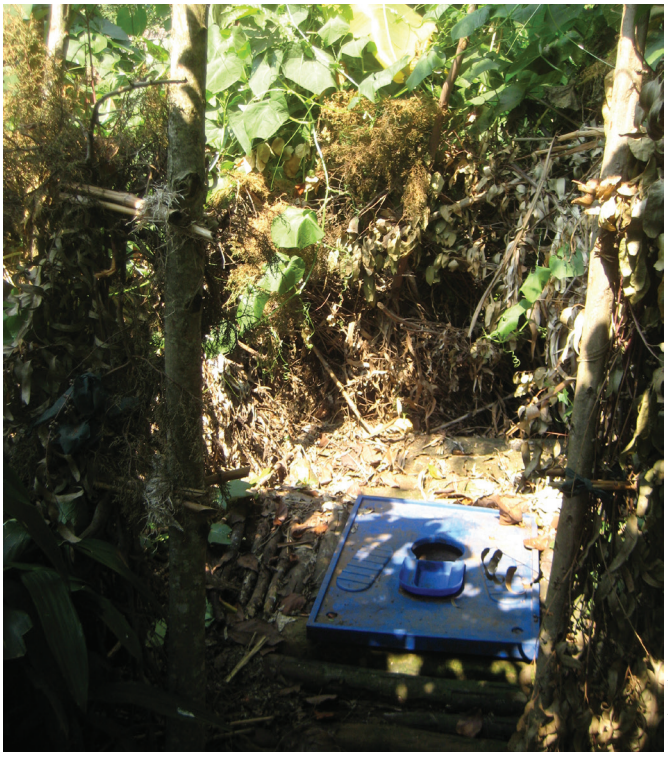
Sanitation Policy and Practice in Rwanda:Tackling the Disconnect

Key Findings

- **Our field research in Burera district in northern Rwanda highlights clear contradictions between prevailing practice and government standards and guidelines on hygiene and sanitation.**
- **Generally, toilets do not meet prescribed hygiene standards or sanitary requirements in terms of structure, design, condition, maintenance, hand-washing arrangements, health and safety, and labour safety.**
- **These contradictions thwart national efforts to improve access to functional sanitation coverage, maintain proper standards, and speed up progress in the sector. The study identified the following reasons for the disconnect:**
- **Local people do not prioritize toilets, preferring to invest in buying a farm or animals, sending children to school or repairing the house.**
- **Information on how productive sanitation works is not effectively transferred to local people. Many local people, including even members of the local productive sanitation cooperative were not fully familiar with prescribed productive sanitation guidelines and standards or sanitation issues in general.**
- **Study participants stated that, especially for urine diverting dry toilets (UDDTs), inspection and technical support are irregular and insufficient. Furthermore, the inspection system is in some cases weakly enforced, which can frustrate the efforts of community health and environmental officers.**

The study

A coherent national policy on sanitation and hygiene is critical for raising the profile of the sanitation and hygiene sector and for improving access to safe and hygienic sanitation facilities. However, policy alone is not adequate. In Rwanda, like many other developing countries, it remains a mammoth challenge to translate policy on sanitation and hygiene into practice.



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A UDDT toilet in Burera district, Rwanda

Rwanda now has national guidelines that prescribe sanitation and hygiene standards for toilets (including design, structure, location and condition) as well as for personal hygiene. However, because socio-cultural and economic factors to an extent shape prevailing behaviour and practice, in reality guidelines and standards are often contradicted.

This study was carried out in three "cells" (local administrative units) in the remote Rugarama sector, Burera district in Northern Rwanda (see Figure 1). The research explored official guidelines and standards on sanitation and hygiene, as well as prevailing behaviour and practice. It also examined two cases of on-site sanitation options that are presented in Rwanda's national guidelines on latrine technologies. These two systems are the "toilet to farm" urine-diversion dry toilet (UDDT), which includes use of treated human excreta as fertilizer (i.e. productive sanitation or "eco-toilets"), and "drop and store" option (conventional on-site sanitation, i.e. pit latrine).

Rwanda's commitment to sanitation and hygiene

The Rwandan government understands the importance of sanitation and hygiene in the fight against poverty. This commitment is reflected in the country's national policy and strategy for water supply and sanitation, including hygiene. This policy is coherent with the National Environmental Health Policy, implying that human and environmental health issues are both supposed to be addressed (Box 1).

