivating factors for latrine adoption (4a)

Individual transcripts were analysed to identify individual motivating factors and constraining factors. Different respondents mentioned specific attributes and consequences, associated with owning a household latrine, which were then grouped into broader categories. The major categories, with some examples of specific factors raised by respondents, include the following:

Comfort

- Not defecating due to the unclean nature of the public latrine, e.g. presence of maggots, army ants, faeces and used papers all around)
- Nauseated and vomiting after using public latrine

Status/ Prestige

- Enhancement of social standing for owning a private latrine
- Unbecoming for a teacher's wife to use the public latrine

Safety/ Security

- Public latrine is unsafe to use especially when it is raining. Rainstorm can rip off the roof.
- Exposure to prickly leaves which make the skin itch after coming into contact with it when using the bush. One is also exposed to dangerous animals like snakes, scorpions and tsetse fly in the bush.

Good Health

- Public latrine smells too bad, can see faeces and maggots, these cause illness including constipation, stomach ache, headache, cholera, etc; heat from the public latrine can make

one sick, lack of fresh air is bad for health, “white” disease, itchy rashes. Possible adverse effect on ones sexual productivity.

Cleanliness

- Defecating at the refuse dump sites contributes to the spread of diseases by houseflies

Socio-economic gain/loss

- Spend much money in buying soap for bathing and washing clothes after using the public latrine.
- Exposing ones nudity in the public latrine (cubicles often have no doors and low walls)

Embarrassment

- Soiling oneself due inability to hold faeces for a long time in a queue – losing respect and dignity. People teasing and pointing fingers at him.
- The social stigma attached to having to borrow money from neighbours when I have no money to pay to use the public latrines.

Convenience

- Having to walk a distance to take wife or children to the public latrine especially in the night.
- Joining long queues before one gets the chance to use the public latrines; children are late for school and adults late for work.

Being Modern

- Shame my medical doctor brothers faced during funeral celebrations. They contributed to the building of the facility
- Having a household latrine means “progress” new information opposite of ignorance.

Concern for Others

- Defecating beside a stream is environmentally unfriendly and leads to pollution of water bodies, which serve as drinking water source for other communities.
- Inconveniences I cause my wife and children when I use the chamber pot in the room at night due to the smell.

Others

- Superstition - the public latrine is a home for evil spirits (*talantula*) especially at night.
- Wife and children are ready and willing to clean and maintain the household latrine

Key constraining factors for latrine adoption (see annexe 4b for details)

- *Space*: some of the houses especially the older ones only have space for installing a latrine inside the compound, which is usually the location of the old public latrine. As there are significant space restrictions, many of the households are not willing to install a latrine that cannot be desludged. Some houses do not even have any space within their compound to install a latrine and getting land outside is a problem.
- *Water table/soil condition*: Some parts of Nkawie have problems with high water table and have found it difficult in the past to dig either wells or latrines. One particular area known as Zongo has just one household latrine in the whole area. This one latrine was under construction during the formative research and it is a water closet with lined soak pit.
- *District Assembly subsidy (DA)*: The District administration is implementing a sanitation programme whereby a subsidy of Cedis100, 000 is given to any household who has started latrine construction to enable it to complete the latrine. The types of latrines supported are mainly improved pits and VIP latrines. The few people who were aware of the subsidy stated that it was very difficult to get the subsidy and built the latrine without getting it
- *Permit (land survey)*: prior to constructing a latrine, the land legislation demands that the owner of the house must obtain permission from the local land survey department. This includes a visit by the survey office and an approval certificate before starting latrine construction. Quite a few people mentioned that they are currently having problems with getting this permit due to delays from the local government. Some people who attempted to start construction were issued with letters to terminate construction.
- *Cost/Finance*: Initial lump sum capital required for latrine construction is one of the key constraints for many people for not building a household latrine. This includes both material and labour cost. The absence of access to household credit whereby people can get a loan for a latrine is a major impediment to adoption. Furthermore, the use of instalment schemes to pay for labour or materials over time is generally unavailable from producers or private suppliers due to lack of trust and experience.
- *Lack of awareness*: The majority of people are not aware of latrine options other than what exists in Nkawie. Even for these options, there are often serious misunderstandings of technologies other than the bucket latrine. These concern such issues as cost, how it works, how long it will last, if it can be desludged, where to find producers, and what is required to operate and sustain it. Majority of the respondents are attracted to a WC due to its ability to eliminate all trace (smell and sight) of faeces or to a VIP (Ventilated Improved Pit latrine) because it does not consume water while addressing the problem of smell and heat. Another cheaper option (e.g. pour flush), which has similar attributes to the Water Closet, is unknown in the area.
- *Intra family relation*: The Ashanti culture is such that the decision maker (original owner or inherited owner) in a compound has the responsibility of providing services for the rest of the family members living in the compound. If the decision maker cannot afford to install a latrine on his own, it may be difficult to convince the rest of the family members to contribute towards the project (here is an example of a secondary target audience – to

motivate them to contribute to a compound latrine). In some cases where the decision maker can install the latrine without assistance, routine maintenance (cleaning) may become a problem if some family members refuse to participate.

- *Operation and performance:* Quite a few of the respondents had a latrine in the home, which was no longer in use. The majority of them were bucket latrines but some were pit latrines (including VIP). The bucket latrines were put out of use due to difficulty and high cost of conservancy labour. The pit latrines were closed because of the difficulty of emptying deep full pits. Some house owners have converted their bucket latrines to pit latrines, but they restrict the number of users because they are scared that it will get full quickly and they will not be able to empty it. Desludging of full pits is a major barrier to installing any type of pit latrine especially in compounds where space is an issue as without the ability to empty the pits, households are reluctant to use scarce space in what they perceive to be a wasteful manner.
- *Public latrines:* The presence of public latrines in various parts of the project site has contributed to the lack of motivation for many people towards installing their own latrines. However, the poor state of the public latrines is beginning to affect quite a lot of people and there is increased dissatisfaction with the overloaded, poorly managed, and filthy public latrines. For the very poor or those with very tight budgets, the availability of public latrines even at a daily cost of 100 Cedis, offers their only affordable solution.

