

## **Assessing national sanitation policy for effectiveness - lessons from Nepal and Ghana**

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*Providing improved sanitation services can contribute directly to a number of the Millennium Development Goals and the alleviation of global poverty. This contribution can be maximized through the development of appropriate national sanitation policies to enable the implementation of national strategies and programmes. Only then can the scale of the sanitation need be effectively addressed.*

*This paper presents the process and findings of research carried out in Nepal and Ghana to test guidelines for assessing national sanitation policies. It explains how the guidelines were applied and where they were modified to suit the context of the case study countries. Findings from the research look to both inform the future application of the guidelines and ongoing development of national sanitation policies.*

*The paper is one of a series of outputs developed on the basis of the research project.*

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### **Sanitation needs and the role of policy**

The role of safe sanitation in alleviating poverty and improving health is widely recognized and reflected in the MDG target of halving the proportion of people without sustainable access to basic sanitation by 2015. Yet progress towards achievement of the target has been disappointing. There have been successful pilot initiatives and local projects but few have given rise to national programmes and/or successful sanitation initiatives at a significant scale. Sanitation provision continues to lag behind that of other services and most governments invest far less in sanitation provision than they do in water services.

One possible reason for this is the absence of effective sanitation policies. Policy provides the framework within which those who are seeking to improve sanitation can operate. A bad policy may constrain efforts to introduce effective sanitation services. For instance, a policy that states that municipalities must provide piped sewerage may prevent the development of more appropriate forms of sanitation in low-income and low-density areas.

Good policy on the other hand can enhance understanding of sanitation-related issues, set clear overall objectives, clarify responsibilities and provide incentives for action to achieve the objectives. These all help to establish an environment in which sanitation can be taken seriously and therefore addressed on a scale that can significantly contribute to improved national health, well-being and economic development opportunities.

### **Guidelines for assessing sanitation policy**

Most countries have combined national water supply and sanitation policies. A combined policy can take account of the strong links between water, sanitation and health.

Unfortunately, most combined policies focus on water supply and deal with sanitation in a rather perfunctory way. For instance, Nepal's Rural Water Supply and Sanitation Policy (RWSSP) of 2004 focuses strongly on community management, but has little to say about the role of individual households which is likely to be significant, particularly in rural sanitation provision and management. If sanitation is to be given due attention, it needs its own policy.

Recognising this, the Environmental Health Project (EHP) of USAID produced 'Guidelines for the Assessment of National Sanitation Policies' (Elledge, Rosensweig and Warner, 2002). These Guidelines define policy as the 'set of procedures, rules and allocation mechanisms that provide the basis for programs and services'. They go on to suggest a process for assessing policy that starts with the collection of 'background' information and moves on to more detailed consideration of 'key elements' required to ensure successful policy formulation and implementation. The last part of the guidelines deals with what can be done to build on the assessment.

### **Testing the guidelines**

In 2002, WEDC started work on a DFID-funded research project to test the practical application of the Guidelines. A primary outcome of the research was to be an assessment of the effectiveness of national sanitation policy development and implementation in two case study countries. A secondary objective was to facilitate the development of improved sanitation policies in the case study countries, which could impact on the well-being of the urban and rural poor.

During the first stage, national sanitation policy documents from 9 countries were collected and assessed

using the framework provided by the Guidelines. At the same time, the research team contacted stakeholders in a number of countries to explore the possibility of developing the case study with them. This led to the selection of Nepal and Ghana as case study countries. National partners were identified to support the research process in each country.

In each country, the first step was to collect background information. Section 2 of the Guidelines provided the overall framework for this activity, but was followed with an element of flexibility. The information collected related to: population, health indicators, levels of sanitation coverage, recent investments in sanitation and existing key policy documents. Where available information was thought to be relevant, it was collected and analysed. Conversely, some of the information specified in the Guidelines was not readily available and the research team only pursued this information where it was felt it was of central importance to the investigation. In each country significant areas of concern were the level of demand for basic sanitation services and the existing capacity to meet that demand. A key point that emerged in both countries was the relatively slow increase in sanitation coverage, although efforts to assess that increase and outstanding sanitation needs were complicated by the wide variations between different sets of coverage data.

