

Governance in rural sanitation

The role of local governments in the community based approaches

Sanitation Governance Seminar
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Background to rural sanitation

- 2,500 million without access to basic sanitation; 70% of them live in rural areas (90% of OD happen there)
- Sub-Saharan Africa has the lowest rural coverage (23%), and made the poorest progress in the last 20 years (4%).
- Sanitation has gained political momentum in SSA: 35+ of the countries having a policy.
- The policy change: 1) Gvmt does promotion, and household must pay for their toilet; 2) responsibilities are decentralized; 3) Community based approaches to raise demand, and develop sanitation market for supply side.

Tanzania: the history

- Tanzania Rural: some kind of access 88%, but only 7% is improved; 16% of OD.
- Why? Mtu ni Afya Campaign in the 70s.
- Since then, supply side approaches: subsidies for demonstrative latrines; no adoption by non subsidized people.



The National Sanitation Campaign

- **Target:** 1.3 million households (15% of rural population) and 700 schools all over the country.
- **Approach:** Community Led Total Sanitation (CLTS) and Sanitation Marketing.
- **Who will implement:** District staff will trigger CLTS and train masons (follow WSP model)
- The first phase covered **42 districts** and 100,000 HH

CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences through a "triggering" exercise (based on shame, fear and disgust) which aims at leading to collective action and peer control to become ODF (Kar, 2003)

Sanitation Marketing sees potential sanitation users as clients who need to be motivated to invest in a latrine; and the services and products must be available at an affordable price in the right place. Normally it focuses on creating the adequate supply side that can match peoples' aspirations.



What is aimed for...



Changes for LGAs

- The triple shift:
 - 1) change in department-from infrastructure to public health
 - 2) changing the role(from subsidy to promotion, and training)
 - 3) LGA become directly responsible for results through approaches that have also severe constraints at scale

Topic	Some facts
CLTS short term success rate	SubSaharan Africa (39%), review 18 countries-Bevans (2011) East Asia and Pacific (21%), in 12 countries- UNICEF (2013)
CLTS long term	ODF Sustainability Study in 4 countries in SSA (2014): Latrine still there in 87% of cases; Reversion estimated at 21% at least. Clean toilets plus handwashing only in 8%!
Sanitation Marketing success	Tanzania: 75% of masons became inactive almost immediately, 20% were somehow active and below 5% made a living out of it (Robinson, 2011)

The research project

What are the major constraints for the effective promotion of sanitation at LGA level, and how to overcome them?



Methodology and locations

- Problem driven governance and political economy analysis
- Information was obtained from 3 regions, 6 districts, 9 wards and 15 villages (81)