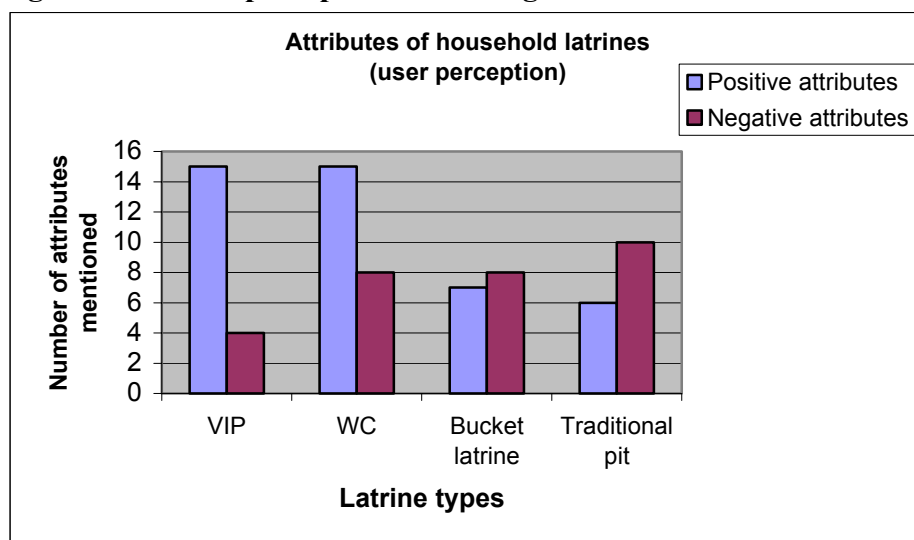
3.2.2.4 Latrine design inventory

The latrine design inventory was aimed at collecting information about the attributes of existing household latrines, why users made their latrines in specific ways and who made the latrines. An inventory of latrine designs was conducted during the in-depth interviews. The latrines of all 'adopters' interviewed were visited and observed for special features. Photos of all such latrines were also taken and discussions held with owners on why they chose the latrine and why special features were added.

The public latrines include in order of frequency, aqua privy, the Kumasi Ventilated Improved Pit Latrines (KVIP), traditional pits and WCs. There are four types of household latrines in Nkawie, WC, VIP, Traditional pit and Bucket latrine. Figure 1 shows a summary of consumer perceptions of the household latrines, with the positive and negative attributes of existing household latrines raised by users. The details of the positive and negative attributes of the household latrines mentioned by users is summarised in table 4, annexe 5.

Figure 1 shows the summary of consumer perceptions of existing household latrine models. The chart shows the negative and positive attributes mentioned by the 60 respondents (adopters and non-adopters). The figures on the Y-axis represent the total number of attributes (positive and negative) mentioned by the respondents.

Fig. 1: Consumer perception of existing latrines



Ventilated Improved Pits (VIP)

The VIP had the equal highest number of positive attributes with water closets and also had the lowest number of negative attributes. About 90% of the respondents mentioned positive attributes of a VIP latrine (single pit model). This could be related to the publicity given to it by the District Assembly. The District Assembly has been promoting and/or recommending the “Mozambique” style of VIP as the most suitable type of latrine for households including those converting from a bucket latrine. The majority of the people interviewed admitted to having seen/or used a VIP latrine. However, there may be significant misinformation and misunderstanding in the widespread expectation among both owners and producers that the pit can be desludged using tanker services once it is full.

Water Closet

Although the water closet had the same number of positive attributes as the VIP, the percentage of respondents that mentioned these attributes was less. The number of negative attributes was more than that of the VIP. The WC seems to offer attributes that many consumers prefer but due to its high dependence on water and the high cost of initial installation, many consumers would rather have a cheaper option.

Bucket latrine

The bucket latrine comes in the third place with about 7 positive attributes mentioned by consumers. Only 20% of the people interviewed mentioned positive attributes of the bucket latrine as against 80% that all had negative perceptions of the bucket. The common positive attributes seem to be around the cost of initial installation. However, the negative attributes supersede the positive ones, the difficulty and high cost of conservancy labour makes the bucket latrine option unattractive.

Traditional pit latrine

Traditional pit latrines have the least mentioned positive attributes and the highest negative attributes. The majority of the respondents seem to have a very negative perception of the traditional pit latrines. Many of these perceptions are around the poor stability of the platform (wood logs), smell/poor ventilation and the high susceptibility to pests. The anticipated

difficulties associated with emptying full pits also contribute to consumers negative view of this option.

Key latrine attributes likely to motivate acquisition

Although the majority of the respondents mentioned positive attributes of VIP latrines, a greater percentage of them would opt for latrines with similar attributes to the WC. The attributes frequently mentioned that are likely to motivate latrine acquisition include,

- *Easy to get rid of faeces, faeces not visible*
- *No smell and good ventilation*
- *Cheap installation cost*
- *Less or not dependent on water*
- *Easy access for desludging*
- *Easily used by children*
- *Availability of seat, which provides comfort*
- *Easy to clean*
- *Opportunity to beautify the inside the superstructure;*
- *Convenient to use water for anal cleansing, (especially in the Muslim area).*

However, due to the high cost of installing and operating the water closet, and lack of awareness of alternatives with similar attributes, consumers tend to prefer the VIP latrine rather than improved pit latrines (the difference being essentially only the addition of a vent pipe). The major reason is the information given to them that a VIP latrine reduces smell and has fewer flies and the belief that it can be desludged by tanker truck.