Access to improved sanitation is at the centre of the country's ambitious Vision 2020, which aims to achieve 100% household sanitation and hygiene coverage by 2020. Furthermore, the water and sanitation policy is in line with the country's

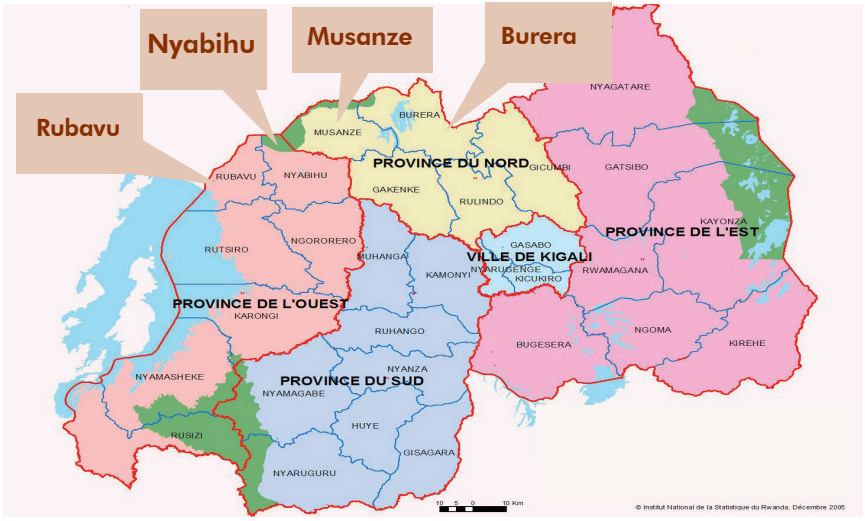

Figure 1: Map of Rwanda showing districts where the WASH project has been implemented

Source: KHI Rwanda

Economic Development and Poverty Reduction Strategy (EDPRS). The strategy aims to increase the proportion of Rwandans with improved sanitation and hygiene services, and also assigns roles and responsibilities to different stakeholders, including NGOs (e.g. World Vision, SNV) and the private sector (e.g. Aqua-san Limited). Figure 2 presents the roles and responsibilities of the stakeholders in the water, sanitation and hygiene (WASH) sector.

WASH policy reforms in Rwanda

Although currently less than 0.5% of Rwanda's GDP is allocated to sanitation, there are plans to increase this funding under the second phase of the Economic Development and Poverty Reduction Strategy (EDPRS2), which runs from 2013–2017. EDPRS2 also outlines a programme to accelerate access to WASH services. In 2009 the government introduced the Community-Based Environmental Health Promotion Programme (CBEHPP) and, in 2010, the President of Rwanda launched the Hygiene and Sanitation Presidential Initiative (HSPI) for domestic sanitation, raising the profile of the CBEHPP.

This process has decentralized policy, and provides a useful framework for improving community participation and sensitization (see Figure 3). Since CBEHPP was launched, officials from the Ministry of Health (MINISANTE) have trained about 45,000 community health officers. Community health clubs are also being formed in villages all over Rwanda to promote sanitation and hygiene at the local level, and more than 80% of the country's 15,000 villages now have such clubs

The WASH project in Burera district

The Burera district is one of four in Rwanda where UNICEF-Rwanda, the Ministry of Infrastructure and WASTE-Netherlands implemented a water, sanitation and hygiene (WASH) project (see Figure 1). In 2006, the WASH project distributed about 1000 UDDT slabs to vulnerable households in the Burera district. UNICEF-Rwanda trained 15 men and 15 women from the district in productive sanitation, and these people trained a further 3400 people from various walks of life and a range of sectors. UNICEF-Rwanda facilitated the formation of productive sanitation cooperatives, such as the Dusukure PHAST Cooperative in the Rugarama sector.

Contradictions between policy and practice

Despite the Rwandan government's commitment to sanitation and hygiene, the study revealed a range of contradictions between policy and practice. The health, hygiene, convenience, and safety of the toilets in the study area remain unsatisfactory, since most of the facilities are neither properly constructed nor properly used.

A survey of 194 households with pit toilets and UDDTs in the Burera district collected data on hand-washing facilities,

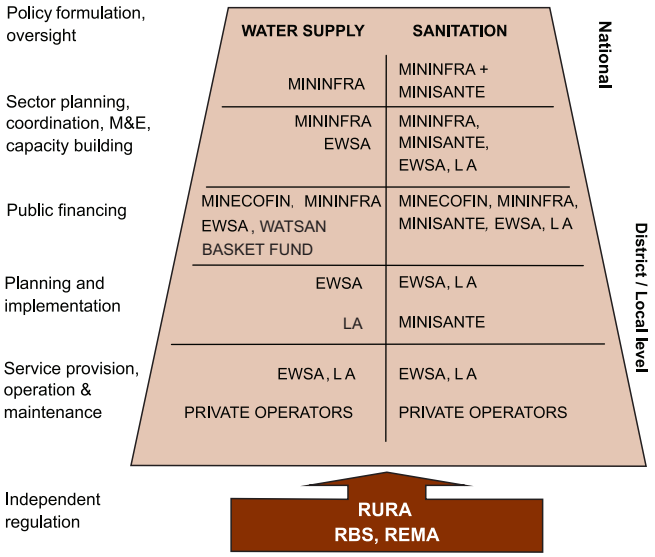

Figure 2: Multi-level governance structure in the WASH sector in Rwanda

Source: National Policy and Strategy for Water Supply and Sanitation Services (MININFRA, 2010).

