

Post-2015 HYGIENE ADVOCACY TOOLKIT

Developed by the Global Public-Private Partnership for Handwashing (PPPHW)

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Introduction

Developed by the Global Public-Private Partnership for Handwashing (PPPHW), in cooperation with the UNICEF/World Health Organization Joint Monitoring Programme (JMP) Advocacy and Communications Group, this hygiene advocacy toolkit is an evidence-based resource that outlines why hygiene must be a priority in the Post-2015 development agenda and beyond.

The role of hygiene in the global development agenda is misunderstood. This toolkit seeks to address any confusion and provide the necessary facts and talking points to successfully advocate for the inclusion of hygiene in the Post-2015 Sustainable Development Goals.

This toolkit can be used to make the case for hygiene in the following sectors: water, sanitation, and hygiene (WASH); health; nutrition; education; poverty; and gender equality. The evidence included in this toolkit may be used as a whole, or on a stand-alone basis depending on the context and audience.

Background

What is the Post-2015 Development Framework?

In 2000, the United Nations adopted the Millennium Declaration, and member states agreed to work toward the achievement of the Millennium Development Goals (MDGs) by 2015. In 2015, the UN will adopt a new set of global development goals, targets, and indicators. Referred to as the **Sustainable Development Goals (SDGs)**, these goals, targets, and indicators will replace the MDGs when they expire and function as a “report card” against which governments’ progress on the world’s most entrenched development challenges can be tracked.

These Post-2015 goals will be a key driver behind the work of governments, donors, and nongovernmental organizations over the next 15 years. The UN states: “Sustainable Development Goals (SDGs) are the single most important element of the Post-2015 development agenda.” Developed after extensive consultation, a draft proposal for the SDGs called the “zero draft” was published in 2014. Debates at the start of 2015 are based on that document.

What do we mean by hygiene?

Hygiene incorporates many elements. For the purposes of Post-2015 advocacy, after expert consultation, we focus on handwashing with soap and menstrual hygiene management (MHM), given their importance as key determinants for health, education, and livelihood outcomes.

Where does hygiene fit in the SDGs?

The SDGs are a landmark opportunity for the global community to both aspire to and work toward a better world. Universal access to safe drinking water, sanitation, and hygiene is a long-standing development goal and the linkages between their improvement and the achievement of targets relating to health, nutrition, education, gender equality, and sustainable economic growth are well established. One significant failure of the MDGs was not including hygiene alongside water and sanitation, despite its huge global impact. This oversight must not occur again.

Ensuring accountability for hygiene in the SDGs will rectify this gap in the MDGs while accelerating the realization of the benefits of water and sanitation. If we hope to truly achieve the development benefits associated with water and sanitation, then we must also make strides in improving access to hygiene products and services, such as handwashing stations at homes, schools, and health care facilities.

Hygiene is not optional. When we talk about water and sanitation, we **MUST** also talk about hygiene.

Why is Post-2015 advocacy needed for hygiene?

If hygiene is to receive proper recognition and integration into global priorities, country policies, plans, and investment over the next 15 years, it is essential that it be properly addressed in the SDGs. Each Sustainable Development Goal has a number of targets. Progress toward these targets will be measured by a set of indicators. Without a strong hygiene indicator, measures will not be put into place to track its progress, or lack thereof. Inadequate hygiene practices affect 80 percent of the global population. Governments can and should be held accountable for ensuring facilities are in place to make good hygiene possible. To make this happen, we need to reach the SDG negotiators at the UN with a clear message: **Hygiene is not optional. Hygiene must be better addressed in the SDGs and included in the SDG global level core indicators. When we talk about water and sanitation, we MUST also talk about hygiene.**

Hygiene and the Sustainable Development Goals

Current status of hygiene in the SDGs (as of Feb. 2015)

The [draft](#) version of the SDGs (zero draft) proposes 17 Sustainable Development Goals.

Hygiene is currently incorporated into one of the targets in **Goal 6** in the zero draft, also known as the Water Goal. A comprehensive WASH target in the SDGs is not entirely guaranteed, though it seems likely.