The difficulty involved in emptying full pits remains a significant barrier to any type of pit latrine option. During the process of the inventory, a unique modification to the VIP latrines was observed. Quite a number of users had seats installed on their slab, had plastic toilet rims and covers, or had an actual porcelain toilet over the pit as seen in the WC with, a few used pieces of broken tiles to finish the floor of the latrine.

One of the most striking features is the method of installing vent pipes. The vent pipe is installed horizontally and is led out through the outside wall of the latrine. It is then connected to a vertical pipe, which is bent at the top. The reason given by users and latrine providers for installing a horizontal pipe is that it provides easy access for desludging of the pit by tankers, similar to the method used for water closets. This has not been tried out yet but they strongly believe it would solve the problem of emptying full pit latrines.

Calcium carbide waste (active ingredient of the waste is thought to be Ca(OH)_2 , calcium hydroxide) from welders is popularly used by owners of pit latrines for reducing the content of the pit and smell. It is the general belief that the addition of carbide waste breaks down sludge into smaller particles thereby reducing its volume in the pit and prolonging the pit life. Disinfectants such as 'Izal' are popularly used for the same purpose but by less people because they are much more expensive. The view that adding chemicals can reduce faecal matter may also be due to the fact that anal cleansing materials are not usually dumped inside the latrine but are thrown in a basket or container provided inside the latrines.

The bucket latrines still remain a preferred option for a few people mainly due to the initial low cost of installation and the sustainability of use as long as conservancy labour is available. The few respondents who prefer this option insisted that it is the cheapest to

construct and maintain. They would resolve the problem of emptying buckets by doing it themselves and burying the sludge in their farms.

3.2.2.5 Producer interview

Latrine producers were identified during the in-depth interview of users in Nkawie. The Community Water Supply and Sanitation Agency (CWSA) also provided a list of latrine producers trained with their support. The objective of the producer interview is to understand how producers market, sell and price their products, and how they get new customers and how they collect payment. It is also aimed at getting producer perspective on consumers' decision to buy or not buy household latrines, as well as any construction-related difficulties with different technologies.

In total, ten producers were interviewed, nine based in the project site and one based in Kumasi. The producers ranged from those specialising in digging only, masonry work only, and those involved in both. The majority of the producers are general masons who are also involved in construction of houses. Of the producers interviewed, 2 attended training on the construction of VIP latrines and improved pit latrines organised by CWSA and facilitated by TREND in 1996. The rest of the producers went through the informal apprentice system, which ranges from 5-15 years, most of whom have low or no literacy. The producers highlighted amongst other things, key motivations and constraints of users for installing household latrines, and their relationship with their clients.

Clients' motivations for household latrines

The key drives identified by producers that have motivated their clients to install household latrines include:

- Deterioration of the public latrine
- The inconveniences of walking to the public latrine under the rain and at night
- Safety and security issues: Fear of attack by evil spirits and ghosts when using the public latrine in the night.
- Lack of privacy in the public latrines
- Comfort: ability to install seats in household latrines
- Status, dignity and respect: embarrassment, taking visitors to the public latrine especially during funerals. Using the public latrine after winning a local council election
- Aesthetics: Possibility of tiling the floors of household latrines and painting the walls.

Some drives were linked to specific groups in the community. The motivation to achieve social status and dignity were linked mainly to those in authority or those considered rich and educated while the rest of the drives are more general across the social strata. One of the strongest drives common to all the groups seems to be the poor state of the public latrine.

Types and features of latrines commonly demanded by clients

The latrine option mostly desired by clients is the water closet but due to the high cost of installation and the amount of water needed to operate it properly, people opt for other latrines. The latrine usually preferred after the WC is the VIP because clients believe it solves the problem of smell. The publicity given to VIP by the District Assembly also made it very popular (note the recommended model is not a KVIP, but a single pit VIP). Due to the demand, many latrine builders with little knowledge of the VIP started installing them for people; however, many of the VIPs fail in the performance expected of them by clients.

Many clients demand some unique features be installed in their VIP or improved latrines. These include seats, which could vary from raised cement platform or porcelain used for the WC (generally modified or without the water seal structural feature). Some also ask for steps (foot rest) to be included by the seats. The type of seat demanded depends on the class of the client, the rich (cocoa/timber merchants, returnees from Europe) and the educated demand a porcelain bowl/seat while the less rich demand a raised cement platform or wooden box on which a plastic rim/cover piece is sometimes installed to provide more comfort and a style similar to a WC. Clients who have travelled and used latrines in big cities demand tiles on the floor and sometimes on the walls. The bucket latrine is no longer in demand due to the problems with getting conservancy labour and locations in which to dump the sludge.

Clients' barriers to installing latrines

The constraints and barriers to installing household latrines noted by producers include:

- Financing: lack of flexible credit facilities to enable clients to pay for services in instalments.
- Cost of existing latrine options
- Limited latrine options to satisfy clients' desire: for example, WC is the only known option to satisfy consumers' need for absence of smell and sight of faeces in the house but suffers from serious perceived disadvantages.
- Lack of space in many compounds
- Performance of latrines: many clients are disappointed with the performance of VIP which they were told would solve the problem of smell, flies and durability.
- Durability: some houses with many people are scared that latrines installed in the house will fill up fast due to the number of users. They would rather spend less money at a time in the public latrines and take the disgust of full latrines outside the compound.
- Operation of latrines: one of the major barriers is the difficulty with emptying full pits, and the cost of desludging septic tanks.

The producers pointed out the cost of existing latrine options as one of the major barriers to installing household latrines. This is compounded by the fact that there are no known affordable credit facilities that clients can access to fund their latrines. They believe that with the availability of credit facilities, more clients (even the very poor) will install a household latrine. Many of the producers pointed out that when they undertake the initial capital cost of installing latrines on hire purchase, they get more people requesting household latrines. Unfortunately producers are not able to fund latrines up front all the time due lack of cash and low level of production.

