

# How can sanitation policy deliver in Africa?

Insights from Rwanda and Uganda



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### RESEARCH BACKGROUND

This brief is based on research undertaken between 2014 and 2018 in Rwanda and Uganda, Funded by The Swedish Research Council (Vetenskapsrådet), Grant Number 2013-6364. The research took a multi-level governance perspective and used comparative research design and drew on mixed methods of empirical investigation in different rural and urban settings. Its focus was on examining sanitation governance structures, with a specific emphasis on actors and actions at national, sub-national, community and household levels.

See: Ekane, N. (2018) Making Sanitation Happen: An Enquiry into Multi-Level Sanitation Governance. Doctoral Thesis in Planning and Decision Analysis. KTH Royal Institute of Technology, Stockholm, Sweden. [kth.diva-portal.org/smash/record.jsf?pid=diva2%3A1191282&](http://kth.diva-portal.org/smash/record.jsf?pid=diva2%3A1191282&)

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### Policy implications

- Sanitation remains a low priority in the national budgets of Rwanda and Uganda (and many other countries in sub-Saharan Africa) despite an increase in political commitments to tackle the problem. Implementation is the key to successful policy, yet policy is often fragmented and poorly coordinated as growing numbers of non-state actors (i.e. multilateral organisations, local NGOs, and private operators) are filling gaps in resources and service delivery.
- Because multilateral organisations and other supranational actors set the sanitation agenda and promote and finance different approaches (e.g. community-led total sanitation in Uganda and community health clubs in Rwanda) national governments come to depend on external funding. The lack of national ownership and follow-up of programmes, particularly when external funding ends, mean that programmes are often unsustainable.
- In Rwanda and Uganda, the basic institutional environment (rules of the game) and the governance structure (play of the game) are not currently adequate to overcome the challenges that the new modes of governance present.
- Political leadership and commitment combined with top-down authority and oversight, as demonstrated in Rwanda, can ensure accountability and contribute to improved performance in the sanitation sector.
- Sanitation and hygiene are largely behavioural matters. Practices and behaviour embedded in cultural norms, codes of conduct and religion change slowly. Systematic analysis is needed to understand what approaches are most effective in bringing about change.
- Sanitation and hygiene are also public issues, and require collective action to achieve widespread compliance. This implies that the self-interest of individuals needs to be considered in policy and interventions. This could involve a mix of measures to initiate and inform people about recommended conduct and to restrict and deter unwanted conduct.
- Individuals, households and communities are key implementers of basic sanitation facilities, since they tend to decide what actions to take, what choices to make or which options to adopt, and whether or not to comply. A “backward mapping” approach – which emphasises the inclusion of people at ground level – can include them in designing and implementing reforms, build consensus for change, and allow for more discretion and flexibility.

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### Introduction

Sanitation is currently high on the international development agenda. But “making sanitation happen” on the ground requires basic enabling factors – the right institutional environment and the right governance structures – which in many countries are not yet fully in place. It is even more important to get these basic factors right as increasing numbers of public, private, and philanthropic bodies at different levels of society become involved in promoting and

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providing sanitation, driven largely by global goals and international development agendas. This growing focus on sanitation has led to top-down pressure to meet prescribed targets, which in most cases miss the complexity of context, distort service priorities, and in some cases compromise sustainability.

This brief summarises research carried out in Rwanda and Uganda (see box, page 1) designed to find out what kind of policy measures or strategies translate into successful sanitation outcomes – i.e. changed hygiene behaviour and greater access to decent and functional toilet and handwashing facilities in communities and households.

It asks the overarching questions: how do sanitation policies play out at multiple levels of governance and among various actors in the sector, and how do they eventually translate into investment and shifts in behaviour at the community and household levels?

Many of the lessons and conclusions are highly relevant across Africa and in the other parts of the world where there is a need for improved sanitation.

### **Changing role of governance**

Contemporary governance arrangements are hybrid, multi-jurisdictional, involve multiple stakeholders, and encompass complex processes of organisation and coordination. The shift from government to governance changes the nature and role of the state from implementer to facilitator.

