

Application of tools to support national sanitation policies

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Inception Report

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Contents

EXECUTIVE SUMMARY	4
1. Goal, purpose and outputs of the project	9
1.1 Goal	9
1.2 Stated purpose from logframe	9
1.3 Proposed project outputs	9
1.4 Issues addressed during the inception phase of the research	10
2. Initial activities and findings	12
2.1 Introduction	12
2.2 Knowledge review	12
2.3 Potential partner countries and organisations	17
2.4 Sources of data	22
3. Project planning	23
3.1 Review of Project purpose and outputs	23
3.2 Implications of initial findings for remainder of project	23
3.3 Planned activities	23
3.4 Additional activities	25
3.5 Project team review	25
3.6 Review of risks and assumptions	25
3.7 Proposed adjustments	26
4. Monitoring, evaluation and uptake strategy	27
4.1 Review of monitoring indicators	27
4.2 Dissemination strategy	27
4.3 Impacts to date	29
Appendix 1. Knowledge Review	31
<i>A1.1 The problem</i>	31
<i>A1.2 The EHP initiative and its objectives</i>	32
<i>A1.3 Structure, focus and content of the Guidelines</i>	33
<i>A1.4 Policy review</i>	38
<i>A1.5 Assessment of sanitation policies</i>	40
<i>Ghana</i>	40
<i>South Africa</i>	46
<i>Uganda</i>	49
<i>Bangladesh</i>	53
<i>Republic of Indonesia</i>	57
<i>A1.6 Draft policy analysis</i>	61
Appendix 2. OPR form	70
Appendix 3. Additional References	74

EXECUTIVE SUMMARY

Objectives of the research

Throughout the developing world, sanitation coverage lags far behind that of water supply, to the extent that more than 2.4 billion people worldwide lack access to improved sanitation. The problem is particularly acute in Africa and Asia and, while 80% of those without adequate sanitation live in rural areas, rapid urbanization is also resulting in severe sanitation deficiencies in urban areas.

The Johannesburg World Summit on Sustainable Development (2002), adopted the target to halve the number of people without access to basic sanitation. This research project explores an issue central to the achievement of this target, namely the development of clear national policy frameworks – sanitation policies and the rules and procedures that flow out of them. This research builds closely on the work of USAIDS's Environmental Health Project (EHP), to field test and refine the *Guidelines for the Assessment of National Sanitation Policies* (Elledge *et al* 2002). The purpose of this research is to contribute to this process by field-testing the Guidelines in two countries. In doing so, the work seeks to both influence the policy development process in the selected countries and provide feedback to EHP, leading to the further development and refinement of the Guidelines. This Inception Report is the first output from the project and covers the period September to November 2003.

Activities during the Inception Phase of the research

The following activities were undertaken during the Inception Phase:

- Contacts and discussions with EHP and other potential collaborators in a number of countries, leading to the identification of Ghana and Nepal as the preferred case study countries. Dr Andrew Cotton had already attended meetings with EHP before the official start of the project and these contacts have continued through telephone and email links.
- A knowledge review including analysis of the EHP Guidelines and existing sanitation policies from seven countries.
- Field visits to Ghana and Nepal to meet key stakeholders, identify potential research partners and assess the suitability for field work.

Knowledge Review

The EHP Guidelines define policy as the '*set of procedures, rules and allocation mechanisms that provide the basis for programs and services*'. This is a fairly wide definition, covering both written policy documentation and the policy context, the legislation, regulations, attitudes and assumptions that support that documentation. With this in mind, the research will be concerned as much with the *processes* through which policies are implemented as with the written policies themselves.

The methodology in the Guidelines is basically sound. However, a key issue concerns the steps to be taken after the assessment in order to ensure that its findings lead to real and lasting change in policies and the actions that flow from them. Section 5 of the Guidelines does provide a check-list of steps; this research will explore how to develop more detailed guidance, which takes account of constraints caused by institutional rigidities and vested interests.

The Guidelines specifically mention the urban poor and there are general references to gender but no specific guidance is given on the ways in which the gender aspects of sanitation policies might be assessed or how the assessment team might be constituted to ensure that it pays adequate attention to gender issues.

The following important points resulted from our review and analysis of existing policy documents.

1. Policies tend to reflect the current thinking of the international community. Few of those reviewed provide anything more than a very general assessment of the prevailing situation in the country to which they relate.
2. Many of the policies reviewed provided relatively little detail – none attempted to quantify targets or specify minimum service levels and few provided any indication of the cost of meeting sanitation needs.
3. Health is the main underlying concern of most policies but most are also concerned with the links between sanitation and the environment. Some link sanitation improvements with the need for hygiene education but only the South African policy defines the level of funding required for hygiene education and identifies the source of that funding.
4. Most policies provide for some subsidy on capital costs, particularly for poor people.
5. Most, but not all, policies identify a lead agency for coordinating sanitation activities but few give specific guidance on institutional policies and roles.
6. All policies recognize the need to take both 'hardware' and 'software' aspects of sanitation provision into account. Indeed, some focus more strongly on 'software' than 'hardware' aspects. However, the fact that issues such as roles and responsibilities and specific aspects of hygiene education are covered rather loosely suggests that the concern with software may be rather theoretical, responding to current perceptions about what constitutes best practice.

Field visits

The objectives of the initial visits to Nepal and Ghana were:

- to carry out a rapid institutional mapping of agencies with responsibility for sanitation
- to hold an initial round of meetings with key stakeholders
- to identify opportunities for the research to work in collaboration with and in support of policy development processes already underway in-country

- to identify potential partners for carrying out the field work

Nepal

Rebecca Scott visited Nepal in November 2003 to meet with stakeholders in the sanitation policy development process. The policy development situation in Nepal is dynamic. An updated national policy was produced in 2000, after widespread consultation with key stakeholder groups, but was never formally approved. Further revisions of the 2000 draft were made in 2002 and this draft is undergoing further review.

Responsibility for WATSAN implementation in Nepal currently lies with the Ministry of Local Development for projects serving up to 1000 population and the Ministry of Physical Planning and Works (MPPW) for larger projects. The Draft Policy identifies the Environmental Sanitation Section (ESS) within the Department for Water Supply and Sanitation (DWSS), part of the MPPW, as the focal organization for national co-ordination, supervision and monitoring of sanitation-related initiatives. International agencies and donors currently contribute significantly to the implementation of these initiatives.

Key findings of the field visit are:

- Nepal has a history of developing good policy but a poor implementation record; this is partly due to the tendency for policy to remain centralized – the debate rarely reaches local government and there appears to have been limited representation of the local NGO community in policy consultations; and
- there is a need to go beyond the development of policies to consider how they can be effectively implemented.

Meetings were held with key stakeholders including MPPW and ESS/DWSS, DFID, UNICEF and Helvetas, a national NGO. All expressed their support for the research and noted that it's timing is particularly appropriate as it is taking place at a time when Nepal's sanitation policy is under review.

Ghana

A five-day visit was made by Amaka Obika to Ghana in November 2003 to meet with various sector stakeholders. The sanitation policy situation in Ghana is complex, with major stakeholders using different policies. The Ministry of Local Government and Rural Development produced the national sanitation policy in 1998, which was approved in May 1999 and reprinted in November 2001.

According to the policy document, the Ministry of Local Government and Rural Development has the overall responsibility for sanitation, which includes co-ordination and formulation of policies, developing and disseminating technical guidelines, promulgation of national legislation and model bye-laws, and direction and supervision of the national environmental sanitation policy coordination council. The Environmental Health Division of the Ministry of Local Government is responsible for the implementation of the sanitation policy.

The local government authorities are empowered to set up appropriate byelaws and assume responsibility for environmental sanitation in their areas of jurisdiction. The Community Water and Sanitation Agency (CWSA) provides support to District Assemblies in promotion/provision of water, sanitation and hygiene in rural areas and small towns, defined as areas with 5,000 – 20,000 population. However, it works with a sanitation strategy which is independent of the national policy.

The key findings from the field are as follows:

- Ghana has a national sanitation policy that encompasses broad environmental sanitation issues but is not widely accepted by all major players.
- CWSA, which is under the Ministry of Works and Housing, has the mandate to provide sanitation but only in small towns and rural areas.
- The District Assembly has the responsibility to provide sanitation in their districts but has limited capacity and resources to perform these tasks. They sometimes get support from CWSA, but very little from the Ministry of Local Government and Rural Development.
- Major sector stakeholders are not using the existing sanitation policy as bases for developing programmes, as it is seen to belong to the Ministry of Local Government.
- It is important for the major stakeholders, (MLGRD, CWSA, District Assemblies and NGO representatives) to unite in a discussion on the process of reviewing the policy to make it acceptable to all parties and to harmonise the development of sanitation programmes.

Project planning

The findings of the Inception Phase indicate that the proposed research methodology remains appropriate. The main issue that has emerged is the problems that arise in translating policy into practice. This suggests that the focus of the research should be on the *process aspects of policy development*.

Nepal provides a particular opportunity for the research to be carried out in a dynamic policy environment. In order to take advantage of this opportunity, it is essential that the research continues without delay. A first step in continuing the process in Nepal will be to appoint an in-country consultant, who will be actively involved in the current policy review process. A government-led policy review workshop is tentatively scheduled for early 2004 and there is an opportunity for the research team to participate. This will strengthen links with local stakeholders and achieve maximum research impact. The local collaborator, with support from the team, will:

- review existing laws, regulations and policy frameworks and assemble available data on sanitation needs and coverage (EHP Guidelines Section 2); and
- engage in detailed consultation with stakeholders to address the Key Elements of National Sanitation Policies (EHP Guidelines Section 3).