Box 1: Key issues that Rwanda's water and sanitation policy aims to address

- Priority to basic services
- Decentralization
- Community participation
- Cost recovery and financial sustainability
- Private sector participation
- Operational efficiency and strengthening of accountability
- Emphasis on sanitation and hygiene
- Interests of women and children
- Grouped settlements
- Environment and water resources protection
- Inclusive programme approach
- Results-based management

List of acronyms used in Figures 2 and 3

EWSA	Energy, Water and Sanitation Authority: Implementation of policy
JADF	Joint Action Development Forum
LA	Local Authority: Mobilization and implementation
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government, Good Governance, Community Development and Social Affairs
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education, Science, Technology and Research
MININFRA	(Directorate of Energy, Water and Sanitation) Ministry of Infrastructure. Hosts the water and sanitation working group (SWG)
MINIRENA	The Ministry of Natural Resources
MINISANTE (MoH)	Ministry of Health
RBS	Rwanda Bureau of Standards
REMA	Rwanda Environment Management Authority
RURA	Rwanda Utilities Regulatory Agency

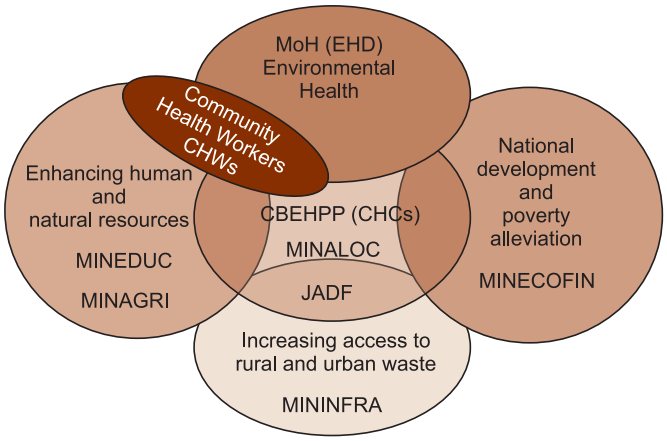

Figure 3: Interaction between stakeholders in the implementation of the CBEHPP Source: EWSA, 2013

operation and maintenance of toilets (including the productive sanitation system), and subsidies from UNICEF-Rwanda. 24 respondents stated that they were members of the local productive sanitation cooperative (Dusukure PHAST). The survey found that 31 of the households had received UDDT slabs from UNICEF-Rwanda, of which 28 households had installed their UDDT slabs. However, seven of the 28 households indicated that they use water to flush faeces dropped onto the slab. Only about 3% had a hand-washing facility installed close to the toilet. Furthermore, during the survey it was observed that in 17 households the urine compartment had been detached from the UDDTs, implying that urine and faeces were being mixed. Shallow traditional pit toilets remain the predominant type of sanitation solution.

Government guidelines and standards for latrines in Rwanda

The Rwandan government recommends the following latrine technologies and systems: simple pit toilets; ventilated improved pit latrines; flush toilets; dehydration vault toilets, UDDTs (eco toilets); and biogas systems. Factors such as affordability, space, cultural habit, availability of water, availability of skilled labour, and geographic conditions all determine where a specific type of toilet is built. Tables 1 and 2 present the government's norms and standards for latrines and guidelines for pit toilets and UDDTs, respectively.

Official figures and the situation on the ground

A national survey (EICV3) conducted in 2010/2011 by the National Institute of Statistics of Rwanda (NISR) showed that 73.1% of households in rural areas had improved sanitation facilities. The WHO/UNICEF Joint Monitoring Programme (JMP) survey also reports an increase in rural sanitation coverage, from 45% in 2000 to 56% in 2010.