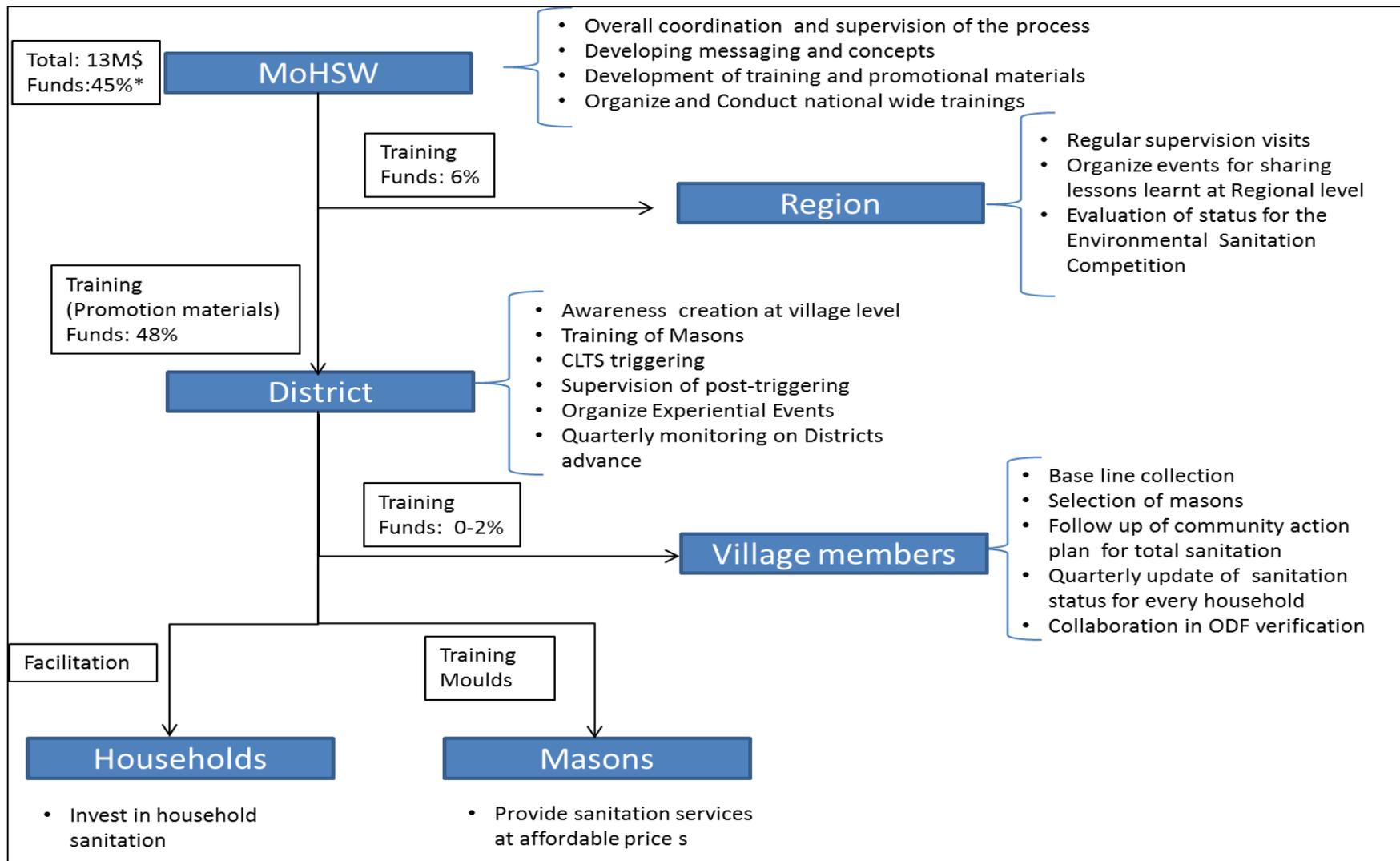
The dynamics of LGA

- 90% of their funds come from central level with clear guidelines: Very **limited flexibility** to adapt to changing circumstances
- Reporting only upwards: **little downwards accountability** from the District to citizens.
- The tensions between appointed and elected parts of the government: **the lack of trust**
- **"Hunting for Per diems"** disease: visits to communities are determined by the amount of per diems available
- Villagers are continuously asked to do **voluntary work**: they feel undervalued and "cheated"

What did we find at LGA level?

- **Commitment** from the District Health Department, and the DHO personally involved!
- For the first time in two decades, **sanitation coverage targets** are into District Planning!
- **Limited coordination** between departments: Lost of interest from Water Department and limited in Education
- Districts have **delegated key tasks** within the campaign (e.g. data collection, post-triggering follow up) to village authorities and groups.