This will lead to the preparation of a draft report on the findings and an in-country workshop. The aim will be to appoint the collaborator by January 2004.

Although the sanitation policy in Ghana is not widely accepted by the major players, the sector reform and increased interest in sanitation by both government and donor agencies provides an opportunity to conduct the research in a country that is keen to harmonise sanitation programming. CWSA is in the process of revising their national sanitation strategy and the MLGRD are also in the process of developing strategies that will better enable policy implementation. It is therefore essential that the next phase of the research be commenced as soon as possible in order to take advantage of the renewed interest in harmonising the sanitation policy and programming situation in Ghana. The next step in Ghana will be to appoint a neutral body with a high profile and good inside knowledge of the sector that will be involved in the process of policy review. WaterAid Ghana has been identified as in-country partners to facilitate this process. A national policy review workshop is planned for early 2004 for the major stakeholders in sanitation and will create an opportunity for the research team to meet with in country stakeholders.

Monitoring, evaluation and uptake

The monitoring indicators proposed in the proposal logical framework have been reviewed and will remain unchanged.

The dissemination strategy for the research will be informed by the need to improve access to the research outputs and to ensure that those outputs are comprehensible to different audiences. There are two key audience groups for the outputs:

- those that are internal to DFID, including sector advisers and programme managers working with partner governments and on operational DFID projects; and
- those that are external to DFID, including project partners, officials, politicians and civil society representatives who are involved in sanitation policy development, other bilateral and multilateral donor agencies, sector resource centres in the north and south.

In particular:

- at the international level: sector programme managers, specialist sector advisers;
- at the national level: politicians and ministers, policy directors and specialist advisers to ministers, programme directors, specialist groups;
- at the local level: politicians, senior administrators; and
- civil society groups, NGOs, researchers.

Access will be facilitated by using a number of dissemination channels, including DFID newsletters, ID21, Eldis and the DFID Child Health and Environmental Health internet room, a proposed themed issue of 'Waterlines', and selected dissemination contacts such as local/regional resource centres, World Bank regional Water & Sanitation Programmes and UNICEF.

1. Goal, purpose and outputs of the project

1.1 Goal

The overall goal of the research is to raise the well-being of the rural and urban poor through cost effective water and sanitation. This is a DFID goal and should be seen in the light of Millennium Development Goals and in particular the commitment made in the course of the World Summit on Sustainable Development, held in Johannesburg in 2000, to halve the number of people without access to basic sanitation services by 2015.

This goal requires integrated action at a number of levels, not least the policy level. As one contribution to achieving the overall goal, the Environmental Health Project (EHP) of USAID has developed Guidelines for the Assessment of National Sanitation Policies. EHP views the development of the Guidelines as a process, which will involve field testing of the draft Guidelines in selected countries followed by further refinement of the key elements and the methodology for national and sub-national application. After completion of the field tests, EHP will revise the Guidelines and publish a second edition.

1.2 Stated purpose from logframe

The stated research purpose is:

Development of national sanitation policies facilitated through the application of appropriate guidelines and tools.

The contribution to this process is primarily by field testing the Guidelines in two countries, assessing the lessons learnt and providing feedback on those lessons to EHP. The target institutions for the research include all those who are involved in contributing to policy debates and determining national policy environments. National and state/provincial government institutions are clearly important stakeholders in policy development but we recognise that international agencies and international and national NGOs, and in some instances the private sector, also contribute to debates on policy.

1.3 Proposed project outputs

The research will involve a number of steps, each of which will lead to a specific output. These outputs are introduced and briefly discussed below.

Output 1 – Inception report – (this report) to be available by the end of month 3 of the research. The main stated objective of this output is to identify possible case study countries and reach agreement with local stakeholders on the methodology and work plan for research activities in their countries. Further information on the activities that have been undertaken in order to achieve these objectives is contained in the next section of this report. This includes the results of initial analysis of the sanitation policies collected from a number of countries.

Output 2 – Interim findings from country case studies These findings will be published on the project web-site by the end of month 9 of the research.

Output 3 – Consolidated findings of research available in workshop proceedings. Following completion of the country case-studies, a regional workshop will be held to disseminate the findings and discuss implications for changes to the Guidelines. The attendance and location of this workshop will be determined in the light of the experience gained in the next phase of the research.

Output 4 – Field-tested Guidelines and tools, including examples of national sanitation policies. There may be a need to amend the draft Guidelines in the light of the findings of the research and the conclusions of the regional workshop. Ultimate responsibility for making any such amendments will rest with EHP but proposals and suggestions will be made by the research team. Supplementary tools and materials will be produced as necessary and posted on the web page (see Output 5).

Output 5 – Electronic dissemination of outputs 1-4. The first step in achieving this output will be to set up a web page. This will then be used to post reports, workshop proceedings and eventually the amended Guidelines and tools. The web page will be set up early in the next phase of the research in accordance with the schedule defined in the logical framework for the project.

1.4 Issues addressed during the inception phase of the research

The main activities undertaken during the inception phase of the research have included:

- *Contacts and discussions with EHP and other project partners* (Activity 1.1). Dr Andrew Cotton had already attended meetings with the EHP partners before the project started and these initial contacts have been continued through telephone and email links. Contacts have been made with a range of potential project partners. These include WaterAid and organizations and individuals in possible field testing locations. Contacts have focused on Ghana and Nepal, which have been identified as the preferred field testing countries, and have included both email contacts and face-to-face meetings during initial field visits.
- *Identify locations for field testing and obtain clearance for fieldwork* (Activity 1.2). This activity involved an initial review of possible field testing locations, leading to the identification of Ghana and Nepal as preferred fieldwork locations.

During the initial visits to Nepal and Ghana, key national and international organizations have expressed their support for the assessment work.

In **Nepal**, the Ministry responsible for water supply and sanitation (MPPW), its Department of Water Supply and Sewerage (the lead agency) and the Environmental Sanitation Section of DWSS, together with DFID-Nepal, UNICEF, WaterAid, the ADB, the World Bank and a number of key national NGOs have all stated their support for the work.

In **Ghana**, support for the work has been expressed by key sector agencies, including the Ministry of Local Government (Environmental Health division), Com-

munity Water and Sanitation Agency (CWSA), DFID-Ghana, UNICEF, WaterAid, and DANIDA.

- *Produce Inception Report*

In addition, an initial analysis of the form and content of the EHP Guidelines has been carried out and this has been used to inform an initial desk study analysis of eight sanitation policy documents from seven countries. Further details are described in Section 2.2.

2. Initial activities and findings

2.1 Introduction

A number of activities have already been carried out to inform this Inception Report and prepare the ground for the country case studies. These include:

- a) *Collection and assessment of sanitation policy documents from a number of countries.*
- b) *Contacts with potential collaborators in a number of countries, leading to the identification of Ghana and Nepal as the preferred case study countries.*
- c) *Field visits to both Ghana and Nepal, during which discussions have been held with key stakeholders, including government officials, representatives of national and international NGOs that are working in the sanitation field and representatives of international agencies that have been involved or are interested in policy formulation and improvement.*
- d) *An initial review of the structure and content of the Guidelines.* This review pays particular attention to key DFID concerns, including the way in which they deal with poverty, gender and livelihoods issues.

In this section of the report, we provide the summary results of our initial knowledge review. More detailed information on the results of this review is given in Appendix 1. Further information is then given on the proposed partner organizations and countries.

2.2 Knowledge review

Definitions and concepts

The term 'policy' is used in slightly different ways in different contexts. In order to put the EHP Guidelines and the research itself into context, one strand of the knowledge review has involved efforts to clearly define what we mean by terms such as 'policy', 'policy context' and policy-making 'process'.

Dictionaries define policy as a plan of action adopted by a person, group or state. FAO (1995) gives the definition '*a declared intention and course of action adopted by government, party, etc., for the achievement of a goal*'. In practice, the term policy is commonly used to mean the document in which the decisions and the course of action to which they are intended to lead are enshrined.

Webster's dictionary also includes a definition of a policy as '*a projected programme consisting of desired objectives and the means to achieve them*'. This is close to the definition given by the EHP Guidelines themselves – '*policy is the set of procedures, rules and allocation mechanisms that provide the basis for programs and services*', at least in so far as programmes can be viewed as allocation mechanisms. Despite this, the EHP Guidelines do go on to view policies, at least implicitly, mainly as written documents.

One way to resolve this uncertainty about what precisely we mean by policies is to distinguish between the policy itself - the written statement that defines the overall plan of action, and the policy context or policy environment - the written policy plus the legislation and regulations that support it. Indeed, it may be appropriate to extend the term policy context to include the attitudes and assumptions of those who are responsible for developing policy and policy-supporting instruments (Tayler et al 2003: 48).

A related issue is the need to distinguish between policies, strategies, programmes and projects. Because definitions are imprecise and vary, there are some overlaps in the ways in which these terms are used. In general, it can be said that a policy is normally an overall statement of intent, including a broad indication of how that intent can be turned into reality. A strategy is defined by FAO as '*a set of chosen short, medium and long-term actions to support the achievement of development goals and implement...policies*'. (FAO 1995). The key difference suggested by this is that policies are not normally time-related whereas strategies must relate to a specific time frame. Programmes are planned sequences of events, generally with more specific objectives than policies and strategies. Projects are normally one-off events, again focusing on specific objectives. To be effective, both programmes and projects should normally be formulated within the context of an overall policy and strategy.

Policy development – a national or local responsibility?