Meanwhile, widespread public-sector reforms have led to greater involvement of non-state actors operating in various types of public-private partnerships to deliver sanitation services. Multilateral development organisations and donor agencies play a major role in setting the sanitation agenda, as well as global and regional policy at the global level (e.g. the Millennium Development Goals and now the Sustainable Development Goals), and in promoting and financing different approaches. Philanthropic organisations also increasingly participate in financing and promoting research and development. At the national level, governments develop policies in line with global visions and goals, albeit with limited resources, which is usually done in central ministries. Responsibility for implementation usually lies with district government, communities and households. Between the global (macro) level and the community and household (micro) level are a network of actors, including government agencies, civil society groups, and formal and/or informal private sector service providers. These meso-level actors operate in relation to the macro-level policies, plans, and programmes of national governments, multilateral development organisations, and donor agencies.

While clear messages from the highest governance levels are important, it should also be noted that, because the governance scene is complex and multi-levelled, policy messages pass through many layers of interpretation before they reach communities and households.

### **The vital role of households**

The role that households play in providing sanitation cannot be overemphasised. In most countries, households remain the major source of financing for sanitation, generally contributing around 60% of investment in the sector, including in Rwanda and Uganda. This is explained by the fact that sanitation practices and hygiene behaviours are at the discretion of the individual in a more or less private setting.

In sub-Saharan Africa informal norms and codes of conduct prevail and often contradict public policy. With little or no straightforward link between policy objectives and individuals and collectives, this disconnect perpetuates variations in policy outcomes. As a result, it appears that when what is being promoted or prescribed in policy at the macro governance level reflects the reality and means of households and communities at the micro level, then “sanitation will happen”.

Around the world, households generally contribute around 60% of investment in the sanitation sector, including in Rwanda and Uganda



Figure 1. Gaps in a multi-level sanitation governance framework

## Governance gaps

Gaps in a multi-level sanitation perspective

A number of factors are reported to contribute to governance gaps in sanitation delivery, namely:

- ambitious policies and inadequate funding
- low prioritisation of sanitation (because it is often bundled within water supply and not adequately budgeted for)
- sectoral fragmentation and coordination problems between actors' unclear roles and responsibilities of different actors
- contradictions between formal and informal institutions
- multiple barriers to change in sanitation practices and hygiene behaviours
- lack of capacity for reliable data collection, monitoring and evaluation, and operation and maintenance.

Figure 1 depicts gaps in the sanitation sector outlined in a multi-level governance framework proposed for identifying and overcoming these gaps (see "research background" on page 1).

## Implementation gap

One of the main sources of the implementation gap in Rwanda and Uganda is the disconnect between policy objectives set at the macro-governance level, usually in response to international and regional development goals and commitments, and basic actions at the household and community levels where investment in latrine and handwashing facilities is predominantly made. Further, the increasing number of actors in the sector presents coordination and harmonisation problems which partly contribute to deviations from policy objectives.