Pricing for latrine construction

The process of latrine installation usually involves more than one type of producer, depending on the type of latrine. Generally, two types of artisan, a *digger* and a *mason* are required to complete a latrine. It is not uncommon to find masons who double as carpenters and more recently also lay tiles. In cases of the WC with septic tank, the skills of a plumber are also used to lay and join the PVC piping from the toilet to the tank.

Pricing for latrine construction is generally based on the type and the depth of pit. The mason negotiates the price verbally with the owner of the latrine. The mason has the responsibility of hiring a digger from a pool of diggers he usually works with. Once prices have been agreed, a witness (usually an elder in the community) is invited to the final agreement of the price and the system of payment. Producers usually charge clients for labour while the clients purchase all the materials needed for construction. Most of the materials required for latrine construction are available in the local market except for the porcelain bowl/seat of the water closet, which has to be bought from Kumasi, (about 15mins drive).

The breakdown of prices for the various types of latrines is as follows,

WC: C1000, 000 (£80)

Septic tank: C400, 000 (£32) - C750, 000 (£60) depending on dimension

Floor/seat: C100, 000 (£8)

Super structure: C100, 000 (£8)

Finishing: C50, 000 (£4)

Porcelain alone ranges from 300,000 to 800,000 cedis

VIP: C600, 000 (£48)

Pit (unlined): C350, 000 – 10ft depth (£24) to C1million – 25ft (£80)

Slab/seat: C50, 000 (£4)

Super structure: C100, 000 (£8)

Finishing: C50, 000 (£4)

Bucket latrine conversion to improved pit: C350, 000 (£28)

Pit: C250, 000 (£20)

Labour: C100, 000 (£8)

(N.B: superstructure already exists).

Payment schedule for latrine construction

Producers accept payments in instalments, usually three payments. The standard system seems to be 25% or 50% at the start, 25% mid way and the remainder on completion. Agreements are sometimes reached with people who cannot afford the standard system to make six payments instead of three. There are also a few instances where the whole payment is collected at the start, especially with returnees from Europe because producers have had experience where they left the country without paying.

The hire purchase system is also practised, where producers front the cost of building the latrine and clients repay over an agreed period. This system may be useful for the project to pursue and will be investigated further as the project progresses. If clients do not meet up with the payment agreement, the group of elders, including the elder that witnessed the agreement usually summons the client. This group is highly respected and has been used to

resolve such cases in the past, sometimes the families of the client who has left the community are made to pay the outstanding balance.

How latrine producers market their goods

Producers generally depend on word-of-mouth references from past clients for whom they have constructed a latrine, especially those who have not attended the training organised by CWSA. In times when work is scarce, some producers go from house to house to sell the idea of a latrine and then give people the available options that they know. House to house visits are usually organised on Tuesdays, as it is a sacred day, when no one is expected to go to the farm. The trained producers seem to get more clients than the untrained producers. This is due to the support given to them by the District Assembly (including referrals) and traditional chiefs. After their training, the traditional chiefs gather the entire community to introduce the trained latrine producer. The producer is given an opportunity to talk about and promote latrine options (VIP and improved pit latrines) and describe the advantages of the technologies and to talk about the District Assembly subsidy with the support of an Environmental Health Assistant (EHA) from the District.

The majority of the producers were of the opinion that they would sell more latrines if they could build/sell latrines for more people on hire purchase (credit/extended repayment schemes). Producers also consider that the available latrine options are all too expensive and do not necessarily serve the clients' requirements. Providing more latrine options would not only contribute towards resolving the problem of cost but would also give people greater choice.

The relationship between the producers and the District Administration seems to be mutual especially with the trained masons. Producers only install latrines in sites that have been approved by the District. The trained masons are required to submit the list of clients that registered with them for latrine construction. The clients, by doing this, qualify for a subsidy of C200, 000 (£16) towards the cost of installing a latrine. This money is usually paid to the client on completion of a latrine. The EHAs visit the trained producers at various stages of construction for quality control and assurance. It is not very certain how this arrangement works in practice given the discrepancies between District Assembly numbers of latrines constructed with subsidy and IDI results.

The producer interviews have highlighted important issues that will contribute to the development of the next stages of the project. These include contribution towards the development of appropriate latrines, delivery mechanisms and possible channels for promotion. In general, it is clear that the private sector would require capacity building, technical, and more especially marketing skills, if they are to supply higher levels of demand. The project will continue to work with the private sector latrine providers to develop appropriate latrines or modify existing latrines, review the issues regarding delivery mechanisms and explore promotion channels.

3.2.3 Market segmentation

Target audience segmentation is one of the central features of social marketing borrowed from commercial marketing. One purpose of the formative research is to identify distinct groups of people who are like each other in key ways relevant to product promotion and marketing. Also, those who may respond similarly to particular messages similarly, desire similar product features, or be reachable by a particular channel or method, or require particular consideration for delivery mechanisms. The first distinction made is between primary audiences and secondary audiences, as discussed earlier. The primary audience are the heads of houses/compounds who are capable of ultimately making the decision to add a latrine structure to the house. Analysis of primary market segments is underway using the IDI data, by examining patterns of difference in expressed motivations and constraints, as well as secondary data, which can be linked to differences in lifestyle.

Based on the *motivations* and *constraints* for latrine adoption identified from the in-depth interview and the producer interview, two matrices have been developed. The first matrix is used to summarise the motivations and constraints of individual respondents to install or not to install household latrines. The second matrix compares the entire respondents at a glance with their socio-economic factors. The objective is to identify the frequency of occurrence of key motives and constraints amongst respondents, frequency by sub groups and social economic profile. The result is used for identifying possible profiles of consumers who share similar motives and preferences for product attributes, and profiles of consumers who share similar constraints. The sub-sets identified form market segments or sub-segments on their own or may be joined to form larger market segments.