The resulting roles and the means



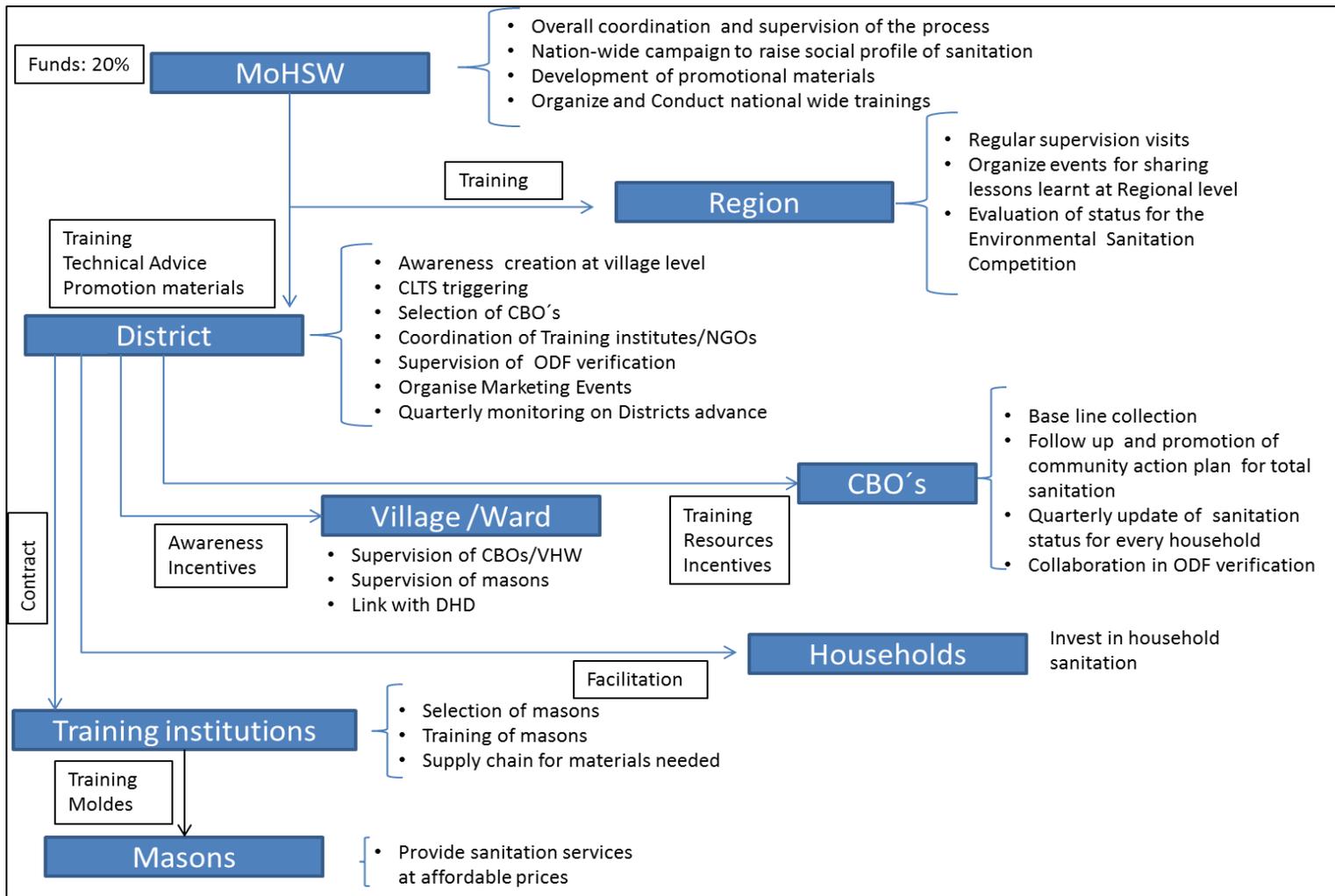
At the end of the day...

- **Too little funds** to be used at local level (aprox 5 USD/HH) and late disbursement!
- Funds firstly used **for own costs** (per diems! and fuel): this determines the **limited presence at community level** and the availability of funds to train and/or incentivize communities
- **Communities must do very time consuming tasks** (baseline, post triggering support, etc...) without incentives for it and/or training

Improving how to do it...

- Improve the **coordination, the coherence** between the supply and demand sides of the programme.
- Ensure the **adequate quality of the implementation of both components** of the programme, through good facilitators and expert institutions for the development of the supply side
- **Balance the role of districts** between direct execution, coordination and supervision

How could that look like...



A few take home messages

- **Understanding the dynamics of Local Governments in each country determine what are they fit for.**
- In rural sanitation, **current methodologies are not working sufficiently well at scale**; costs will be much higher and long term continuous support and presence is needed.
- Avoid two very common **syndromes**:
 - “the oversimplification and packaging of methodologies”,
 - “community is a magic homogeneous entity that can solve it all”
- If long term effort is required, we´d better continue to **support the appropriate role of LGA, even if short term results are not very satisfactory**

“They promised to come back to review latrine by latrine, but they never did, and people lost motivation” (statement from village leader)

Thank you

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References

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What role for local government in sanitation promotion? Lessons from Tanzania

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RESEARCH REPORT

The role of Districts in the implementation of Tanzania's National Sanitation Campaign