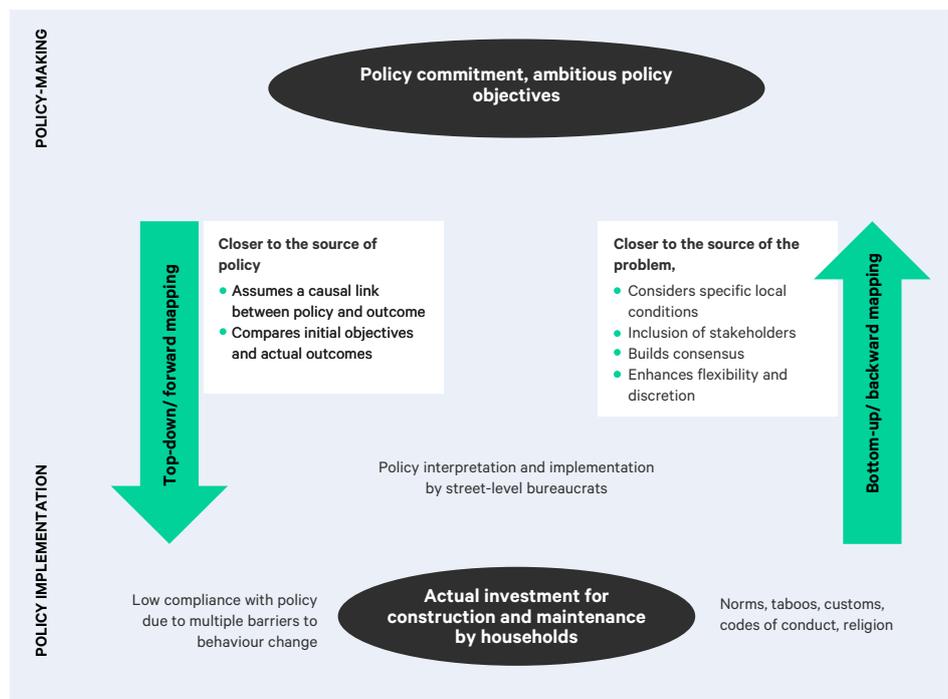


Figure 2. Entry points for analysing policy outcomes from top-down and bottom-up perspectives

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## Behaviour

Table 1. Summary of behavioural insights

Provision of toilet facilities (technical solutions, or "hardware")	Promotion of health and hygiene behaviour change ("software")
Providing toilet facilities is not enough	Personal or private issues must be addressed
The challenge is to get people to use facilities	Private issues are tied to socio-cultural and religious norms, beliefs, and taboos that are embedded in society
Need for context-specific solutions	

Sanitation and hygiene are behavioural matters which are largely influenced by context and culture. These factors pose multiple barriers to behaviour change, particularly in the context of sub-Saharan Africa. Barriers to behaviour change relate to cognition, attitudes, feelings and emotions, and intentions and actions. Practices and behaviours embedded in cultural norms, codes of conduct and religion change slowly over very long periods.

Sanitation and hygiene problems will not be solved by merely building toilet and handwashing facilities. There is a need for a deeper understanding of people's behaviour and practices. We know that technological advances have played and will continue to play a key role in transforming sanitation and hygiene conditions. The latrine, for instance, is crucial as it helps to separate people from their excreta, which has contributed immensely to improvements in human and environmental health over the years. However, despite developments in sanitation technology, the diffusion or adoption of sanitation innovations remains low in most parts of sub-Saharan Africa.

### Risk management and communication

Sustainable sanitation is a policy aim in many countries in sub-Saharan Africa. But the use of human excreta as fertilizer for food crop production evokes repugnance in many individuals. An inverse relationship between perceived risk and perceived benefits of practices and technologies that use excreta suggests that negative emotions play a major role in influencing judgment and decision-making around its productive use in agriculture. This is highly relevant for risk governance as it suggests that these emotions conflict with the risk management information people receive. This suggests a need for different approaches to risk management and communication that take better account of people's emotional responses.

### Conclusions

Three insights from the research are especially important to emphasize as we work towards SDG 6: Clean Water and Sanitation, and the ambition to eradicate open defecation by 2030. First, policy intentions – driven by political will and sanitation's high profile on the development agenda – generally have a positive effect on sanitation. Policy design, however, is often overly ambitious, and is not matched by adequate budgets. And policy implementation is characterized by numerous resource, capacity, and organizational constraints.

Second, the right institutional structures and governance arrangements are not yet fully in place to cope with the new modes of sanitation governance. It will take time to get these in place, just as it takes time to change sanitation practices and hygiene behaviours.

Third, there is a critical need to better understand the drivers of people's behaviours and practices, and to build this understanding into policy and governance approaches, in order to "make sanitation happen".

In terms of future research, exploring how and why sanitation policy and implementation differ from those of other sectors (e.g. housing, electrification, mobile phones) and how these differences can be explained would deliver valuable insights for the sanitation sector.



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