Policies are normally set at the national level. At first sight, there is no reason why they should not be developed at a more local level, particularly in genuinely decentralized administrative systems. Some commentators and some of those interviewed during initial site visits emphasize the importance of developing local policies, arguing that national level policies are too remote to have much impact upon the realities of service provision. Indeed, inspection of web-sites shows that local authorities in countries such as Britain do publish policies on issues such as housing and transport. However, further inspection reveals that these policies are usually framed in the light of the policies that have been developed by central or regional government. All but one of the policies collected in the course of the first phase of the project have been national policies. A search of municipal web-sites revealed only one municipal policy, that for Johannesburg in South Africa, published in 2002 (http://www.joburg.org.za/planning/sanitation_policy_final.doc).

Initial assessment of EHP Policy Guidelines

An initial assessment of the EHP policy guidelines has been carried out. Full details of this assessment are contained in the full knowledge review in Appendix 1 to this report. The main findings of this assessment are set out below.

The Guidelines document is divided into five chapters as follows:

Chapter 1 provides basic definitions, identifies the target audience, sets out the document structure and identifies the core questions to be answered in any assessment of sanitation policies. These questions cover the policies themselves, how

they are translated into programmes and how effective they are in improving services.

Chapter 2 provides guidance on the collection of background information.

Chapter 3 sets out a series of key questions relating to various aspects of existing sanitation policies and programmes and the context in which they operate. It is intended to provide guidance during the main assessment exercise.

Chapter 4 is concerned with the processes that need to be followed in order to assess national sanitation policies. It provides guidance on how and when the information listed in Chapters 2 and 3 should be collected.

Chapter 5 provides guidance on building on the assessment – in effect it is about what to do next to ensure that the assessment leads to meaningful action.

The Guidelines focus on the needs of rural communities, small towns and the urban poor. They are concerned with the needs of households and do not explicitly cover the needs of schools and other institutions.

The framework for assessment of the Guidelines is built round a number of questions, some of which are generally applicable and some of which relate to DFID's specific concerns. These questions are:

- Is the proposed methodology sound?
- Is the process set out in the Guidelines easy to follow?
- How does the methodology deal with poverty?
- Do the Guidelines provide clear guidance on the steps to be taken to act upon the findings of the assessment?
- What, if any, additional information could usefully be included in the Guidelines?

Initial conclusions are as follows:

The methodology is essentially sound. It involves a three step process, moving from basic data collection, to contacts with key stakeholders, to conclusions and reporting. The arrangements proposed for carrying out the assessment appear to be broadly realistic although it is questionable whether the one week allowed for initial data collection will be sufficient. The main issues appear to relate to the steps to be taken after completion of the assessment to ensure that its findings lead to real change on the ground. In this respect, it is already clear that the field testing should be as much about the *process* within which the assessment is carried out as with the assessment itself.

The process set out in the Guidelines is rather difficult to follow. The main reason for this is the Guidelines structure. Chapter 4 deals with the assessment methodology, including process advice for carrying out the assessment. Chapter 5 includes a Figure setting out the overall process to be followed in the development of national

sanitation policies. The structure of the guidelines could be improved by placing this material close to the beginning of the Guidelines, thus providing the context within which to place information on what to do at each stage in the policy review process.

The Guidelines explicitly target the urban poor. In the case of the other two target groups, rural communities and small town dwellers, the poverty focus is implicit rather than explicit. No specific mention is made of livelihoods, although sanitation clearly has an impact on the livelihoods of poor people in so far as improved sanitation leads to better health and an increase in human capital. It is also possible that shared action to provide some forms of sanitation facilities could contribute to the development of social and political capital.

The Guidelines make a general reference to the need to take gender issues into account but provides no specific guidance on either how gender aspects of sanitation policies might be assessed, or how the assessment team might be constituted to ensure that it pays adequate attention to gender issues.

Chapter 5 of the Guidelines is concerned with the action to be taken to build on the assessment. A check-list of steps is given, starting with the creation of a task force or similar to guide the development of policies, moving on to the development and implementation of a strategy for policy development and communicating the results of outcomes to the public and other stakeholders. The research will need to explore whether the guidance provided is sufficiently detailed and whether it takes sufficient account of possible constraints caused by institutional rigidities and vested interests. These issues will be explored in the course of the fieldwork, as will the question as to whether additional information could usefully be included in the Guidelines.

Review of existing policies

A review of existing national policy documents has been undertaken. This covers Bangladesh, Cambodia, Ghana, Indonesia, Nepal (1994 and 2000), South Africa and Uganda. Our analysis is based on questions about the key elements of the policy contained in Section 3 of the EHP Guidelines (see A1.3) with some general questions added to provide background information on the scope of the policy and when and how it was produced. Information on the context within which the policy document was prepared and the legislation and procedures that support it is considered only in so far as that information is obtainable from the policy document itself. A table of the results of the initial analysis is shown in Appendix 1. The main findings are listed below.

- None of the policies attempts to quantify targets or identify the resources to be budgeted for sanitation improvements in anything other than a very general way.
- Few of the policies examined provide anything more than a very general assessment of the existing situation in the country to which they relate. Some reflect the current thinking and priorities of international agencies. (The Guidelines do not explicitly refer to an assessment of the existing situation but Section 2 suggests the need to collect background information in order to be able to assess policies).

- Some, but not all, policies make reference to the specific needs of the target groups identified in the Guidelines. In most cases, the reference is to the needs of some but not all of the groups defined by EHP. So, for instance, the introduction to the Uganda policy makes reference to the needs of urban and peri-urban populations, while the South Africa policy focuses on the needs of rural communities and informal settlements. However, few make reference to programs and budgets targeted at these groups and even these references are very general.
- None of the policies specify minimum service levels (Section 3.5 of the Guidelines), although broad reference is given in the South Africa policy.
- In most cases, neither the Ministry of Health or the Ministry of Environment has been specifically mentioned as being involved in the preparation of policy. The exceptions are South Africa, where both ministries were represented in the Task Team that developed the policy, and Uganda, where the Ministry of Health is the lead agency.
- Most of the policies reviewed have a specific concern with health. The Nepal (2000, draft), South Africa and Uganda policies provided background information on the types and magnitude of health problems arising from poor sanitation.
- Similarly, most include general references to the need to protect the environment but none gives any indication of the magnitude of sanitation-related environmental problems.
- Few of the policies provide any indication of the cost of meeting sanitation needs. (The South African policy does provide information on the maximum capital and O&M cost per household).
- Most policies allow for some subsidy of capital costs. The Ghana policy explicitly allows for financial allocations from national government to subsidize the recurrent costs of municipal systems. The Uganda policy states that capital subsidy should be allowed for the poorest people, those living in areas with poor ground conditions, tenants and people in transit.
- The Nepal, South Africa and Uganda policies refer to the need to fund hygiene education. However, only South Africa defines what the subsidy should be (R600 per household) and identifies its source (Department of Water Affairs and Forestry).
- Most policies provide general rather than specific guidance on institutional policies and roles. Some provide general guidance on the options for correcting institutional weaknesses. Most, but not all, policies identify a lead agency for coordinating sanitation activities. The South Africa policy is the only one to clearly identify roles and responsibilities for related government ministries (Ministry of Health, Education and so on).
- Most policies recognise the need to take account of concerns relating to both 'hardware' and 'software' aspects of sanitation provision. In some cases, there is a good balance between these concerns while in others the focus is mainly on software aspects of provision. While software aspects may dominate in the wording of policy, allocation of budgets, roles and responsibilities, together with specific aspects relating to hygiene education are not clearly identified. The concern for software may therefore be more theoretical, responding to

perceptions of current best practice, rather than enabling action at the community or household level.

These findings will be used to prepare a short briefing note for the country studies in Ghana and Nepal.

2.3 Potential partner countries and organisations

This section reports on the initial visits to Ghana and Nepal; these countries had tentatively been identified as suitable locations for the field studies following discussions with DFID and their partner agencies. The objectives of the visits were as follows:

- to carry out a rapid institutional mapping of agencies with responsibility for sanitation policy development and programme implementation;
- to hold an initial round of meetings with key stakeholders to explain the objectives of the research and to gauge their interest in the work;
- to identify opportunities for the research to work in collaboration with and in support of policy development processes already underway in-country; and
- to identify potential partners for carrying out the field work.

Both visits were carried out in November 2003; a report of each visit is available from WEDC and will be accessible via the project website in due course.

Nepal

Nepal's sanitation policy history

Nepal's Ministry of Housing and Physical Planning (now the Ministry of Physical Planning and Works) developed a National Sanitation Policy in 1994. In the intervening years, Nepal has taken significant steps to raise the national profile of sanitation, while aiming to develop more effective policy. The 1994 policy was revised in 2000 by a team comprising a consultant, the Environmental Sanitation Section, Department of Water Supply and Sewerage, (ESS/DWSS) and UNICEF. Preparation of the policy involved wide stakeholder consultation, but this 2000 draft policy has never been formally approved. Recent developments in 2002 have seen a further revision to the 2000 draft, and this 2002/3 draft version is undergoing further review.

While integration of water supply, sanitation and hygiene education has been promoted and developed for some years in Nepal, there remains a huge gap between coverage for water supply and that for sanitation – up to 50% in some areas. There remains a need for sanitation-only promotion to be addressed.

The current policy environment

The current sanitation policy environment in Nepal is dynamic and changing.

25 representatives of a range of key stakeholders (including UNICEF, Ministry of Physical Planning and Works (MPPW), WaterAid, NEWAH, the Rural Water Supply and Sanitation Fund Development Board (the Fund Board), Red Cross, Plan International, National Water Supply and Sanitation Corporation, Ministry of Education, FINNIDA and others) attended the South Asian Conference on Sanitation

(SACOSAN) in Dhaka, October 2003. The Ministerial Declaration of the conference was signed-up to by the Honourable Minister for Physical Planning and Works – the lead agency in sanitation provision. This has raised awareness and renewed commitment and motivation throughout the sector, with an agreement to revise the latest draft sanitation policy in light of outcomes of the conference.