So far, emerging characteristics of house heads (primary audience segments) with potential to differentiate motivation for acquisition of a household latrine, and possibly even preference for particular latrine products or features, include:

- gender, age, religion and educational level attained
- economic value of occupation activities/time
- social, familial, or occupational linkages to “modern” influences (relatives in Europe; regular travel and associations with Kumasi or Accra; regular listening to radio programs on development; highly educated family members)
- presence of school age children in household
- leadership role/standing/status in community
- tenants and/or future rental interests
- extended family houses vs. nuclear family houses
- minimum of basic needs sufficiently satisfied (water, education, health)

Emerging characteristics that differentiate presence of constraints include:

- wealth/income and ability to save money or not
- location in areas of Nkawie with high water table (between 10 and 15 feet)
- gender (comfort with construction-related information and negotiations, technical issues, etc.)
- newer planned house, house under construction, or old style house (space limitations)

The project would continue to work on the sub-sets that have been identified until satisfactory market segments have been defined. The final step before finalising the promotional implementation plan will be a quantitative survey to confirm and finalise the size and characteristics of market segments, to refine the implementation plan and define the baseline. Depending on the characteristics and requirements of the various segments, the project may decide to focus on one or more segments for product development and promotion.

3.2.4 Promotion channels

Initial investigation into possible channels for promoting and marketing sanitation services has been conducted. Key informant interviews, observations and informal discussions were used to gather information of where different groups of people gather at various times. Some of the channels that could be useful for this project include,

- *Clinic days:* Mothers of small children, especially the middle and the lower class who cannot afford to take their children to private hospitals, attend clinic days for immunization and health education. The attendance is said to be quite high and it could be an avenue for getting the messages across to mothers of small and school age children.
- *Football matches:* Attended mostly by young adult men, mostly unmarried, and teenage boys, with some participation by young unmarried women. Very popular when the Nkawie Club team plays. Opportunity to reach secondary audience with potential influence on decision-makers and a future primary audience.
- *Video centres:* About 2-3 video centres are operated by the private sector in different locations in the Nkawie. The video centres are usually quite full and attendance can cover a very wide range and diversity of people depending on what is showing. Operators of video centres advertise what will be showing in various ways well in advance of shows, especially if they are new. They place photocopies of the package of the video or move round the market using megaphones to announce what will be showing and where. Films from Nigeria which have traditional practices, voodoo and African beliefs seem to attract a cross section of the community, especially the adults who form part of the decision making groups. Indian films that show love stories and romance attract the younger adults while Chinese karate films attract mainly children. Further investigation is ongoing to ascertain the percentage of the different groups that go to see different films and how and what type of messages could be promoted through this channel.
- *Market days:* There is one big market day (Wednesdays) in Nkawie when the market is full of people from different areas. It is usually a place where all categories of people could be reached. Commercial marketers currently market their products on this day using megaphones, sales men, leaflets, etc. Wednesdays are known as the big market day because people from outside Nkawie also attend the market. Daily markets also operate in several neighbourhoods but on a much smaller scale and are mainly attended by people from Nkawie. Local daily markets might be a way to reach women sellers of foodstuff who tend to be poorer. Currently, there is a new market under reconstruction with permanent stores being put in the places that used to house temporary shades on big market days. The people in Nkawie consider that the stores will turn the market into a

bigger one and daily trading will increase. They also consider that more building materials including porcelain toilet seat will be sold in Nkawie when the new market is completed. This potentially offers a significant entry point for a social marketing intervention as it may provide solutions to some of the more difficult issues regarding delivery mechanisms and product development.

- *Churches:* A number of churches exist in Nkawie, with the Catholic church having the highest number of attendants followed by the Protestant church. Other churches include the Pentecostal, and spiritual churches. Women seem to dominate attendance at church. The project is continuing to explore the possibilities of using these as channels for promotion.
- *Music concerts:* Music concerts are organised from time to time in Nkawie, where popular Ghanaian musicians perform. They usually attract quite a lot of people across all age groups. The possibility of using this channel to launch the promotion is also being investigated.
- *Loud speakers:* These are commonly mounted on cars passing through town, giving out leaflets, notifying people where to go for more information. This has been successfully used to market iodised salt in Nkawie.
- *Media (radio, TV, newspapers):* Radio is commonly found in all parts of Nkawie and people tune to the numerous private FM stations, (many of them based locally in Kumasi that have emerged in the last 10 years) to programmes of their choice. One programme that seems to interest adult men and women across the board is called ‘Ashanti people’s progress’. The programme discusses all sorts of issues ranging from family planning, child abuse, sanitation etc. The project is also investigating the opportunities that this could offer. Although considerable numbers of people have televisions, reception of the few existing channels is quite poor. Newspapers are rarely seen around Nkawie except for people who work in Kumasi. Both TV and newspaper content is national in scope and produced in Accra. Based on the initial findings, television and newspapers may not be suitable for the local scale of this project.
- *Neighbourhood bars:* used by poorer people for relaxation to chat and have a drink could also be a venue for giving out information.
- *Sunday afternoon relaxation areas:* outdoor areas where people gather to socialise after church
- *Public latrines:* This could also be a very good venue for distributing information on available latrine options and where people could go more detailed information and costs.
- *Secondary Schools:* target issues for school age kids using public latrines and information to take home is another method of getting to the secondary audience segment.

The project team is conducting further investigations into the channels that have been identified so far and exploring other possible channels.