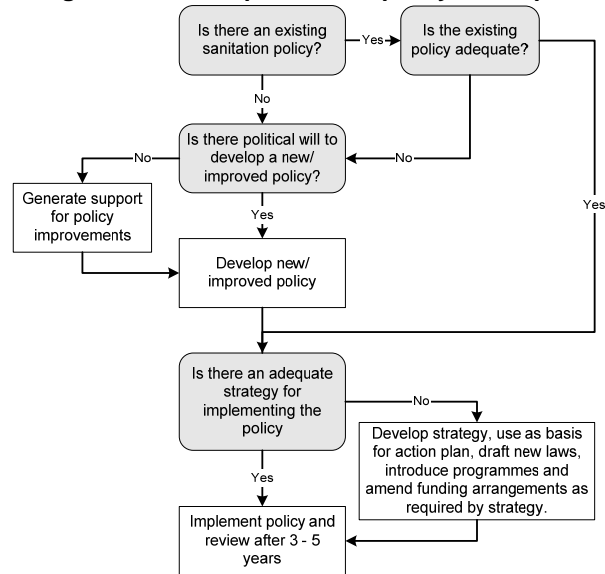
The initial investigation also involved the collection and preliminary analysis of existing policies. In both Ghana and Nepal, existing policy targets for sanitation coverage are higher than those included in the Millennium Development Goals. In Nepal, the target set in the RWSS policy of 2004 is to achieve 100% sanitation coverage by 2017. In Ghana, the National Environmental Sanitation Policy (NESP) includes the target that at least 90% of the population should have access to an acceptable domestic toilet while the remaining 10% should have access to hygienic public toilets. In both countries, available information suggested that far greater financial resources than currently allocated are required if these ambitious targets are to be met.

**Funding shortfalls**

In Nepal, the shortfall in funds is estimated to be over 50% (US\$6 million per year) of the level required to meet the MDG sanitation target, let alone the more ambitious target set out in national policy (WaterAid, 2004). Given the current levels of investment in Ghana, it is estimated that rural sanitation coverage would actually fall from around 31% to about 24%<sup>1</sup>.

To guide the next stages of the research, a generic process for policy development was developed, as indicated in Figure 1.

**Figure 1: Generic process for policy development**



In each country, the next step was to arrange a national workshop attended by a broad range of key stakeholders including government ministries and agencies, NGOs, donors and the private sector. At this workshop the approach to policy assessment was explained, findings of initial investigations were presented, policy-related issues were explored and agreement was reached on the process to be followed to investigate ‘key elements’ of national sanitation policy as identified in the Guidelines.

- ‘Key elements’ of national sanitation policy:
- Political will (the support given by politicians, officials and other influential people or organisations.)
  - Acceptance of policies (indicating its relevance to stakeholders)
  - Legal framework (existence and relevance of laws, acts and regulations)
  - Population targeting (consideration given to the needs of the urban poor, residents of small towns, refugees, displaced persons, women, etc.)
  - Levels of service
  - Consideration given to health, the environment and financial issues
  - Institutional roles and responsibilities
- (Adapted from Elledge et al, 2002)

These key elements cover the context within which policies are developed, the processes followed to develop policy, the policies themselves and experience with the implementation of policy. The Guidelines suggest that they should be investigated through interviews with key stakeholders and, where appropriate, more detailed analysis of secondary data.

The Guidelines suggest four options for assessing the key elements:

1. By representatives of government, assisted by a suitably qualified external facilitator, over a period of 6-9 months.
2. By a nationally-based NGO or firm, using national personnel over a shorter, but unspecified, time
3. By a two or three person team, consisting of a mixture of national and international consultants over a 3- 4 week period
4. By representatives of government, through a task or working group over a 6 – 9 month period.

In both Nepal and Ghana, the hope was that key stakeholders would be willing to form a working group to carry out the investigation, with support from the national consultant who had already carried out the initial situation analysis. In practice, this did not happen in Nepal and the national consultant carried out subsequent investigations through key informant interviews. In Ghana a working group was formed, although the national consultant played a major role in the process, going beyond facilitation to take the lead in most investigations.

At the end of the key elements assessment phase, which lasted several months in each country, a report on its findings was prepared and presented to a second stakeholder workshop. The workshop also included discussion on the way forward and so provided both an input to the national policy debate and feedback to the researchers on the usefulness of the Guidelines.

Nepal was in the process of finalizing a revision to the sanitation policy of 1994 for formal government approval during the research. While the assessment took place in a fairly dynamic environment, this possibly limited commitment to a thorough policy review given the timeframe in which a revised policy was to be completed. Indeed, the general consensus in Nepal was that considerable efforts had already been made to revise policy and that the emphasis should now be on facilitating the implementation of policy.

## Key findings

### The process of policy development and review

As already indicated, the intention in both Nepal and Ghana was to give as many national stakeholders as possible an active role in the assessment process. The experience from both countries is that, while desirable, a fully participatory approach to policy review and development is not easy. Officials and community representatives have commitments and may find it difficult to find time to take part in a fully participatory process. It would seem more practical to assume that the assessment process will be led by a small group of professionals and/or concerned officials and focus on maximising opportunities to consult, present findings and obtain feedback from as wide a range of stakeholders as

possible. If this conclusion is accepted, the important need is to ensure that those conducting the assessment take account of the full range of stakeholder opinion.