The revised draft National Sanitation Policy (2002) was submitted to Cabinet for approval prior to the conference, but was returned for integration of outcomes of the Dhaka Declaration (2003) and further discussions around a Total Sanitation award scheme and consistency in subsidy modalities. This 2002 policy is currently being reviewed, primarily by ESS/DWSS and UNICEF, who intend to hold a further stakeholder consultation workshop in January 2004, to gain final agreement and acceptance so that the policy is ready for submission to the Cabinet for approval by July 2004.

Perhaps as a result of this recent activity, there is a degree of confusion between stakeholders as to the current status of the draft National Sanitation Policy, particularly in respect of its relation to the Rural Water Supply and Sanitation Policy, which has recently been revised and submitted to Cabinet for approval. For example: will there be two separate policies or will the National Sanitation Policy be replaced by specific guidelines for sanitation implementation? *It is apparent that greater attention needs to be given to the process of policy development*, in addition to considering the content. There is a clear opportunity for this research project to support the process of policy development.

Institutional arrangements

Currently, responsibility for implementation of water and sanitation crosses over 2 ministries – Ministry of Local Development (MLD) for smaller projects (<1,000 population) and Ministry of Physical Planning and Works (MPPW) for larger projects. As part of the national decentralisation process, both ministries are undergoing changes in roles and responsibilities from implementation to facilitation. District-level organisations (Divisional/Sub-divisional Water Supply and Sanitation Offices and District Development Committees) will take on greater responsibility for implementation.

While MPPW is currently the institutional home for coordination, the latest draft policy (2002) identifies DWSS (housed within MPPW) as the lead agency, with ESS taking on the focal role of national coordination, supervision and monitoring.

A significant amount of implementation is carried out with the support of international agencies and donors – primarily WaterAid, UNICEF and DFID, the World Bank, ADB and FINNIDA. It is important that these stakeholders are involved in the policy development process.

Representation and contribution to policy development

Nepal has a history of developing good written policy, but poor implementation has not delivered the desired outcomes. This is influenced by many factors, including the rapid change-over that constantly affects key government staff, the lack of locally

elected government and therefore meaningful consultation and buy-in at the district level. There is a danger that policy remains centralised and the debate does not reach local government levels where responsibility for implementation lies.

Co-ordination with other relevant sectors (Health, Education, Local Development, etc.) is stated by MPPW as being an essential part of policy development, but in practice this does not appear to occur at Department level in any formal way. Effective consultation could provide strong links to other sector policies and strategies, ensuring that sanitation policy is not isolated from current targets and action plans within related sectors (setting health priorities, developing the school curriculum, establishing environmental protection regulations and so on).

There appears to be very limited representation of the local NGO community in national-level policy consultation. NEWAH (Nepal Water for Health) seem to be the only NGO that is actively involved in the consultation process, while there are more than 400 NGOs involved in water and sanitation in Nepal. As NGOs are significant implementers of sanitation programmes and projects throughout Nepal, their involvement provides a potentially effective means of representing the voice of households in the national consultation processes.

Linking policy to implementation

Key issues that can support the implementation process include effective monitoring, dissemination of information and consultation that ensures active contributions from all stakeholders. The policy review process needs to encourage a sense of ownership by the relevant organisations, with commitments to ensure that the policy process learns from experiences within a changing environment.

Support for the policy assessment research

Key local stakeholders in Nepal have shown a strong interest in supporting this research. One-to-one stakeholder consultations were carried out during the visit to discuss the policy assessment research. A combined meeting was held to provide an opportunity to feed-back initial findings from the consultations, as well as for stakeholders to express their views and opinions in a shared forum.

During the meeting, a number of key agencies and DFID partners expressed their support for and willingness to collaborate with the research programme; the work is timely because it is taking place at a time when the national sanitation policy is under review.

- MPPW and ESS/DWSS (government) stated their interest in the policy assessment research operating in parallel to the ongoing policy review process;
- DFID-Nepal (donor) see sanitation policy as a priority area for their ongoing support to NGOs working in Nepal;
- UNICEF (donor, key support to government and major implementer) sees the research as an opportunity to learn from international experience, as it supports the process of policy review in Nepal;

- Helvetas (national NGO) sees that the process can have applications to other sectors.

Ghana

Policy context

The Ghana National Environmental Sanitation Policy was prepared by the Ministry of Local Government and Rural Development on the directives of the President, and was approved by Cabinet in April 1999 under the Local Government Act. On the advice of the Cabinet Social Sector Sub-Committee, additional directives were issued for establishment of a national Environmental Policy Co-ordinating Council to expedite the implementation of the policy, (MLGRD 1999)¹

The additional directives also indicated that the mode of payment for sanitation services should be such that it generates funds to meet the cost of sanitation services. It made it mandatory for all households to have domestic toilet facilities and for an Environmental Sanitation Day to be established and celebrated every year. On the same note, Metropolitan, Municipal and District Assemblies were directed to make bye-laws to regulate environmental sanitation in their area of jurisdiction. Sanitation issues have been generally recognised and receive a high level of political support. It is highlighted as one of the key elements underlying health and development in Ghana's programme of economic and social development termed, "Vision 2020". The issues of sanitation were also mentioned as one of the key areas in the recently formulated Poverty Reduction Strategy Paper.

Institutional roles and responsibilities

Several government institutions are involved in sanitation in Ghana. These have been divided into the "principal sector agencies" with direct responsibility for aspects of environmental sanitation and the "allied sector agencies" which play a supporting role. The MLGRD is the lead agency charged with co-ordinating and formulating the environmental sanitation policy, developing and issuing technical guidelines, and promulgation of national legislation to local assemblies. The Metropolitan, Municipal, and District Assemblies are tasked with implementing sanitation under the local government act.

Other key government agencies involved in sanitation are the Community Water and Sanitation Agency (CWSA), which was established by the Community Water and Sanitation Agency Act (Act 564), but is not mentioned in the policy document. The act setting up CWSA restricted them to small towns and rural sanitation in relation to water supply and hygiene (excreta management). On the other hand, the Environmental Health and Sanitation division of the MLGRD also gives them the mandate for comprehensive environmental sanitation, including excreta management.

Others agencies include the Ministry of Works and Housing, from which CWSA was created; Ministry of Health, Ministry of Education; Ministry of Environment, Science

¹ Ministry of Local Government and Rural Development (MLGRD), 1999 *Environmental Sanitation Policy*, Government of Ghana

and Technology, (MEST), which is responsible for setting standards and guideline for environmental quality and is one of the “allied sector agencies” mentions the policy. The National Environmental Sanitation Policy Co-ordination Council, made up of all representatives from all stakeholders including the NGOs and private sector groups, is tasked with the responsibility of co-ordinating policy and efforts of all stakeholders.

The lack of clarity of institutional responsibilities is a major weakness of the policy. The Community Water and Sanitation Agency currently play a major role in delivery of sanitation using a strategy independent of the national policy, which mandates them to take the responsibility for sanitation provision in small towns and rural areas. Although CWSA is not mentioned in the policy, they are key in facilitating sanitation delivery at the level of local government, who have been given the sole responsibility of implementing sanitation in their areas. The local governments’ administrative structure is such that they report directly to the MLGRD, which explains the reason why the leadership role for sanitation is vested in the MLGRD.

The key concern with institutional responsibility for sanitation is the obvious fragmentation of responsibilities for urban, rural, small towns and schools. Of a greater concern is the obvious poor linkage between the MLGRD and CWSA. It is therefore necessary that the policy is reviewed and that all key stakeholders are involved in the process to ensure that there is a clear definition of roles and responsibilities.

Representation in policy development

The high political support received by sanitation issues notwithstanding, it does not seem that the National Sanitation Policy is used for programming and delivery of sanitation services. This may be due to the fact that the policy was prepared with the aid of external consultants, with little involvement of other sector stakeholders. The policy was reprinted in November 2001 without much modification. Many sector stakeholders, including international NGOs, are not aware of the existence of the sanitation policy, thereby developing and implementing projects independent of the policy.

Support for policy assessment research

Major stakeholders in Ghana have indicated a keen interest in supporting the research. Individual meetings were held with various stakeholders who expressed interest in seeing that the current policy situation and programming is harmonised. The increased interest in sanitation by the Government of Ghana, and donor agencies such as DANIDA calling for a harmonised policy, makes this research very timely and able to support the process. The stakeholders who have expressed keen interest for the work to continue in Ghana include:

- Ministry of Local Government and Rural Development (MLGRD) (Environmental Health division);
- Community Water and Sanitation Agency (CWSA);
- DFID-Ghana;
- DANIDA;

- WaterAid; and
- UNICEF.

2.4 Sources of data

The sources of information for the project fall into the following categories:

- a) The EHP Policy Guidelines themselves
- b) Existing sanitation policies
- c) Background information relating to sanitation conditions, problems, resources and issues in the two case study countries.

The first two are already available and no issues arise in relation to their accuracy. The availability of background information will be explored as part of the research process. In the event that any particular piece of information is not available, this will be a factor to be considered in relation to the process proposed by the Guidelines rather than a constraint upon the research.

3. Project planning

3.1 Review of Project purpose and outputs

A review of the purpose and outputs of the project has been undertaken and the results are tabulated in the OPR form included in Appendix 2.