3.3 Review of Tools/Methodologies Developed to Date

3.3.1 In-depth Interview (IDI) tool

The tool and guideline for in-depth interview was developed, tested, refined and used for conducting interviews in Ghana. The first tool (5a/5b) is in the form of a checklist containing key issues, which need to be covered during the interview; this is further broken down into a checklist for adopters and one for non-adopters. The second tool (b) is a guideline to direct the interviewer through the entire interviewing process. The final one is a socio-economic profile sheet, which facilitates the recording of the respondent's profile. The checklist is attached as annexe 6a and facilitators guide as 6b. The respondents' profile was recorded using the form in annexe 6c.

In identifying consumers to participate in the interview, the project used the household inventory and also conducted a transverse walk in the project site. The criteria used include,

- User status (adopter (types of latrines)/non-adopter status)
- Compound structure (family/tenant, family only, tenant only)
- Gender of decision maker
- Wealth status (type of house)

The project team tried to identify consumers based on a balance of the criteria listed above. Generally, decision-makers were targeted for interviews, as they are responsible for taking the decision on any type of modifications to the house. In many of the cases where the decision makers were men, their wives also participated in the interview. Immediate family members also participated in interviews of both male and female decision-makers. Most of the female decision makers were either widows, divorced or living on their own, although they were quite few in number.

In-depth interviews were combined with latrine design inventory, where the latrines of all adopters interviewed, or known to non-adopters, were visited and observed. Photos of latrines visited were taken and observations were made of special features that have been installed in the latrines, such as type of seat, size of hole, aesthetics, etc. Technical measurements such as dimensions of seats, drop hole, super structure, etc. were taken and the reasons for installing unique features were explored. This process provided an overview of users perception of the existing latrines, and threw more light into users' expectations and attributes of an ideal latrine.

Prior to an interview, a brief meeting is held with the respondent or his family members to explain the purpose of the interview, and to fix a date and time that is suitable for them. The interviews were conducted in pairs with one person leading and the second concentrating in recording and ensuring that the areas in the checklist are well covered. It was not possible to use recorders because most of the respondents were not comfortable with the idea. The interviews were all conducted in the local language (Chwi) with a mixture of English in some cases. The interviews usually take the form of a discussion and last between 1.5 - 2.5 hours. At the end of each interview, the two facilitators sit together to analyse the information they have and then prepare a transcript of the interview. Each transcript has a page of socio-economic profile of the decision maker, completed during the discussion. The interview teams exchange transcripts on completion for crosschecking and clarity.

The transcripts were individually analysed to identify motivations and constraints for latrine adoption, perceptions of existing latrines, and attributes desired in a latrine. The individual analysis contributed to the process of segmentation and will facilitate product development.

The in-depth interview tool was successfully used to gather detailed information on consumers in relation to defaecations practices, perceptions of existing facilities, motivations and constraints for acquiring household latrines, etc. One of the advantages of using in-depth interviewing is that it gives various groups (women, men, the poor, the rich, etc) in the community an opportunity to express their views freely as against the restrictions they may have in a focus group.

The experience in Nkawie indicates that in-depth interviews can be recommended for formative research in social marketing of latrines. However, the use of the tool requires specific interviewing skills, which field workers can develop with adequate training and enough practice. The key to a successful in-depth interviewing is the ability of the facilitator to lead the process in a conversational manner and not necessarily using the checklist as in a quantitative interview. There is a tendency to conduct in-depth interviews in a questionnaire manner especially if the facilitator focuses on the checklist. This was one of the major problems encountered at the initial stage of this process in the project. In addition to the checklist, there is a need for facilitators to jointly develop a guideline to always remind them of the procedure until they are conversant with it. The details of the tool for in-depth interview will be produced under the guideline for formative research as a project output.

3.3.2 Producer interview tool

The producer interviews were conducted to understand how latrine builders market their products and get new customers. They were also aimed at getting producers' perceptions of what motivates clients to install household latrines and why many people have not installed one. The tool used for the producer interview was in the form of guide questions to facilitate the qualitative interview process, (see annexe 7a). The procedure for the producer interview is similar to that of the consumers because they are both in-depth interviews.

The producers that participated in the interviews were identified by the users during the in-depth interview. A list of latrine builders that were trained in Nkawie with the support of the World Bank was also provided by CWSA. A combined list of latrine producers in Nkawie was produced and verified during a visit to Nkawie. The producers chosen for interview include those who were mentioned very often by the consumers and are still living and building latrines in Nkawie. Others were those who were trained, live and still build latrines in Nkawie. Latrine producers in Kumasi were also interviewed to compare their activities with that of their counterparts in Nkawie, and to explore the possibility of transferring lessons learnt to Nkawie.

Prior to the interviews, brief meetings were held with producers individually to explain the purpose of the exercise and to fix a suitable time. The interviews lasted for about 1-2 hours and like the one before, were facilitated by two persons in the local language. The profile of each producer interviewed was recorded using the format in annexe 7b.

After each interview, the facilitators sat together to analyse the records and then prepare a transcripts for each interview. The transcripts were analysed to identify answers to the following key questions,

- What training do producers have and where were they trained?
- What latrine designs do clients want and why (models, features, etc.)?
- How do producers market their goods?
- How do consumers price their products and collect their fees?
- How and who purchases materials?
- Problems encountered by producers during construction (high water table, rocks, etc)
- Producers' relationship with the district assembly, community groups, etc.
- What will help producers improve their jobs and sell more?

The result of the analysis of the producer interview contributed to summarising motivations and constraints for latrine adoption, segmentation of the target audience and will facilitate the development of appropriate product(s) and marketing strategy.

The producer interview contributed immensely to further analysis of the processes involved in providing household latrines in the community. It is a recommended tool to support the in-depth interview and it not only triangulates the information from consumer interviews but assists the understanding of the supply mechanisms. As with the consumer interviews, the formative research indicates that producer interviews are better conducted as in-depth qualitative interviews rather than as a quantitative survey. Experience from the formative research showed that once facilitators have gained the skills and confidence during the in-depth interviews of consumers, it becomes much simpler to facilitate the producer interviews.