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Target 6.2: by 2030, achieve access to adequate and equitable sanitation and **hygiene** for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

- Goal 6, Section 6.2 must retain current wording with hygiene explicitly mentioned and include indicators that measure handwashing (presence of handwashing facilities with soap and water) and menstrual hygiene management (presence of hygienic, safe, and private facilities for girls and women).

To measure targets a set of core global indicators are being proposed, plus optional, national-level indicators. Some proposals **do not include hygiene indicators** among the core global list. Current proposed optional, national-level indicators include the following:

- Percentage of population with basic handwashing facilities in the home
- Percentage of pupils enrolled in primary schools and secondary schools providing basic drinking water, adequate sanitation, and adequate hygiene services
- Percentage of beneficiaries using hospitals, health centers, and clinics providing basic drinking water, adequate sanitation, and adequate hygiene services

This is not satisfactory. If a global indicator for access to hygiene is not included in the SDGs, governments will not be required to address hygiene. Governments will not be held accountable for making strides on hygiene and we will not know how much progress is being made.

Hygiene “Asks”: Goals, targets, and indicators

Hygiene must continue to be explicitly articulated in **Goal 6**, and should be further defined by a set of **global indicators** that include:

- Handwashing with soap: presence of handwashing facilities with soap and water in the home, schools, and health care facilities
- Menstrual hygiene management: presence of hygienic, safe, and private MHM facilities and access to products for girls and women

Consideration should also be given to incorporating hygiene indicators into goals pertaining to: poverty elimination (Goal 1), hunger and nutrition (Goal 2), health (Goal 3), education (Goal 4), gender equality (Goal 5), and safe cities (Goal 11).

We support the recommendations in this policy brief: http://www.wssinfo.org/fileadmin/user_upload/resources/post-2015-WASH-targets-factsheet-12pp.pdf

Recommended global indicators for hygiene

International consultations and consultations facilitated by the JMP for Water Supply and Sanitation arrived at the following recommended indicators:

Percentage of population with “basic” handwashing facilities with soap and water at home:

- Percentage of households with soap and water at a handwashing facility commonly used by family members.
- Percentage of households with soap and water at a handwashing facility in or near sanitation facilities.
- Percentage of households with soap and water at a handwashing facility in or near the food preparation area.

Percentage of pupils enrolled in primary and secondary schools providing basic drinking water, basic sanitation, handwashing facilities with soap and water, and menstrual hygiene management facilities:

- Percentage of primary and secondary schools with an improved source on or near premises and water points accessible to all users during school hours.
- Percentage of primary and secondary schools with basic separated sanitation facilities for males and females on or near premises (at least one toilet for every 25 girls, at least one toilet for female school staff, a minimum of one toilet and one urinal for every 50 boys and at least one toilet for male school staff).
- Percentage of primary and secondary schools with a handwashing facility with soap and water in or near sanitation facilities.
- Percentage of primary and secondary schools with a handwashing facility with soap and water near food preparation areas.
- Percentage of primary and secondary schools with basic separated sanitation facilities for females that provide privacy; soap, water, and space for washing hands, private parts, and clothes; and places for changing and disposing of materials used for managing menstruation.

Percentage of beneficiaries using health facilities providing basic drinking water, basic sanitation, handwashing facilities with soap and water, and menstrual hygiene management facilities:

- Percentage of health facilities with an improved source on premises and water points accessible to all users at all times.
- Percentage of health facilities with basic separated sanitation facilities for males and females on or near premises (at least one toilet for every 20 users at inpatient centers, at least four toilets—one each for staff, female, male, and child patients—at outpatient centers). Percentage of health facilities with a handwashing facility with soap and water in or near sanitation facilities, food preparation areas, and patient care areas.
- Percentage of health facilities with basic separated sanitation facilities for females that provide privacy; soap, water, and space for washing hands, private parts and clothes; and places for changing and disposing of materials used for managing menstruation.

For further information about the process, please visit <http://www.wssinfo.org/post-2015-monitoring/>.