In 2011 the local government in Burera carried out a survey of more than 62,000 households in the district. The survey showed that 36.6% of households have improved toilets, and 14% of households have no toilets. This survey also revealed

Table 1: Government norms and standards for toilet hygiene and sanitation

Characteristics of sanitary toilet	Minimum quality standards for toilet construction	Components of a sanitary toilet
Should not pollute or contaminate soil	Should be sealed – pit and ventilation pipe must be covered	Should have a superstructure made of: four walls and a door; roof (may be constructed with locally available material)
Should not pollute or contaminate groundwater	Should be properly cleaned	Should have an underneath structure consisting of: a pit/tank; a slab/pedestal with a hole; and a lid (may be constructed with locally available material)
Should not pollute or contaminate surface water	Should be well maintained	
Should not act as breeding media for vectors		
Should not require handling of huge amounts of waste and high technology		
Should not produce odour and unpleasant sight		

Source: MININFRA 2011

Table 2: Government guidelines for pit toilets and UDDTs

Pit toilet			UDDTs		
Structure and design	Construction material	Management/ maintenance	Structure and design	Construction material	Management/ maintenance
Pit should be at least 1000L; at least 3m deep; 1m in diameter; walls of pit should be lined if it is to be reused; pit should be 30m from homes and water source, pit can be built upwards using concrete rings or block; pit can also be shallow and unlined - arborloo	Cement, metal sheets, sand, gravel, stones	Toilet must be covered with lid; water and soap for handwashing should be available	Single or double vault Vault must be watertight. Vault should be large enough to allow for airflow. Vent is needed for ventilation and fly control No specification on dimension of vault	Cement, metallic sheets, sand, gravel, ventilation pipe, urine pipe, container for urine collection	Toilet must be covered with lid; water and urine should not get into the vault; wastes should not be dumped in vault; water and soap for handwashing should be available; ash, sand or lime should be added to toilet after every visit; shovel, gloves, and mask should be used for emptying vault

Source: MININFRA 2011

Policy recommendations

- It is imperative to integrate policy and practice on sanitation and hygiene at all levels, and to harmonize prevailing norms and local practices with prescribed guidelines and standards.
- Policies need to be fully comprehensible as well as effectively disseminated and put into practice. They must be clearly understood by all relevant stakeholders, and implementation must be monitored.
- Although MININFRA's guidelines for latrine technologies in Rwanda are an important step towards Vision 2020, relevant ministries and local public and private actors need to coordinate actions and measures to support the longevity, functionality and sustainability of installations. Such measures include effective capacity development, sustained support for and monitoring of standards, and effective enforcement, especially at the household level.
- It is crucial that at the local level there is effective coordination and trust between community leaders, community health officers, environmental health officers and the community health clubs, including local cooperatives like Dusukure PHAST. Schools are a good starting point for change in a community and must be part of this community hygiene dialogue. Initiatives such as the sanitation and hygiene competitions organized in schools in the district should be supported and scaled-up.
- It is important to improve knowledge about how feasible it is to apply various sanitation methods, technologies and systems in particular local contexts.
- Technology transfer is critical for ensuring that innovative technologies and systems such as productive sanitation are sustainable.
- Carrot and stick approaches can spur households to prioritize household and toilet hygiene and invest in improved toilet structures and show ownership of these structures. Such approaches can be scaled up and monitored. However, rewards should be emphasized more than penalties.
- Community health clubs should be assisted to establish microcredit schemes that would allow community members to finance their own toilet facilities. World Vision Rwanda has already introduced a voluntary savings scheme in some rural communities and has generated about USD 45,000, which has supported the construction of 160 toilet facilities, installation of 300 hand-washing facilities, and creation of 400 kitchen gardens.
- For the performance contract to be an effective instrument for monitoring and control, local government authorities must set annual priorities and targets that can be implemented in a sustainable manner within the contract period.

that 90.8% of households use soap and only 7.5% of households have hand-washing facilities.

However, the figures in all three surveys would have been significantly lower if they had considered both the human and environmental functions of the technology; that is, whether the toilets function as intended. The EICV3's definition of an improved sanitation facility does include flush toilets and pit latrines with constructed slabs, but does not include the types of flush toilet and pit latrine specified in the WHO/UNICEF JMP definition, and neither does it specify shared facilities (public toilets). Furthermore, both the WHO/UNICEF JMP and EICV3 methods focus mainly on technology-based monitoring of sanitation progress, which places more emphasis on numbers than how sanitation technologies and systems actually function.

This implies that the NISR survey counted sanitation technologies and systems that are not properly used and maintained, and hence do not provide the intended benefits for human health and the environment. One indication of this, as reported by MININFRA, is that only 8% of the rural population has clean toilets that meet hygiene and sanitation standards.

For information to be of use in integrating policy with practice, surveys need to take into account the human and environmental aspects of the situation – that is, whether toilets function as they should and are being used as intended. A function-based monitoring approach, as proposed by SEI, would capture these aspects.

This policy brief was written by Nelson Ekane. It is based on the SEI Working Paper *Sanitation and Hygiene: Policy, Stated Beliefs and Actual Practice* (Ekane et al. 2012), available at:
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