Another finding with regard to process is that it is often hard to obtain high level acceptance of the conclusions drawn during workshop consultations. In both Nepal and Ghana, few if any top level ministry representatives attended a full workshop and so the conclusions drawn were those of middle level staff. The implication is that there will generally be a need to consider specific options for obtaining buy-in of senior decision-makers for policy recommendations. Failure to obtain this buy-in is likely to greatly reduce the chances that those recommendations will be implemented.

The last point suggests another significant conclusion. It is important that there are incentives to drive the policy review. Without clear incentives, it is unlikely that government, and indeed other stakeholders, will commit to policy review in any significant way.

An impression gained during the research is that workshops provide a better forum for developing consensus, where it exists, than for exploring contentious issues. In Ghana, for instance, workshop participants appeared reluctant to discuss the issues surrounding the omission of any reference to the Community Water and Sanitation Agency (a semi-autonomous government agency established to facilitate the development of rural water and sanitation in Ghana) from the policy, despite the fact that significant donor funds for rural water supply and sanitation schemes are routed through it. Similar conclusions were reached regarding the process used to develop the National Water Supply and Sanitation Strategy in Nepal. (ARD Inc 2003).

### The importance of policy

The Guidelines start from the premise that policy is important. As already mentioned, a poor policy can constrain action while a good policy can facilitate change and development. Yet, the case studies suggest the reality that policies may be less influential than many would expect or wish them to be. During a workshop in Nepal, NGO participants suggested that their approaches are developed and driven by the need to respond to the situations they find in the field rather than policy as such. Other workshop participants were unaware of the detailed provisions of policy. Further investigation suggested that there is greater awareness of those aspects of sanitation policy that reflect wider policy requirements, for instance a commitment to decentralization..

### The role of health ministries

One of the 'key elements' identified in the Guidelines is the role played by the health ministry in the formulation and implementation of policy. In neither Nepal nor Ghana

did the health ministry take a significant role in the formulation of existing policy. However, in both countries it is clear that the health ministry is one of the few organisations with outreach at the community level and therefore the capacity to undertake sanitation and hygiene promotion activities. This points to the need to make greater efforts to involve health ministries in sanitation policy<sup>2</sup>.

### Ensuring wide ownership of sanitation policy

In both case study countries, the existence of the policy was accepted by those who knew about it. Further investigation suggested that higher level organisations, particularly the finance ministry and the national planning body, paid little practical attention to the policy.

The Nepal policy for instance, gives the Ministry of Finance (MoF) overall responsibility for the allocation of funds from the national budget to sanitation. It also allocates key roles to the National Planning Commission (NPC) in terms of setting overall priorities and targets, monitoring progress and effecting coordination between the Ministry of Finance and the Ministry of Physical Planning and Works. (MPPW is the ministry under which the lead agency for the development and implementation of sanitation policy, the Department of Water Supply and Sewerage (DWSS), is housed). In practice however, neither MoF nor NPC seems to be carrying out the detailed roles required of them. The problem appears to arise, at least partly, from the fact that policy is often developed at the departmental level and is mainly owned within the formulating department and its parent ministry.

More needs to be done to ensure that sanitation policy is broadly owned and recognized at top levels of government.

### Conclusions and recommendations

The research suggests the need to create a context that is conducive to policy implementation. This, in turn, means that policy must be firmly based in the practical experience of those who are working in the field. The need is for a two way process through which practice influences policy and vice versa.

Policy objectives need to be realistic, whether they relate to coverage targets or roles and responsibilities. This requirement is more likely to be achieved if policy is grounded in realistic assessment of existing trends and attitudes.

Greater attention should be paid to the arrangements for implementing policy. Particular emphasis should be paid to programmes to support policy and developing responses to policy recommendations at the local level.

Sanitation policy must be owned more widely, particularly by key planning and finance departments and ministries. This is more likely to happen if sanitation is covered by key general policy instruments such as Poverty Reduction Strategy Papers (PRSPs).

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### Note/s

<sup>1</sup> Based on figures contained a report prepared by Lukman Salifu, Ghana as part of joint WEDC/WaterAid research on sanitation policy in Ghana.

<sup>2</sup> In some countries, for instance Ethiopia and Tanzania, the health ministry already has a leading role in formulating and implementing sanitation policy.

This paper is based on the findings of DFID-funded research "Tools for Assessing National Sanitation Policy". The views expressed are not necessarily those of DFID.

Broader findings of the research are disseminated through a range of channels and formats:

- Detailed assessment reports for Nepal and Ghana, targeted to key stakeholders in each country.
- Briefing notes summarizing findings from each country and a longer note on overall findings of the research.
- Conference papers presented at the WEDC Conference.

A project website provides access to the main research outputs: [http://wedc.lboro.ac.uk/projects/new\\_projects3.php?id=142](http://wedc.lboro.ac.uk/projects/new_projects3.php?id=142)

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