3.2 Implications of initial findings for remainder of project

Initial findings indicate that the proposed methodology remains appropriate. However, an important finding that has emerged from the initial discussions is that a key barrier to effective policy is its translation into practice – the implementation of policy. It is apparent that as the assessment work continues, increasing emphasis needs to be given to the *process* aspects of policy development, rather than to the detailed content of policy documents and the EHP Guidelines themselves.

There is strong interest and support for this research from key stakeholders, including DFID and its partners, in both Nepal and Ghana. We recommend that the work takes place in these countries.

3.3 Planned activities

Nepal

Nepal provides an opportunity for the research to be carried out in a dynamic policy environment. While this will bring challenges for the research work, it is also valuable for informing and responding to the current process. To match the anticipated timeframe of the policy review, it is necessary that we mobilise the work without delay.

The following issues need to be addressed as the work progresses:

- build on the enthusiasm and interest of the key stakeholders;
- to encourage wider contributions in the policy review process, further consultation is necessary with NGOs, within the Ministries of Education, Health, Local Development, etc. – at departmental and local government level – and the private sector;
- team members participate in the proposed government-led policy review workshop (January/February 2004), contributing to both the review process and content of the policy. UNICEF has expressed particular interest in our support for the workshop; and
- maintain close liaison with key partners, including DFID, UNICEF, MPPW and ESS/DWSS to ensure co-ordination with developments taking place within Nepal.

Ghana

Ghana provides an opportunity to conduct the research in a country where there is keen interest within the sector to harmonise sanitation programming. The sensitive

nature of the policy situation in Ghana is a major challenge for the research but will provide a good learning experience for many other countries that have a sanitation policy that is not widely accepted and not used for programming. Some of the key issues that need to be addressed as the work progresses include;

- continue to build the interest of the key stakeholders especially the MLGRD and CWSA;
- in-country partner, in collaboration with the research team, conducts a thorough analysis of all the existing legislation and strategies on sanitation;
- encourage increased participation of other stakeholders such as donor agencies, NGOs, Ministries of Health, Education and Environment, District Assemblies (Environmental Health Unit) in the review process; and
- in-country partner, in collaboration with the Ministry of Local Government and Rural Development, CWSA and the research team, organises a policy review workshop early next year.

Next steps

The planned next steps for both Nepal² and Ghana are as follows:

- a) Approve in-country collaborators to continue the policy assessment process.
- b) Discuss and agree the objectives, steps to be taken and expected outcomes with the in-country consultant (ToR and proposal to be agreed by the Project Manager prior to further work continuing).
- c) For Nepal: In-country collaborators to be actively involved in the current policy review process, addressing the issues identified above.
- d) Plan a workshop to be held at an appropriate stage during policy assessment consultations
- e) In-country collaborators, with support from project team to:
 - review existing laws, regulations and policy frameworks;
 - assemble current data on sanitation needs and coverage;
 - carry out further detailed consultation with stakeholders, to address the Key Elements in National Sanitation Policies (as identified in Section 3 of the EHP Document);
 - prepare a draft report of the findings; and
 - set-up an in-country workshop to enable: presentation of findings to stakeholders, in-depth discussion on the process and outcomes, approval of

² Note: The process of policy review is on-going in Nepal; this presents a not-to-be-missed opportunity to integrate this research with events taking place in the sector. To keep in step with the ongoing policy review, it is recommended that steps a) and b) are completed by January 2004, steps c) and d) respond to the current environment and step e) is carried out between January 2004 and July 2004.

revisions and additional contributions to a final report. Facilitation of the workshop to be jointly by project team and collaborators.

3.4 Additional activities

Within the broad framework of the research, no additional activities are envisaged at this early stage. The detailed activity plan recognises the fact that, as we are working with key stakeholders in the country case studies, the assessment needs to respond to the pace at which processes are moving in these countries. This has particular relevance in the case of Nepal.

3.5 Project team review

The core project team (Andrew Cotton, Kevin Tayler, Amaka Obika and Rebecca Scott) remains unchanged. Local partners have been identified to support the country case studies, although they are yet to be officially appointed to carry out this work. The main contacts are as follows:

Nepal: Guna Raj Shrestha, Managing Director, Development Network (P) Ltd, Kathmandu. Guna Raj has 15 years experience working in the water and sanitation sector in Nepal. He was involved in development of the 2000 National Sanitation Policy (draft) and acted as the sanitation and hygiene education policy advisor during the ADB-PPTA process. Greg Whiteside, independent consultant, Kathmandu will be available to provide back-up support as appropriate.

Ghana: Steve Ntow, Programme Manager, WaterAid Accra, Ghana. Steve has over 17 years experience working in the Water and Sanitation sector in Ghana. He worked with the Ministry of Health for over 10 years and was part of the team that reviewed the draft of the sanitation policy and other legislative documents on sanitation in Ghana. He is currently in charge of sanitation, hygiene and advocacy for WaterAid in Ghana. Aissa T. Sarr, the WaterAid Country Representative in Ghana will provide backup support.

3.6 Review of risks and assumptions

Three risks were identified in the project proposal (Section 3.3). These were:

- *Draft Guidelines and tools not ready in time for beginning of research.* This risk no longer exists. The Draft Guidelines were ready well in advance of the beginning of the research.
- *National, state and local government organizations unwilling to collaborate in the research.* The proposal states that this risk will be managed in two ways, first by identifying a long list of countries in which the research might take place, proceeding only in those in which stakeholders then express interest, and using WEDC's contacts with collaborating organizations to ensure that governments are interested in collaborating. These procedures have been successful and there is currently strong interest among stakeholders in both Ghana and Nepal in collaborating with the research. So, the level of risk of non-cooperation is assessed to be very low.

- *Governments unwilling to give priority to the development and implementation of effective sanitation policies.* The first part of this risk is negligible. Both Ghana and Nepal have developed sanitation policies and are engaging in efforts to improve those policies. Problems with implementation are clearly greater. Initial contacts in both countries have already revealed that the greatest problems relate to policy implementation. These risks are being addressed by:
 - emphasizing the process nature of policy development and implementation;
 - engaging with as wide a range of stakeholders as possible in order to develop wide support for the policy development and implementation process; and
 - developing strong relationships with key champions of this process, including UNICEF, WaterAid and government agencies in Nepal and Ghana.

3.7 Proposed adjustments

No adjustments to the approach and workplan set out in the proposal are envisaged.

4. Monitoring, evaluation and uptake strategy

4.1 Review of monitoring indicators

The review of the monitoring indicators reveals no reason to change them. The indicators provide clear benchmarks against which the progress of the project can be measured. Comparison between the times when outputs are achieved and those when they are meant to be achieved will be used to manage the progress of the research. The research process to be adopted has a number of important quality control features built into it. For example:

- launching the website in month 4 and mounting all interim outputs provides an opportunity for wide ranging comment and review from sector researchers and practitioners. WEDC pioneered this approach in earlier KaR projects and included relevant feedback into final versions of outputs;
- the process nature of the work involving workshops acts as a good way of moderating findings; and
- final outputs will be formally reviewed.

4.2 Dissemination strategy

Key dissemination elements

Two key elements will inform the dissemination strategy (Saywell and Cotton, 1999). These are the need to:

- improve access to the outputs; and
- ensure the comprehensibility to those outputs to different audiences.

In order to improve access to reports and other project outputs, we will explore a variety of channels for disseminating these outputs. Improved comprehensibility can be achieved by firstly disseminating appropriate versions of information in response to the information needs of target audiences, and secondly by producing work that conforms to agreed elements of content, style and format.

Promotion pathways will include DFID newsletters, ID21, Eldis and the DFID Child Health and Environmental Health internet room, a proposed themed issue of 'Water-lines', and selected dissemination contacts such as local/regional resource centres, World Bank regional Water & Sanitation Programmes and UNICEF. We propose to monitor the take up of project outputs; if there is sufficient demand we could subsequently organise publication of key findings in local language as a component of any additional dissemination activities subject to demand.

Target audiences for policy-relevant outputs

An important element of the dissemination process is recognition of the different potential audiences for the outputs, the range of information content and formats which

various audiences might need and the most appropriate mechanisms for delivering that information. The latter requires an understanding of the information and technical resources at the disposal of particular groups of information users.

There are two key audience groups for the outputs:

- Those that are internal to DFID, including sector advisers and programme managers working with partner governments and on operational DFID projects.
- Those that are external to DFID, including project partners; officials, politicians and civil society representatives who are involved in sanitation policy development, other bilateral and multilateral donor agencies; sector resource centres in the north and south.

DFID audience

Several sub groups can be defined, for example:

- sector advisers with a clear specialist interest in the content, including Environmental Health, Water, Sanitation, Child and Maternal Health; the outputs should assist them to promote and advocate inclusion of sanitation in DFID's country/regional programmes and also in the programmes of those multilateral agencies which receive DFID support;
- a wider group of advisers from different sectors who do not necessarily have a specialist interest in sanitation, but for whom the content of the work can add value to their advisory inputs through demonstrating the relevance of the content to the MDGs. Examples include education (e.g. the role of school sanitation), urbanisation (e.g. sanitation in slums) and the environment (e.g. the 'brown agenda'); and
- country/regional programme managers who do not have sector-specific responsibilities but who need to be convinced of the importance of including sanitation in their programmes as a means of achieving targets, which are directly related to the MDGs.

Wider audience

An important objective of DFID work is to influence policy agendas in relation to achieving the MDGs. This can involve links "upwards" to target multilateral agencies and IFIs, and "downwards" towards sector programmes at the country level.

