

Scaling Up Rural Sanitation

Partnering on the Road Towards Achieving Total Sanitation in East Africa

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INTRODUCTION

In 2000, the United Nations Development Program set a Millennium Development Goal (MDG) to reduce, by half, the number of people without access to basic sanitation by 2015. In 2008, when projections showed that countries in Africa were unlikely to reach this target, delegates from 32 African countries drafted and signed the *eThekweni Declaration and AfricaSan Action Plan* to renew commitments and identify strategic actions.¹ At the East Africa Sanitation Conference held March 2010, analysis of progress to date showed that most countries had national sanitation policies and plans—an encouraging sign—but that poor coordination, particularly at district level, continued to hamper improvements (Table 1) and that budget allocations for sanitation remained far below the target of 0.5% of GNP recommended in the *eThekweni Declaration*.

PROBLEM STATEMENT

Based on WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation data from 2008² less than 70 percent of the people living in East Africa have access to improved sanitation (Figure 1). A number of issues contribute to

this ongoing crisis: the rate of improvements has not kept pace with population growth; an emphasis on on-site sanitation places the burden on households rather than on service or utility providers; fragmentation between government institutions creates inefficiencies; a lack of adequate finance limits both production and purchase of improved latrines; and most countries are unable to monitor performance due to a lack of adequate monitoring and evaluation systems. Intensive work is needed within the region—and across the continent—to address the practical challenges of achieving sustained scaling up of sanitation. How can government and agencies work more effectively together as *partners* to address these issues?

ACTION

In December 2009, the Bill & Melinda Gates Foundation convened a meeting to exchange views on the key components needed to support accelerated implementation of country-wide Community-Led Total Sanitation plus sanitation marketing approaches. Participating organizations included IDS, IRC, Plan, UNICEF, WaterAid, WSP, and WSSCC. As a follow-up,







































































































Key findings

- There are still many gaps to address before total sanitation can be achieved within East Africa.
- The efforts of various boundary partners, institutions, and organizations (including donors, the government, and the private sector) must be combined effectively to achieve behavior change outcomes.
- Areas to strengthen include: motivation for behavior change; engaging different levels of government to promote change; and increasing access to available resources.
- Technologies must be appropriate to local environments and approaches must be accessible to disadvantaged groups.
- A shared performance monitoring framework and system are needed for planning, decision making, and tracking progress.





¹ Available at www.wsp.org/Userfiles/file/eThekweniAfricaSan.pdf

² WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, MDG Assessment Report (2008) available at http://www.wssinfo.org/fileadmin/user_upload/resources/125179433-JMP_08_en.pdf

Table 1: Progress toward eThekwini Commitments as of March 2010

	Burundi	Djibouti	Eritrea	Ethiopia	Kenya	Rwanda	Somalia	Sudan	Tanzania	Uganda	TOTAL
Sanitation coverage per JMP, 2008											
Urban sanitation coverage (%)	44	76	14	27	19	34	51		31	29	
Rural sanitation coverage (%)	41	11	3	8	48	20	7		34	34	
Progress toward eThekwini Commitments as of March 2010*											
Did the country sign eThekwini?											14
Is there a national sanitation policy?											13
Is there one national plan to meet the MDG target?											15
What profile is given to sanitation within the PRSP?											14
Is there a principal accountable institution to take leadership?											12
Is there one coordinating body involving all stakeholders?											15
Is there a specific public sector budget line for sanitation?											14
Is 0.5% of GDP allocated to sanitation?											6
Is there a sanitation monitoring and evaluation (M+E) system?											9
Do Institutional sanitation programs include gender aspects?											15

Key:

-  Good progress (2 points)
-  Some progress (1 point)
-  Insufficient progress (0 points)
-  No data

*This data was reviewed but not validated by government participants at the East Africa Sanitation Conference held in March 2010.

organizations working in East Africa planned a learning exchange in the region to see which issues they could take forward and how they could best to do it. This exchange took place in Tanzania in July 2010.³ A field trip portion included site visits to rural and urban projects that represented a range of approaches to improving access to sanitation and changing hygiene practices. Each visit examined the overall objectives and goals, how success was measured, and scale. Activities related to demand creation, the role of local government and the community, and project scope were also observed. The site visits were followed by a two-day workshop (which included representatives of the Government of Tanzania) to identify conclusions, recommendations for future action, and lessons learned. The overall objectives were to:

1. Learn what different partners are doing on sanitation to support the Government of Tanzania and other governments in the region;
2. Build consensus on what are the key components to successfully take CLTS and sanitation marketing to scale in the East Africa region;
3. Further explore collaboration, linkages, and partnerships between agencies, organizations and Government; and
4. Make recommendations for steps involved in scale up that would be transferable across all countries in the region.

³ The learning exchange included thirty participants representing the Government of Tanzania, PATH, Plan International, UNICEF, WaterAid, Water and Sanitation Program (WSP), and Water Supply & Sanitation Collaborative Council (WSSCC).