Explanations for recommended global indicators

Why focus on handwashing with soap?

Handwashing with soap is one of the most important public health interventions in the world. It affects health, nutrition, education, equity, and the economic development of countries. Of the range of hygiene behaviors considered important for health, handwashing with soap is a top priority in all settings.

Every year, 1.7 million children die before their fifth birthday due to diarrhea and pneumonia. Handwashing with soap is among the most effective and inexpensive ways to prevent these diseases. This simple behavior saves lives, cutting deaths from diarrhea by almost one-half and deaths from acute respiratory infections by nearly one-quarter.

Monitoring actual handwashing behavior is difficult, but the presence of soap and water at a designated place for handwashing can be measured through household surveys and has been shown to be a robust proxy indicator. Recent data from 50 countries with similarly collected data on this indicator suggest substantial global and national-level disparities.

Why focus on menstrual hygiene management?

MHM directly affects 26 percent of the global population but it has been largely neglected by the development community. As a result, millions of women and girls, particularly those in vulnerable and marginalized groups and in emergencies, continue to lack access to WASH facilities. Without focusing on improvements in MHM, it may not be possible for development programs to achieve their goals. For example, when girls stay home from school during menstruation due to inadequate products and clean, private facilities, they miss out on education, which impacts their future educational attainment, employment, and economic opportunities.

Access to basic facilities for MHM is critically important for women's health, safety and dignity, education, and economic opportunities, and it can be monitored in institutional settings.

Why the focus on education and health care facilities?

After households, schools and health facilities should be the top priority for hygiene program implementation. This is due to the health and non-health benefits, the effectiveness of implementing hygiene programs in these settings, and the fact that these are also currently the most viable settings for global monitoring. Workplaces, markets, transit hubs, and other settings should also be considered in future as data sources emerge.

Every year, 1.7 million children die before their fifth birthday due to diarrhea and pneumonia. Handwashing with soap is among the most effective and inexpensive ways to prevent these diseases.

Where hygiene fits in the SDGs outside the Water Goal (Goal 6)

In addition to Goal 6, hygiene could fit into the following places in the zero draft version of the SDGs:

Goal 1. End poverty in all its forms everywhere

Target 1.4: by 2030 ensure that all men and women, particularly the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services including microfinance.

- Goal 1, Target 1.4 should include hygiene in the definition of “basic services.”

Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Target 2.2: by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

- Goal 2, Target 2.2 should recognize hygiene as a critical determinant to end malnutrition.

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Target 3.3: by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.

- Goal 3, Target 3.3 should include prevalence of handwashing with soap as an indicator.

Goal 4. Ensure inclusive and equitable quality education and promote life-long learning opportunities for all

Section 4.a: build and upgrade education facilities that are child, disability, and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

- Goal 4, Section 4.a should include an indicator addressing MHM and one addressing handwashing stations in schools, associated with equity and school attendance.

Goal 5. Achieve gender equality and empower all women and girls

- Section 5.d should be inserted: “ensure appropriate menstrual hygiene management facilities to facilitate girls’ and women’s full and effective participation in school and the workplace.”
- Menstrual hygiene management (presence of hygienic, safe, and private facilities for girls and women as described) should also be included.

Goal 11. Make cities and human settlements inclusive, safe, resilient, and sustainable

Target 11.1: by 2030, ensure access for all to adequate, safe, and affordable housing and basic services, and upgrade slums

- Goal 11, Target 11.1 should include hygiene in the definition of “basic services.”

The evidence for hygiene and talking points

These fast facts can be used to advocate for hygiene using different angles and in different sectors.

Why prioritize hygiene in the SDGs?

- Hygiene is a high-impact, cross-cutting global priority. An investment in hygiene augments the impact of other investments in international development, from water infrastructure to nutrition to education programs.
- Hygiene is fundamental to achieving good health and nutrition, advancing education, strengthening the economy, and supporting equity (including gender equity), dignity, and human rights.
- Handwashing with soap impacts not just health, but nutrition, education, equity, and the economic development of nations. This is the so-called “HN3E case” for handwashing with soap.
- Handwashing with soap is one of the most cost-effective interventions in public health, costing just \$3.35 US per capita to avert one disability-adjusted life year (DALY), in addition to benefitting nutrition, education, equity, and economic development.
- One significant failure of the MDGs was the failure to include hygiene alongside water and sanitation. This oversight must not occur again.