DFID programmes are increasingly moving towards budgetary support for national governments, including mechanisms such as 'basket funding' to which different donor agencies contribute. This implies much less direct control by DFID over detailed programme/project management at the country level. Thus, policy makers in national government are a fast-growing audience for targeted KaR outputs in order to advocate and promote sector programmes broadly and sanitation in particular. It is therefore critical to define these policy-making groups at the national level. WEDC has an important comparative advantage here in that our local network partners (e.g. through WELL), in conjunction with the experience of the core team, can provide unique insight into identifying target audiences.

We have to define those groups for whom policy-relevant information is necessary and it is important to realise that this does not just imply targeting at the international and national levels. The ultimate test of policy is that it delivers results on the ground; therefore we have to ensure that the policy implications of the work are disseminated at the local level; that is, in a form appropriate for use by local government (e.g. municipal or rural district). Table 1 suggests some examples of target groups in relation to the project outputs (see Section 1.3).

4.3 Impacts to date

No negative environmental, socio-economic or institutional impacts have arisen as a result of project activities to date.

Table 1. Examples of target audiences

Audience for policy	Potential roles	Information need	Project output (refer to Section 1.3)
<i>International</i> Note: designations will vary by institution			
Sector programme managers	Developing institutional policy for the sector	Summaries of key issues, policies and programmes which have worked	Output 4
Specialist sector advisers	Advising on sector policy and programmes in sanitation	Details of issues, policy implications and examples of good practice which can advise policy and programme development	Output 4
<i>National</i>			
Politicians & ministers	Responsible for establishing policy	Short policy briefs	Policy brief based on Output 4
Policy Directors and specialist advisers to ministers	Responsible for making political ideas operational. Compile the evidence from specialist groups to define the policy and develop programmes in line with the political agenda of the government	Short policy briefs Summaries of key issues, policies and programmes which have worked	Policy brief based on Output 4
Programme Directors	Responsible for delivering programmes with targets, allocation budgets, defining programme rules and procedures	Summaries of key issues, policies and programmes which have worked	Output 4
Specialist groups	Prepare detailed material as evidence to support the case for adopting particular approaches to policy and programmes	Details of issues, policy implications and examples of good practice which can advise policy and programme development	Output 3 Output 4
<i>Local</i>			
Politicians	Responsibility varies enormously according to the extent of decentralisation. An example would be a city Mayor in Colombia	Short policy briefs	Policy brief based on Output 4
Senior administrators	Responsible for devising strategies, mobilising programmes and developing operational procedures for implementing national policies at the municipal or rural district level. An example would be the District Collector in India	Summaries of key issues, recommendations on how to translate policy into workable programmes at local level	Output 4
<i>Wider interest groups</i>	Civil society groups, NGOs, researchers (not prime target groups)	Varies: audience likely to come across the material "by accident"	Output 2 Output 3 Output 4

Appendix 1.

Knowledge Review

There is very little published information about sanitation policy; what there is (up to 2002) has been reviewed and analysed in the EHP Guidelines and this is reflected in our review and analysis of those guidelines (Section A1.3). Our review of primary sources has therefore focused on identifying, obtaining and analysing actual national policy documents and is summarised in matrix format (Sections A1.4 to A1.6).

A1.1 The problem

In recent years, many external support agencies and some national governments have recognised the need to pay increased attention to sanitation needs, especially those of the poor. Efforts have been made to promote sanitation, create political will in support of sanitation programmes, evaluate existing projects and programmes and implement and document pilot sanitation initiatives. Overall approaches and strategies for sanitation improvement have been developed, most notably the Water and Sanitation Program's Strategic Sanitation Approach (SSA) (Wright, 1997) and the household-centred approach to sanitation provision (Schertenleib, 2000).

Despite these efforts, sanitation coverage still lags far behind water supply coverage throughout the developing world. More than 2.4 billion people worldwide lack access to improved sanitation (WHO/UNICEF 2000). Most of these people live in Africa and Asia, around 80% in rural areas although rapid urbanisation means that inadequate sanitation is a rapidly growing problem in low-income urban areas. At the World Summit on Sustainable Development, held in Johannesburg, South Africa in 2002, a target of halving the number of people without access to basic sanitation was agreed. However, achieving this target will not be easy. It has been estimated that it will require the provision of new services to around 400,000 people every day between now and 2015 at a cost of between US\$19 billion and US\$34 billion per year, depending on the approach taken³. There must be some doubt about the precise accuracy of these figures but they do illustrate the scale of the challenge faced by all those who are involved in efforts to expand and improve sanitation services in poor countries.

In order to have any chance of meeting this challenge, it will be essential to identify and deal with constraints. One of these is the lack of clear national policy frameworks – sanitation policies and that rules and procedures that flow out of them. National policies can serve as a key stimulus for local action, serving to set priorities for translating sanitation needs into action and creating the conditions in which sanitation can be improved. They provide the framework within which various stakeholders, including national, state and municipal government agencies and private and non-profit sector organisations can operate. In particular, they can provide

³ Figures quoted in Water Supply and Sanitation Global Assessment press release dated 9th February 2002

strong incentives to ensure that stakeholders treat sanitation as an important issue and respond to sanitation needs in a strategic way (GHK Research and Training 2003).

A1.2 The EHP initiative and its objectives

Recognising the importance of good policy, the Environmental Health Project (EHP) of the US Agency for International Development (USAID) produced a document entitled 'Guidelines for the Assessment of National Sanitation Policies' in May 2002 (Elledge *et al* 2002). This is available as a pdf file from the internet at: http://www.ehproject.org/PDF/Strategic_papers/SRSanPolFinal.pdf

The document, which we will henceforth refer to as 'the Guidelines', defines sanitation as 'facilities and hygienic principles and practices related to the safe collection, removal, or disposal of human excreta'. Note that the term sanitation is used in relation to human excreta rather than in the wider sense that includes storm drainage and solid waste disposal.

The Guidelines defines policy as 'the set of procedures, rules and allocation mechanisms that provide the basis for programs and services'. It later refers to written policy documents, and uses the term policy framework to refer to the wider context within which sanitation initiatives are implemented. In addition to existing laws, legislative acts, decrees, regulations and official Guidelines, the policy framework also includes current political concerns, as defined by presidential statements, electoral promises and public activism.

The stated purpose of the Guidelines is to '*provide a practical tool to assess the effectiveness of sanitation policies in order to improve and expand sanitation services for the underserved*'. Its intended audience includes policy-makers in national governments and staff and consultants of donor agencies that provide support for policy efforts. The assessment is seen as only the first step in the development of effective sanitation policies. Following the assessment, the policies themselves will have to be developed and/or refined, capacity will have to be developed to implement them and resources identified to fund them.

The Guidelines are intended to guide the assessment process and facilitate ownership of the policy process. They stress the need to engage a wide range of stakeholders, including donor organisations, government institutions and civil society organisations, in the policy development process. They also stress that the assessment will only have value if it is seen as the first step in a sanitation policy formulation or reform process. In effect, the assessment provides a picture of the 'where we are now' in relation to sanitation policies but there will still be a need to decide the actions to be taken to fill gaps and address deficiencies.

A1.3 Structure, focus and content of the Guidelines

Introduction

In this sub-section we review the EHP Guidelines, focusing first on their structure and content, moving on to consider their focus and then setting out an overall framework for assessing the Guidelines.

Guidelines structure and content

The Guidelines document is divided into five chapters as follows:

Chapter 1 – Introduction This explains the need for the Guidelines, provides basic definitions, identifies the target audience, explains the assumptions underlying the Guidelines and sets out the document structure. It identifies four core questions, which must be answered in any assessment of national sanitation policies.

- What are the national sanitation policies?
- How adequate are these policies?
- How are these policies translated into programs? and
- How effective are these programs in improving services?

Chapter 2 – Background Information This explains why background information is needed and then provides guidance on the information to be collected prior to the start of the field assessment. This information can be divided into three broad categories:

- Statistics – particularly those on population, health indices and water and sanitation coverage.
- Financial data relating to program and project costs, budgets and sources of investment funds
- Descriptive information – covering the policy formulation process, relevant policies, laws and ordinances and stakeholder institutions.

Chapter 3 – Key Elements on National Sanitation Policies This section of the Guidelines contains a series of questions relating to various aspects of the context for sanitation policies and existing policies and programmes. These questions are designed to guide the examination of national sanitation policies and assessment of their adequacy. The questions are divided into nine categories covering:

- Political will
- Acceptance of policies
- Legal framework
- Population targeting
- Levels of service
- Health considerations
- Environmental considerations

- Financial considerations
- Institutional roles and responsibilities

Some of these questions relate to the policies themselves, some to the process by which policies were developed, some to the context within which policies operate and some to the follow-up actions required to ensure that the policy is implemented.

Chapter 4 Assessment Methodology Guidelines to Assess National Sanitation Policies This section is concerned with the processes that need to be followed to be followed to assess sanitation policies. In effect, it provides guidance on how and when the information listed in Sections 2 and 3 should be collected. A range of organisational options for carrying out the assessment is suggested and guidance is provided on field planning and the level of effort required to carry out the assessment. Examples of a short sample terms of reference for an assessment team and a typical report outline are provided.

Chapter 5 Building on the assessment This chapter is concerned with the way in which the policy assessment can be built upon and used as a tool for policy development. The Guidelines state that the assessment should not be seen as an end in itself but rather as a starting point for engaging in the policy process. In terms of overall strategy, it helps to define 'where we are now' (GHK Research and Training 2003).

Focus of the Guidelines

Recognizing that the impact of inadequate sanitation falls primarily on the poor, the Guidelines target three population groups that have been historically underserved by sanitation services. These are:

- Rural communities
- Small towns
- The urban poor

Section 1.5 of the Guidelines also notes the need to take gender-specific considerations into account when looking at target groups.