3.3.3 Guide for secondary information

Secondary information on the project site was collected from national government, district government, local sources and the private sector. The objective of collecting secondary information was to understand the characteristics of the project site. The tool used is made up of a checklist of information required and is attached as annexe 8a. A report was prepared to cover the areas identified in the checklist, especially those that may impact the project either positively or negatively.

The process of collecting information from secondary sources was one of the tools that required the least skills. The key to gathering appropriate information is to ensure that an adequate guideline (checklist) is developed to cover most areas that are of relevance to the marketing of household latrines. The advantage of this tool as part the formative research is that key informants can be revisited for further clarifications of information from consumers or producers. There is also an opportunity to continuously update the information as the need arises.

3.3.4 Checklist for area mapping

The area mapping exercise was used as an introductory exercise aimed at providing an overview of the research site. The technique used is similar to that of the PRA exercise (community mapping) where community members are given the opportunity to give an overview of their area on a map. A checklist was developed to guide the facilitators for the mapping exercise, (annexe 8b).

Selected members of various unit areas (councillors, women leaders, community leaders etc.) participated in the mapping exercise. Representatives of unit areas that make up an area

council combined their maps to create area council maps. Prior to conducting the exercise, a meeting was held with respective unit areas to explain the purpose of the exercise and to fix dates for the exercise. Each unit area was given the opportunity and time to select representatives that participated in the exercises. Men as well as women participated in most of the mapping exercises.

The maps were later transferred using a computer mapping software. The key issues highlighted in the map include the locations of the public latrines, refuse dumps, etc.; the details have already been presented earlier.

Mapping is a means of familiarisation with the target community. It gives you an initial perspective on what the target audience's perception of their community and what is important to them. Although good information could be collected using the map, it is not very certain how the tool can be effectively used in a city. It may be appropriate as part of the formative research in a rural or small town setting where the settlement pattern is still traditional. In low-income urban communities where people have come from different places, there may not be the sense of community to work on such a map together.

3.4 Poverty and Gender analysis

3.4.1 Gender analysis

Sanitation, (human waste disposal) is an area that has always been of immense importance to the women in particular. Women more than men especially in Africa, require adequate facilities that provide privacy in order to maintain their status in the society. Bearing this mind, the project dedicated great deal of attention on the needs of women and the vulnerable (old, very poor) during the process of formative research. The selection of people to participate in the interviews incorporated as many female decision makers as could be identified. Although few female decision makers were identified, the women in the houses of the male decision makers were present during most of the interview.

The formative research tried as much as possible to collect information on the different gender motivations and constraints for latrine adoption. The majority of the men want household latrines to raise their status in the community and to make their wives happy. On the other hand, the majority of the women want a household latrine for privacy, respect and convenience. The situation in the public latrine that seems to be of great concern to the women is the semi-private nature of the latrines. Because the cubicles in the latrines have no doors, it is possible for younger children to see the nakedness of women, and sometimes boys and even adult men peep over the wall to see the women.

The project will incorporate gender concerns identified in the formative research and also involve both men and women in the development of new products or modification of existing products. Key features such as making latrines easier to wash and keep clean would be included in product development, as this feature is also a concern for the women but also affects men. The old seem to be attracted to seats and foot rests and people feels obligated to provide latrines for their elderly or disabled parents and relatives.

The formative research gives an indication that women have great influence on the decision makers and also control sizeable amounts of financial resources. The project intends to target women, especially mothers, and is investigating possible promotion channels for this

particular segment. Some of the possible channels that have been identified could be the hospital on 'clinic' days and women's group meetings.

3.4.2 Poverty analysis

The research is intended to benefit the poor and the methodologies developed to date provide sanitation providers with far more information regarding socio-economic status and the constraints that this may impose on sanitation selection. Furthermore, the project selected a small town partly because poor households in such settlements are often most disadvantaged, as small towns are often excluded from either urban or rural sanitation projects.

Analysis of the consumer interviews has highlighted the barriers and difficulties encountered with using existing sanitation facilities and installing household latrines. The result indicates that the poor are not able to afford the existing latrine options that satisfy the attributes they desire in a latrine. This is further compounded by the unavailability of affordable credit facilities that could enable them to fund the latrine of their choice. This has resulted in the majority of the people relying on the public latrines. The lack of awareness of other latrine options, especially those that are not present within their town has made them reluctant to innovate, as this may be seen as an unacceptable risk with uncertain consequences. However, it is very interesting to note that open defecation is not a common practice even for the very poor people who sometimes could not afford to pay for the public latrine. Due to pride and dignity, people would rather borrow money – C100 (£0.008) to use the public latrine rather than defecate in the open.

The producer interviews focused on the existing system used by small service providers to deliver latrines to their clients. The project is investigating mechanisms for building the capacity of existing latrine providers to be able to deliver more sanitation options to their clients, particularly within poorer groups. Sustainable access to credit facilities for households and small service providers is also being explored to enable producers to provide affordable sanitation services on a hire purchase basis or to organise a more flexible payment system. By addressing these issues the project will contribute towards improving the livelihoods of the poor in a small town and also improve the mechanism by which the poor interface with service providers for the acquisition of latrines and related services.

The formative research highlighted cost and access to credit as one of the constraining factors to acquiring latrines for the poor. The project is exploring ways of resolving this problem by looking into making more sanitation options available and raising awareness of existing credit facilities of which many people may not have been aware. It is hoped that the project will be able to make recommendations on the role of subsidies in sanitation provision and possible mechanisms for targeting beneficiaries of subsidies.