The current state of global handwashing

- Globally, people wash their hands only 19 percent of the time after using the toilet or changing a child’s diaper.
- In some parts of the world, people wash their hands with soap just 1 to 2 percent of critical times.

Hygiene and health

- Handwashing with soap helps prevent gastrointestinal diseases like diarrhea and intestinal worms; respiratory diseases like pneumonia and influenza; and other infections such as Ebola and health care-associated infections.
- Handwashing with soap is easy, efficacious, and the most cost-effective intervention for reducing diarrhea, but it is often overlooked.
- Every year there are nearly 1.7 billion cases of diarrhea, causing illness, malnutrition, and sometimes death. Handwashing with soap can prevent nearly half (47 percent) of these cases.
- Diarrheal diseases kill more young children than AIDS, malaria, and measles combined.
- Lack of good sanitation and hygiene contributes to around 88 percent of childhood deaths caused by diarrheal diseases.
- Handwashing with soap can reduce pneumonia infections by nearly a quarter (23 percent).
- Handwashing with soap may help prevent soil-transmitted helminth infections, which infect over 1.5 billion people.
- Handwashing with soap can reduce cases of the skin infection impetigo by a third (34 percent).
- Handwashing with soap by mothers and caretakers can reduce neonatal deaths by up to 41 percent.
- The damage caused by undernutrition to a child before the age of two goes on to predict a range of health and other outcomes later in life. Therefore, increased investment in complementary food hygiene, including handwashing, is critical to child health and development.

Hygiene and WASH

- Hygiene is as important as water and sanitation in reducing diarrhea.
- Safe drinking water and sanitation without hygiene behaviors will not prevent feco-oral infections. Furthermore, unhygienic conditions and practices can contaminate previously safe drinking water.
- If we hope to truly achieve the development potential associated with improving water and sanitation, then we must make strides in improving access to hygiene facilities.

Hygiene and nutrition

- The World Health Organization estimates that 50% of cases of child undernutrition are due to repeated diarrhea, intestinal infections and environmental enteropathy caused by unsafe water, sanitation, and hygiene.
- Handwashing with soap is a critical determinant for achieving and maintaining good nutrition and plays an important role in preventing micronutrient deficiencies, stunting, wasting, and deaths.
- Handwashing with soap along with clean drinking water could reduce stunting in children under the age of five by up to 15%.

Hygiene and education

- Handwashing with soap and menstrual hygiene management are critical in achieving good school attendance. Handwashing with soap at critical times has been found to cut school absenteeism by 40-50%. The size of the effect is particularly significant for girls.
- Diarrhea is responsible for children missing 272 million school days each year.
- When children are unwell, or they miss school due to inadequate access to menstrual hygiene products or facilities, they incur school absences, reducing and interrupting their education, which is associated with reduced academic performance, delays in academic and social development, and reduced employment and economic opportunities.
- Handwashing with soap boosts educational achievement, increasing employment opportunities and economic potential, by reducing illness transmission and school absences due to illness.
- Handwashing with soap programs can be very effectively implemented in schools.
- Menstrual hygiene management investments boost educational achievement increasing women's employment opportunities and economic potential, by helping keep girls in school.

Hygiene and equity

- Lack of access to handwashing facilities widens the equity gap. People who are already disadvantaged or vulnerable (including the poor, those in rural areas, and those with lower levels of education), have disproportionately low access to good handwashing facilities and effective handwashing promotion
- Girls, children with disabilities, students of minority ethnic groups, and children from marginalized and isolated sub-national regions are disproportionately disadvantaged by a lack of access to proper handwashing in schools
- For girls and women of reproductive age, lack of access to appropriate menstrual hygiene management infrastructure further widens the equity gap.
- Access to soap varies by wealth quintile. Most households have access to soap, but many do not use it for handwashing. Recent data from 50 countries suggest substantial global and national-level disparities.