The Guidelines are concerned with the sanitation needs of households and do not explicitly cover the sanitation needs of schools and other institutions. Similarly, they are not intended to apply to the specific needs of refugees and other displaced groups.

Framework for assessing the Guidelines

The following questions will be used to provide a framework for assessing the Guidelines:

1. Is the proposed methodology sound? There are three aspects to this:
 - Is the proposed assessment process logical?
 - Are the proposed arrangements for carrying out the assessment realistic?

- Are the questions asked relevant and will they enable readers to build up a picture of the current policy framework and the options for action to improve it?
2. Is the process set out in the Guidelines easy to follow?
 3. How does the methodology deal with poverty? In particular:
 - Is it compatible with a livelihoods approach to development?
 - How does it deal with gender issues, which must be taken into account when planning sanitation improvements?
 4. Do the Guidelines provide clear guidance on the steps to be taken to act upon the findings of the assessment.
5. What, if any, additional information could usefully be included in the Guidelines? Full answers to these questions will only emerge as the fieldwork progresses. However, it is possible to make some initial points, based on preliminary assessment of the Guidelines. These initial points are introduced and briefly discussed below.

Is the proposed process sound?

- a) *Is the process logical?* Three essential steps in the assessment process are identified in Section 4.6 of the Guidelines. These are:
1. Basic data collection (As described above and in Chapter 2 of the Guidelines)
 2. Meetings with key stakeholders, involving both individual interviews and group meetings, designed to obtain an understanding of the current situation. These questions listed in Chapter 3 of the Guidelines provide the basis for these interviews and meetings.
 3. Conclusions and reporting. The objective is to produce a report that synthesises findings and presents recommendations for improving the content of national sanitation policies and moving forward on any necessary changes in those policies.

Section 4.7 of the Guidelines also notes the need for preplanning, during which efforts should be made to confirm that there is in-country demand for the assessment.

This approach appears to be logical. An initial data collection period is followed by the fieldwork proper.

b) *Are the arrangements proposed for carrying out the assessment realistic?* Section 2.3 of the Guidelines sets out two options for data collection. The first would involve compilation over a number of weeks by stakeholders who are already in-country. These stakeholders might include staff members from one or more government offices and/or staff from an external agency or an NGO. The second suggested option is for one individual from the assessment team to spend up to a week visiting the relevant ministries and agencies to collect the documents, reports and other basic data needed by the team.

A key question in relation to the second option is whether a period of a week or less will provide sufficient time to collect all the relevant data. The answer to this question

may depend to a large extent on the emphasis that is placed on collecting all the information detailed in Chapter 2 of the Guidelines. It may be worth testing a hybrid process during the research fieldwork, in which local stakeholders are given some time to collect basic information and one team member then spends a few days pulling this information together and taking action to fill any gaps.

Section 4.5 of the Guidelines identifies four basic options for conducting the assessment.

1. A mixed team of international and local consultants carrying out the assessment in a relatively short period (typically three weeks).
2. As option 1 but using locally sourced personnel.
3. A government team, facilitated by an external facilitator, carrying out the assessment over a longer period (six to nine months).
4. As option 4 but without an external facilitator.

The advantages and disadvantages of these options will be further explored in the course of the fieldwork.

Are the questions relevant?

The Guidelines identify four core questions. As already indicated, these relate to the policies themselves and their adequacy, the extent to which they have been translated into programmes and their impact upon sanitation services. More detailed questions, based on these four broad questions, are contained in Section 3 of the Guidelines. In addition, Sections 3.1 and 3.2 of the Guidelines contain questions relating to the context, focusing particularly on the need for political will to develop appropriate policies and for widespread stakeholder acceptance of those policies. This raises the issue of whether a question about the context should be added to the four core questions?

Some of the questions appear to make rather specific assumptions about roles and responsibilities. For instance, there are specific questions about the role of the ministries of health and environment in the policy development process. It may be that other ministries are equally important. Detailed analysis of the questions must await the results of the fieldwork. However, some initial analysis of existing policies has been carried out, using those detailed questions from the Guidelines that relate to the policies themselves. The results of this analysis are set out in Annex A1.5 and a summary of the initial findings is included in Section 2.2 of this report.

Is the process set out in the Guidelines easy to follow?

Initial review of the Guidelines indicates that there may be a case for changing the structure so that information on the overall assessment process is introduced before more specific information on the questions that are likely to inform the assessment. This suggests that some of the material that is currently in Chapter 4 might be brought forward. This issue will be explored further in the course of the fieldwork.

How does the methodology deal with poverty?

The Guidelines targets three groups/locations that are seen as having been historically underserved with sanitation facilities. These groups are rural communities,

small towns and the urban poor. In the case of the last, the concern with poverty is explicit. Poverty levels are often higher in rural than in urban areas and so rural dwellers and those living in small towns can also be expected to include a high percentage of poor people.

Section 3.4 of the Guidelines notes that some countries are likely to have particular population groups that require special attention. Specific mention is made of refugee settlements and school children. The Guidelines then note the need to recognize these groups when they constitute a significant proportion of the population. They also note that this recognition will only be real if it is accompanied by programs and budgets that are aimed specifically at targeted groups.

- a) *Are the Guidelines compatible with a livelihoods-based approach?* The Guidelines make no specific mention of the possibility of livelihoods. Improved sanitation provision clearly has an impact on the livelihoods of poor people in so far as improved sanitation leads to better health, which is an aspect of human capital, one of the five categories of household livelihood assets identified in DFID's approach to livelihoods. It is possible that shared action to provide certain types of sanitation facilities, for instance condominal sewers, could contribute to the development of social and political capital. Sanitary methods for the disposal of excreta and wastewater help to prevent pollution of water resources and hence contribute to the maintenance of natural capital. In so far as the Guidelines are concerned with these issues, they are compatible with a livelihoods approach. The scope for adapting the Guidelines to give them a more explicit livelihoods focus will be explored as the research progresses.
- b) *How does the methodology address gender issues?* The Guidelines make general reference to the need to take Gender issues into account. For instance, Section 2 refers to the need to collect information on life expectancy and population projections for both men and women, Section 3.2 refers to the need to check whether representatives of men and women were involved in policy formulation, there is a broad reference to women having an important role to play in Section 3.4 and Section 4.8 refers to the need for an understanding of how sanitation issues impact upon men and women. However:
- The Guidelines document provides no specific guidance on how gender aspects of sanitation policies might be assessed.
 - It makes no recommendations on how the assessment team might be constituted to ensure that it pays attention to gender issues.

Is the guidance given on follow-up action adequate?

Chapter 5 of the Guidelines is concerned with the action to be taken to build on the assessment. Section 5.2 suggests that the assessment findings will help to guide strategic thinking about follow-on activities and gives two brief examples of what this might mean in practice. Section 5.3 provides a checklist of steps for moving forward, starting with the creation of a task force or similar to guide the development of policies, moving on to the development and implementation of a strategy for policy development and communicating the results of outcomes to the public and other stakeholders.

Two questions need to be answered with regard to this guidance:

1. Is it sufficiently detailed?
2. Does it take sufficient account of the possible constraints created by institutional rigidities and vested interests.

Taylor et al (2003:52-53) stress the need to ground policy development activities in a sound understanding of the existing situation, drawing where possible on lessons from specific local initiatives. This suggests that the success or otherwise of the policy assessment will depend on the overall quality and form of the policy development process. This point will be explored in the course of the fieldwork.

What, if any, additional information could usefully be included in the Guidelines?

This is a question that can only be answered in detail after the fieldwork. Our initial reading of the Guidelines suggest that there may be a need to provide more guidance on the way in which the assessment findings can be brought together to inform choices on future policy initiatives.

In particular, it is not altogether clear how some of the background information will be used.

Also, it may be worthwhile to make a distinction between questions relating to the policy context, policies themselves, the programmes that are based on them and follow-up action.

A1.4 Policy review

Introduction

The literature review draws on published and 'grey' literature on sanitation in general and policy related literatures. As there is limited documentation of standalone sanitation policies, much of this literature reviews the few existing policies in line with the EHP guidelines for assessing national sanitation policy. It also reviewed water supply policies where some elements of sanitation were included. Search terms were put into a variety of databases (including Medline, goggle, IRCDOC, EHP web page, the data bases accessed through Cambridge Scientific Abstracts) as well as documents in the WEDC Resource Centre.

Sanitation in this review refers to facilities and practices related to the safe management of human excreta.

Policy is the set of procedure and rules guiding the development of programmes and the provision of services. Policies are often implemented through four types of policy instrument (Elledge 2003)⁴, *laws and regulations, Economic measures, information*

⁴ Elledge, M. 2003, *Sanitation policies*, Thematic overview paper, IRC International Water and Sanitation Centre, (online), Available: <http://www.irc.nl/page.php/282>, 26th June 2003.

and education programmes, and assignment of rights and responsibilities for providing services.

The research context

Over 2 million deaths occur annually in the world as a result of diarrhoea diseases much of which could be prevented through good sanitation, hygiene and water supply, (WHO 1999⁵; Cairncross 1999⁶). Sanitation is a critical intervention necessary for improving the living conditions of poor people all over the world and for preventing or reducing diarrhoea and other sanitation-related diseases, particularly amongst children. This notwithstanding, large-scale interventions and programmes have on the whole been disappointing.

Although good progress was made on improving sanitation coverage during the water and sanitation decade of the 1980s, over 2.4 billion people world-wide still lack access to adequate sanitation, out of which 313 million people live in Africa, (WHO and UNICEF 2000)⁷. The World Summit on Sustainable Development in Johannesburg set a target of halving the proportion of people that lack access to basic sanitation by the year 2015. Based on the current coverage level, increased effort is needed to serve 26.1 million people yearly to achieve this target.