KEY LEARNINGS

What are different partners doing on sanitation? All partners are making efforts to scale up sanitation either through community approaches (Community-Led Total Sanitation or Community Approaches to Sanitation) or through sanitation marketing. Partners may take a different direction or approach to scaling up sanitation, but key commonalities include a focus on learning; strategies to create demand; a prioritization of capacity building; and the need to move to a scale sufficient to make significant progress towards the MDG for sanitation. Some partners work by directly supporting the Government program; others take a more project based focus.

What are the key components to take CLTS and sanitation marketing to scale? Different methods can be used to motivate practices that lead to households adopting improved sanitation. These include participatory approaches, a mix of communication methods (e.g., interpersonal, child-to-child, and the use of mass media at the community, regional, and national levels), and phased implementation that makes use of continuous follow-up, incentives for achievement, different approaches to build capacity, and accurate tracking of performance. Supporting the enabling environment at district and national government level is also important to provide a conducive and sustainable environment for scale.

Figure 1: Map of Africa Showing Percentage Access to Improved Sanitation



Source: Based on data from WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, MDG Assessment Report, 2010

How can collaboration, linkages, and partnerships be maximized? Moving forward in partnerships that influence change and specifically benefit the poorest and most marginalized individuals is key, as is the need to focus on commonalities to ensure systematic collaboration. However, approaches in the region and in individual countries are in different stages of the learning process.

To scale up effectively in the region, participants agreed to:

- Harmonize work to fill gaps and avoid duplication
- Learn from each other and share systematically
- Harness partner strengths to improve work
- Help to address capacity and resource gaps
- Collaboratively monitor progress in the sector
- Work on key identified areas
- Maximize advocacy efforts at regional and national levels

Organizational strengths and weaknesses were assessed to better understand how to share competencies and fill gaps through collaboration.

What is the best way to scale up transferable approaches across all countries in the region? Collective mobilization of resources is crucial to address gaps in knowledge and monitoring that prevent the acceleration of achieving pro-poor services at scale. Specific areas for further work include: sustainability; equity and inclusion; technology; monitoring and evaluation; the creation of an enabling environment; and matching supply and demand (i.e., sanitation marketing). Motivation for government at different levels to drive uptake, to take evidence based decisions using performance monitoring, and an enabling environment for sustainability are the cornerstones to achieve scale.

WHAT ELSE DO WE NEED TO KNOW?

The learning exchange was an intensive first step on the road to total sanitation in East Africa. To move forward, participants formed working groups focusing on issues related to equity and inclusion, sanitation marketing, and monitoring and evaluation—and developed some initial learning questions to guide next steps in these areas:

Sanitation marketing:

- Would a public-private partnership for sanitation work in East Africa?
- What does ‘Total Sanitation’ mean in East Africa? Is it OK to drop this goal? Would we still achieve the health benefits of sanitation coverage if the last ten percent are not reached?
- Working with the commercial sector—Who? How? Mutual benefits?

Equity and inclusion:

- Is it possible to identify and define “vulnerable populations” to allow for the development of representative indicators of equity and inclusion?

- How can equity indicators and processes that can be used globally as benchmarks for progress be established?
- Can approaches and options for specific groups or issues (e.g., home-based care for HIV incorporating WASH, child-friendly design in schools, menstrual hygiene management) be developed?
- How can the recognition of men as a key target group for behavior change be increased?

Monitoring and evaluation:

- What is the best way to collaboratively develop a set of minimum indicators that break down current JMP/national

descriptors into components that are easily understood by practitioners?

- What is the best way to build on the current process of monitoring progress on the commitments made under the *eThekweni Declaration*, for example developing standard indicators for the enabling environment, policy, and behavior change.

—By Yolande Coombes (WSP) with contributions from Amanda Marlin (WSSCC), Atnafe Beyene (Plan International), Jane Bevan (UNICEF), Milly Akiwi (WaterAid), and Robyn Wilmouth (PATH)

Illustration 1: Technologies for Improving Sanitation and Hygiene Practices



Technologies for improving sanitation and hygiene practices include (left to right) a latrine model at the Nzega Sanitation Center in Tabora; the Tippy-Tap, a low-cost, low-tech handwashing facility; and the Gulper, designed to empty latrines in space-limited urban settlements. *Photos courtesy PATH and WSSCC.*

WSP is a multi-donor partnership created in 1978 and administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services. WSP's donors include Australia, Austria, Canada, Denmark, Finland, France, the Bill & Melinda Gates Foundation, Ireland, Luxembourg, Netherlands, Norway, Sweden, Switzerland, United Kingdom, United States, and the World Bank.

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Full report

A complete report is available upon request. Please contact Amanda Marlin (WSSCC) at Amanda.Marlin@wsscc.org or Yolande Coombes (WSP) at wsp@worldbank.org.

About

Today, 2.6 billion people live without access to improved sanitation. Of these, 75 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas. For more information, please visit www.wsp.org/scalingupsanitation.

Contact us

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