Hygiene and human rights

These human rights facts can be used to advocate for hygiene from the human rights perspective. The human right to water and sanitation states that:

- Facilities to meet hygiene requirements must be available “wherever there are toilets and latrines, where water is stored, and where food is being prepared and served, particularly for handwashing, menstrual hygiene management and the management of children’s feces.”
- Hygiene facilities and services must not only be available at the household level, but in all places where people spend significant amounts of time. This includes health and educational institutions such as schools and clinics, detention centers such as prisons, and workplaces, markets, and other public places.
- Toilets must be regularly cleaned and be associated with hygiene facilities for washing hands with soap and water. Women and girls also require facilities to enable MHM, including the disposal of menstrual products. Ensuring safe sanitation further requires hygiene promotion and education, to ensure that people use toilets in a hygienic manner.
- People must be able to afford to pay for their water and sanitation services and associated hygiene. This means that the price paid to meet all these needs must not limit people’s capacity to buy other basic goods and services, including food, housing, health and education, guaranteed by other human rights.
- Toilets for women and girls must have facilities for MHM and for the disposal of menstrual materials.

Therefore,

- The ability to be clean and to address MHM in an appropriate way are matters of human dignity, and are included in the right to nondiscrimination, equality, bodily integrity, health, privacy, and the right to freedom from inhumane and degrading treatment from abuse and violence.
- Lack of MHM provisions impact the human right to education, since children—especially girls—are often kept home from school because of inadequate hygiene facilities.

For further information about the human right to water and sanitation as it applies to hygiene, see

<http://www.righttowater.info/handbook/>.

Tools to advocate for hygiene

Overview and how to

Who makes the decisions about the SDGs?

The process is Member State-led with broad participation from major groups and other civil society stakeholders. Member States, via their named negotiators at the UN, make the final decisions.

How can stakeholders shape negotiators' positions on hygiene?

- Provide evidence-based information, solutions, and advice to your negotiators, decision makers, and influencers at national and global level as relevant to make the case for prioritizing hygiene. This can be done by supplying persuasive arguments for the inclusion of hygiene and providing specific ways to include it. Examples of how to do so include through advisory roles, meetings and expert discussion groups, consultations, letters (including sign-on letters), and other methods.
- Advocate directly to influencers and decision makers, attend and speak at events where they will be present, and write articles and blogs that they may read. National decision makers, such as those within Foreign Ministries, Ministries of Planning, Finance, and Education are particularly important, especially with national-level consultations occurring in 2015.
- The private sector can, and should, play a role in national level consultations through CEOs sending letters to decision makers, publishing op-eds, and holding events.
- Coordinate alongside national-level Beyond 2015 coalitions, asking other advocates to ensure hygiene is included in their language, messaging, and advocacy efforts.
- Organize and attract decision makers to side events corresponding with events on the hygiene advocacy calendar.
- Translate global discussions into the local context to make local relevance clear and deliver local action, such as holding meetings, drafting newspaper articles, sending letters, circulating petitions, and the like.
- Media (including traditional and social media) interventions—please see this toolkit for some useful advice: <http://www.stakeholderforum.org/fileadmin/files/Engagingwiththedia.pdf>.
- Use social media to highlight hygiene, particularly during key events and meetings around SDGs where decision makers may be reading (tag them where appropriate). Use official meeting hashtags, plus others such as #SDGs, #indicators2015, #SDG06, and #KeeptheHinWASH.
- Use global awareness days to raise consciousness about the importance of hygiene in the SDGs. Some key days are:
 - World Water Day, March 22 <http://www.unwater.org/worldwaterday>
 - Global Hand Hygiene Day (health care), May 5 <http://www.who.int/gpsc/5may/en>
 - Menstrual Hygiene Day, May 28 <http://menstrualhygieneday.org/>

- World Water Week, August 24–28 <http://www.worldwaterweek.org/>
- Refer to Goal 6 as the **water, sanitation, and hygiene goal** and encourage leaders in the water sector to actively advocate for the inclusion of hygiene indicators in “their” goal.
- Encourage leaders in the **health, nutrition, education, and gender equality** sectors to actively advocate for the inclusion of hygiene indicators in “their” proposed sector goals.
- Share expertise and lessons learned with others.