3.5 Conclusion

The initial findings indicate that formative research is key to planning social marketing of household latrines. The research to date has identified some key motivations and barriers to latrine acquisition, and attributes that consumers desire in a household latrine. Although these findings were from Nkawie, they could also be similar for consumers in many parts of the globe especially Africa. Some of the key motivations are similar to the findings from related projects in Asia and Africa. Jenkins (1999) in her study in Benin also identified similar motivations to the one stated below. The key motivations, barriers and attributes are summarised below.

Motives for acquiring household latrines

- Good health
- Comfort
- Status and prestige
- Safety and security
- Economic gains/losses
- Embarrassment
- Inconvenience
- Being modern
- Concern for others in the family

Barriers stopping people from acquiring household latrines

- Space:
- Water table/soil condition
- District Assembly subsidy
- Permit (land survey)
- Cost/Finance
- Lack of awareness
- Intra-family relation
- Operation and performance
- Public latrines:

Attributes of preferred latrines

- Privacy and comfort (provision of seat)
- Proper ventilation (no heat)
- No smell and insect pests
- Easy to get rid of faeces without using so much water
- Possibility of children using the latrine without fear of falling in
- Easy access and simple/cheap desludging mechanism
- Affordable installation, operation and maintenance cost
- Stable and durable (stable structure and long lasting)

3.5.1 Promotion channels

Investigations conducted so far into possible promotional channels indicate that there are various options in Nkawie. The channels identified to date, which could be useful for the promotion of latrines and related sanitation services are summarised below. This indicates that latrine marketing could be effectively conducted through various channels and not necessarily using the media as is commonly associated with social marketing.

- Clinics/hospitals/health centres
- Markets
- Video centres
- Churches
- Music concert
- Media/advertising (radio/TV/etc.)

References

DANIDA, 1999, *Evaluation of rural water supply and sanitation programme in Bangladesh*, (online) Available: <http://www.um.dk/danida/evalueringsrapporter//1999-2/c4.asp> (2002, Oct. 10)

Fox, K.F.A. 1988, 'Social marketing of oral rehydration therapy and contraceptives in Egypt', *Studies in Family Planning*, vol. 19, no. 2, pp. 95-108.

Fox, K.F.A. & Kotler, P. 1980, 'The marketing of social causes: the first 10 years', *Journal of Marketing*, vol. 44, pp. 24-31.

Ghana population census (2000)

Goldberg, M.E. 1995, 'Social marketing: are we fiddling while Rome burns?', *Journal of Consumer Psychology*, vol. 4, no 4, pp. 347-370.

Jenkins, M.W. 1999, *Sanitation promotion in developing countries: why the latrines of Benin are few and far between*, PhD dissertation, University of California, Davis.

Kotler, P. & Zaltman, G. 1971, 'Social Marketing: an approach to planned social change', *Journal of Marketing*, vol. 35, July, pp. 3-12.

Lefebvre, C. 1992, 'Social marketing and health promotion', in *Health Promotion: Disciplines and Diversity*, eds R. Bunton & G. Macdonald, Routledge, London/New York.

Ling, J.C., Franklin, B.A.K., Lindsteadt, J.F. & Gearon, S.A.N, 1992, 'Social marketing: its place in public health' *Annual Review of Public Health*, vol. 13, pp. 341-362.

Maniphousay, N., Chanthaphone, S. & Seager, M., 2000, 'The Lao experience: learning from a 30-month policy reform and institutional strengthening initiative in Lao PDR's RWSS sector', WSP field note, WSP field note, Water and Sanitation Programme for East and the Pacific, Jakarta, Indonesia.

Montazeri, A., 1997, 'Social marketing: a tool not a solution' *Journal of the Royal Society of Health*, vol. 117, no. 2, pp. 115-118.

Mukherjee, N. 2001, *Achieving sustained sanitation for the poor: Policy and strategy lessons from participatory assessments in Cambodia, Indonesia, Vietnam*, WSP field note, Water and Sanitation Programme for East and the Pacific, Jakarta, Indonesia.

Population Services International, 2002, 'Social Marketing of Safe Water Systems', (online), Available: <http://www.psiwash.org/reosources/pubs/clorin.html> (2002, May 10).

Reiff, S. & Clegbaza, G. 1999, 'Rural sanitation: The experience of non-subsidized household latrines through social marketing and the promotion of the small-scale private sector: the case of PADEAR programme in Benin', WSP field note, Water and Sanitation Programme, West and Central Africa Region.

Stuer, F. 1998, 'Enhancing health programme efficiency: a Cambodian case study' *Health Policy and Planning*, vol. 13, no. 3, pp. 263-276.

Vernon, R., Ojeda, G. & Townsend, M.C. 1988 'Contraceptive social marketing and community-based distribution systems in Colombia' *Studies in Family Planning*, vol. 19, no. 6, pp. 355-360.

Wallack, L. 1990 'Improving health promotion: media advocacy and social marketing approaches' *Mass Communication and Public Health*, eds C. Atkin & L. Wallack, Sage, London.

Weinreich, N.K. 1999, *Hands-On Social Marketing: A Step-by-Step Guide*, Sage publications, Thousand Oaks/London/New Delhi.

Water and Sanitation Program, 2002a, *Selling Sanitation in Vietnam: what works?*, WSP field note, Water and Sanitation Programme, East Asia and the Pacific, (WSP-EAP).

Water and Sanitation Program, 2002b, *Learning What Works for Sanitation: Revisiting Sanitation Successes in Cambodia*, WSP field note, Water and Sanitation Programme, East Asia and the Pacific, (WSP-EAP).

Water and Sanitation Program, 2000a, *New Approaches to Promoting Sanitation in Rural Bangladesh*, WSP field note, Water and Sanitation Programme, South Asia Region.

Water and Sanitation Program, 2000b, *Marketing Sanitation in Rural India*, WSP field note, Water and Sanitation Programme, South Asia Region.