Advocacy and sign-on letters

It can be very helpful to write advocacy letters from experts and stakeholders to the person named as negotiator for the SDGs, and to other people you have identified as having some influence on the process. Here are 10 helpful hints:

1. Make sure you have identified the right recipient of your letter. Is the recipient a person (or people) who can influence decisions that are being made, and at what level?
2. Consider using an opening hook, if appropriate, like a surprising fact or something that links hygiene to the recipient’s personal interests.
3. Succinctly state the purpose of the letter.
4. Explain who the letter sender/s are and why you have a particular stake/interest in the decision.
5. Explain the issue succinctly.
6. Elaborate with country-specific and interest-specific information where available, such as the state of handwashing in your country, or the cost per DALY saved, if the person has financial interests.
7. State what position you would like the recipient to take/what you would like them to do.
8. Let the recipient know if they can contact you or where they can access further information.
9. Thank the recipient for their consideration of your views.
10. Try to keep the letter short, though this may vary depending on local norms.

It can also be helpful to deliver a sign-on letter from a group of NGOs, businesses, and other stakeholders to demonstrate widespread support for your position. Consider also publishing an open letter online or in the press to achieve further awareness of the issue.

Sample sign-on letter

(Please adapt the content to your particular needs, messages, and circumstances)

[Insert Address]

Dear [insert name of recipient],

Hygiene: A key concern in the Sustainable Development Goals

Imagine a world in which saving many millions of lives every year was as simple as soap and water. As [insert name of organization, or a description of the organizations signing the letter], we recognize the huge global impact of hygiene interventions. We respectfully draw your attention to the opportunity to help ensure the proper incorporation of hygiene into the Post-2015 Sustainable Development Goals (SDGs). We specifically request that you promote the adoption of global hygiene indicators in upcoming SDG debates.

The SDGs are a landmark opportunity for the global community to aspire to and work toward a better world. One significant failure of the MDGs was not addressing hygiene alongside water and sanitation. With the SDGs, we risk making the same mistake. This oversight must not occur again.

An investment in hygiene augments the impact of many other investments in international development. Hygiene is fundamental to achieving good health and nutrition, advancing education, strengthening the economy, and supporting gender equity, dignity, and human rights. Currently over 80% of the world has inadequate hygiene facilities and practices. If hygiene (such as measuring access to handwashing stations in homes, schools, and health care facilities) is not included within the global indicators that are currently being debated, but instead considered an optional extra, we will miss out on important synergies and not make the strides in improving access to hygiene services that will deliver these high-impact, cross-sector population benefits. Hygiene is not an option. It is essential for the health and development of every person in the world.

The WHO-UNICEF Joint Monitoring Program (JMP) has proposed a set of indicators, which we wholly support and believe should be fully incorporated into the SDGs. These recommendations are available at:

http://www.wssinfo.org/fileadmin/user_upload/resources/post-2015-WASH-targets-factsheet-12pp.pdf.

We ask you to support the global importance of hygiene as an equal component of water, sanitation, and hygiene (WASH) and to support inclusion of the recommended global hygiene indicators in negotiations surrounding the SDGs.

Thank you very much for your consideration of our views. If you require any further information, or can let us know of the action you take on this matter, please contact [insert contact details].

Yours sincerely,

[Insert name/s]

Hygiene petitions

Another way to advocate for hygiene in the SDGs is through a petition delivered to a key actor who can influence decisions being taken. The right wording and the right recipient may differ depending on the specific nature and timing of your petition. You may want to host your petition using a free web service like <http://www.ipetitions.com/>, <http://www.change.org/petition>, or use a local service.

How to write a good petition

Prepare

- Identify a clear, actionable demand.
- Identify the decision maker/s with the power to act on your demand and how to contact him/her/them.
- Develop a reason to persuade prospective signers to care enough to sign the petition.
- Develop a letter to persuade the decision maker/s to act on your demand, including stating specifically what you want them to do. Ideally, say why it is personally relevant to them.
- Write clearly and concisely in language and tone appropriate to your audience.
- Write a clear, descriptive, engaging title.
- Make sure that you have checked for spelling, grammar, typos, and any other errors.

Promote

- Disseminate the petition to friends, colleagues, and other stakeholders.
- Send the petition to organizations that may be interested and ask them to sign and promote it.
- Publicize the petition on your website and social media.
- Try to get media coverage for your petition through contacting local newspapers or radio outlets.
- Have people sign in person, for example in the street, in shopping malls, etc.

Present

- Deliver your petition to the recipient in good time for them to be able to implement the request.
- Gain publicity for the petition and your request. For example, hold an event, send a press release, and engage the media around presenting the petition to its recipient.

Sample petition

Ensure that global hygiene indicators are included in the SDGs

Dear [your country's lead negotiator],

As someone who cares about the health of our population, I am dismayed to hear that hygiene may not be included in the final list of global indicators to be measured in the Post-2015 Sustainable Development Goals. In our country alone, [x] children died due to diarrheal disease last year. Hygiene is fundamental to achieving good health and nutrition, advancing education, strengthening the economy, and supporting equity (including gender equity), dignity, and human rights. If we do not measure hygiene, we will not know whether we are improving. One significant failure of the MDGs was the failure to include hygiene alongside water and sanitation. This oversight must not occur again. I understand that as Lead Negotiator for [your country], you can act and lead on supporting this important issue.

At the next Post-2015 intergovernmental negotiations at the United Nations, I urge you to take the opportunity to demand that hygiene be included not as an optional extra, but as an essential global indicator in Goal 6 of the Sustainable Development Goals. Thank you for taking the time to consider this letter.

Blogs, newspaper articles, and op-eds

The evidence, fast facts, and other information in this toolkit can be used to construct an argument for hygiene's place in the Post-2015 Development Framework. Publishing blogs, newspaper articles, and other op-eds can raise attention about the issue or promote an action you would like people to take, for example, to sign a petition or respond to a consultation.

Sample op-ed (for use/adaptation as helpful)

The international development community has been anticipating this landmark year for a long time. In September 2015, the Member States of the United Nations will agree upon a new set of global, Sustainable Development Goals to replace the expiring Millennium Development Goals. The decisions they make will be a key driver behind the work of governments, donors, and nongovernmental organizations over the next 15 years. With the UN stating "Sustainable Development Goals (SDGs) are the single most important element of the Post-2015 development agenda," what these goals say is going to concern us all.

But as we look toward the remaining months of 2015, it is clear that one key issue is being left behind. In the proposed SDGs, deep within the goal of ensuring water and sanitation for all, a nod is made to humble hygiene.

Hygiene refers to handwashing with soap and menstrual hygiene management. It is fundamental to achieving good health and nutrition, advancing education, strengthening the economy, and supporting equity (including gender equity), dignity, and human rights. It is also one of the most cost-effective investments in public health. For all these reasons, hygiene should be at the top of the list when decisions about the SDGs are being made. And yet, there is a risk that hygiene will be forgotten. While it is mentioned as part of a target, the negotiators may not ensure that it is measured.

Excluding hygiene from the list of essential, global indicators means that countries will not be held accountable for the basic hygiene that is a human right for their population. This also means that around the world we will not know whether we are achieving good hygiene. Meanwhile, 1.7 billion children a year are dying from diarrhea; nearly half of those deaths could be prevented by good hygiene. Girls are missing school due to a lack of menstrual hygiene management options. If hygiene falls off the SDG agenda, governments will not be held accountable for ensuring good hygiene for all. One significant failure of the MDGs was not including hygiene alongside water and sanitation. This oversight must not occur again. Good hygiene will save lives and ensure a healthier, more productive world Post-2015. Together we can help make this vision become a reality.