Much of the efforts towards increasing sanitation coverage have been focused on small individual projects that are often not replicable on a large national scale. The inability of most developing countries to upscale successful sanitation project into a nation wide programme is partly due to the lack of clarity of roles and responsibilities of various actors, which stems mainly from the lack of a clear sanitation policy. The absence of supportive policies to provide the basis for planning and implementing sanitation programmes is a missing link in improving sanitation coverage, (Elledge, et al 2002)⁸.

Many countries especially in the third world have undergone or are undergoing reforms in the water supply and sanitation sector, however, much of this reform is primarily focused on water supply with mention of sanitation only in exceptional cases. It is therefore not surprising that sanitation still lags behind water supply in terms of coverage, programming and implementation. A few countries have tried to upscale sanitation projects to a nation wide programme but with little success. This is mainly due to the lack of enabling environments to support a large sanitation programmes.

⁵ World Health Organisation 1999, *The World Health Report. "Making a difference"* WHO Geneva, Switzerland

⁶ Cairncross, S. 1999, *Why promote sanitation*, WELL Technical Brief, (online), Available: <http://www.lboro.ac.uk/well/services/techbriefs/sanitat.htm>.

⁷ World Health Organisation and United Nations Children's Emergency Fund 2000, *Global water supply and sanitation assessment 2000 report*, WHO, Geneva, Switzerland; UNICEF, New York, USA.

⁸ Elledge, M. Rosensweig, F. Warner, D. Austin, J. and Perez, E. 2002, *Guidelines for the assessment of national sanitation policies*, Strategic Report 2, Environmental Health Project, Washington, DC.

Importance of sanitation policy

In many countries of the world, sanitation policies have been non-existent and where it exists it is thinly spread across several other sectors such as health and water supply, making it unclear and contradictory. Generally, national level sanitation policies, except in a few instances, have been inadequate for programming and implementing sanitation by national, regional or district government, and by the NGOs and private sector.

- Sanitation policies are important for clarifying roles and responsibilities of the various sector players in the provision of sanitation services. This is a problem in many countries where various agencies play duplicating roles in the provision of sanitation services.
- Sanitation policies facilitate the mobilisation, co-ordination and allocation of appropriate funds for the provision of sanitation services.
- Good sanitation policies provide the enabling environment for more sustainable and effective programmes. When policies are accepted by sector players and are reinforced, it enables effective programming and implementation of sanitation.
- A good sanitation policy provides the guideline for a uniform approach to implementation by all sector players, NGOs, Government Agencies, and the private sector. Clarity is given on issues such as tariffs, subsidies, information and promotion programmes.

Many sector practitioners including Governments and external funding agencies, are beginning to realise the importance of sanitation policies. Unfortunately, many of the national policies that were donor driven have failed to achieve the results for which they were developed. The policy is often not widely accepted, resulting in respective government agencies developing individual sanitation strategies without any links to the policy, as is the case in Ghana. Sanitation policies are important for creating the conditions in which sanitation services can be improved by providing the basis for translating needs into action.

A1.5 Assessment of sanitation policies

This section reviews sample sanitation policies using some of the framework in the EHP guideline. Ghana, which is one of the project sites, is reviewed in detail while the other sample sanitation policies (Bangladesh, South Africa, Uganda, and Cambodia) are summarised. The section also reviews a few combination policies, where water and sanitation policy has been combined as one. The review of the policy documents and additional information provides the basis for the analysis presented in this section.

Ghana

Background information

Ghana's population currently stands at 18.4 million. GDP is around US\$ 400. Around 30% of the population is classified as poor with official minimum wage of less than one dollar a day. About 40% of the total population live in urban areas (defined as towns with population more than 5000), 60% in rural areas (defined as

towns with population less than 5000). Officially 174 towns are classified as urban and this number includes 11 cities (out of which 4 are classified as Metropolitan and 7 as Municipal areas. However there is increasingly a classification of 'small towns', which captures most of the towns between 5000 and 20,000 range currently used by Community Water and Sanitation Agency (CWSA).

The average life expectancy at birth is 57.9 with that of women being 59.3 and men are 56.5. The infant mortality rate is 57.8/1000 births.⁹

Only about 40% of Ghana's urban population have access to some form of adequate household sanitation; 15% of households still use bucket latrines, which is currently banned by legislation. About 40% rely on public facilities; while 5% use open defecation. On-site sanitation facilities are the most prevalent. Only two industrial towns - Tema and Akosombo are substantially sewered. In rural areas coverage figures are less reliable but the total national coverage for rural areas is given as estimated to be around 15%.

It is estimated that based on the current urban population of about 7 million, growing at 4.1% a year, the urban population will reach about 15 million by 2020. At current coverage of 40%, there will be a shortfall of 12 million people who will require about 800,000 domestic toilets (household size of 15) over the next 20 years in order to reach 100% coverage. The financial requirement for this target is around US\$ 400 million.

No reliable data is available on proportion of schools with adequate sanitation but few schools have an acceptable level of sanitation. The Ministry of Local Government and Rural Development (MLGRD) and CWSA are both actively promoting the provision of schools sanitation within on-going projects.

The poor level of sanitation exact a heavy toll on the population of Ghana. It is estimated that about 55 children under the age of 5 die of diarrhoeal related diseases daily that are directly related to poor sanitation. In all hospitals throughout the country diarrhoeal diseases is second only to malaria in the number of reported cases. Cholera, dysentery typhoid - all caused by excreta contamination are very prevalent in all regions and helminth infection is very widespread.

Ghana Environmental Sanitation Policy

Policy context

The Ghana National Environmental Sanitation Policy was prepared by the Ministry of Local Government and Rural Development on the directives of the President, and was approved by Cabinet in April 1999 under the Local Government Act. On the advice of the Cabinet Social Sector Sub-Committee, additional directives were issued

⁹ ESA, 2001 *World population prospect: The 2000 revision and World urbanisation prospects: The 2001 revision*, (online), Available: <http://esa.un.org/unpp>, 28 November 2003.

for establishment of a national Environmental Policy Co-ordinating Council to expedite the implementation of the policy, (MLGRD 1999)¹⁰

The additional directives also indicated that the mode of payment for sanitation services should be such that it generates funds to meet the cost of sanitation services. It made it mandatory for all households to have domestic toilet facilities and for an Environmental Sanitation Day to be established and celebrated every year. On the same note, Metropolitan, Municipal and District Assemblies were directed to make bye-laws to regulate environmental sanitation in their area of jurisdiction. Sanitation issues have been generally recognised and receive a high level of political support. It is highlighted as one of the key elements underlying health and development in Ghana's programme of economic and social development termed, "Vision 2020". The issues of sanitation were also mentioned as one of the key areas in the recently formulated Poverty Reduction Strategy Paper.

The high political support received by sanitation issues notwithstanding, it does not seem that the National Sanitation Policy is used for programming and delivery of sanitation services. This may be due to the fact that the policy was prepared with the aid of external consultants, with little involvement of other sector stakeholders. The policy was reprinted in November 2001 without much modification. Many sector stakeholders, including international NGOs, are not aware of the existence of the sanitation policy, thereby developing and implementing projects independent of the policy.

Policy objectives

The Ghana Environmental Sanitation policy is aimed at comprehensive environmental health issues in urban and rural settings. It includes management of wastes (solid waste, liquid waste, excreta, industrial waste, clinical and other hazardous waste). It also covers areas such as drainage, cleaning of public places, vector control, food hygiene, education, enforcement, environmental monitoring and others. It is obvious that the policy was targeted at guiding local government structures that have the responsibility for environmental sanitation. However the document is more focused on the problems of urban areas - perhaps because of the knowledge that the needs of the rural areas and small towns are catered for by the policies of the community Water and Sanitation Division. Thus a discussion of sanitation policy in Ghana has to involve two different policies implemented by two different agencies. Unfortunately the CWSA works within the jurisdiction of a different Agency - the Ministry of Works and Housing. The present institutional arrangements have not always ensured the required collaboration and synergy that will ensure optimal use of resources.

The wide coverage of the policy is attributed to the poor environmental sanitation, with less than 30% coverage for urban household toilets. Some of the underlying causes of the poor sanitation situation in Ghana as outlined in the policy include,

- the lack of a clear national vision of the importance of environmental sanitation,

¹⁰ Ministry of Local Government and Rural Development (MLGRD), 1999 *Environmental Sanitation Policy*, Government of Ghana.

- lack of clear institutional roles and responsibilities,
- poor technical capacity of the Ministry of Local Government and Rural Development (MLGRD) to support the District Assemblies in the provision of sanitation services
- inadequate resource allocation and lack of adequate professional manpower for sanitation.

In response to the objectives and the problems stated above, the policy outlined a strategy for environmental sanitation and expected outputs and targets. The basic elements of the strategy include the clarification of institutional responsibilities, development of human resources and institutional capacity building, encouraging the participation of the private sector through contracts, franchise, concession, etc and the development of a strong legislative and regulatory framework.

The expected outputs and targets to be accomplished by 2020 as a result of the adoption of the strategy include,

- the establishment of a National Environmental Sanitation Policy Co-ordination Council in the MLGRD;
- regular review of environmental sanitation technologies;
- hygienic disposal of excreta;
- phasing out of all bucket latrines and at least 90% of the population has access to an acceptable domestic toilet and the remaining 10% has access to hygienic public toilets. The definition or indicators for what is an 'acceptable' domestic toilet was clarified by the policy.

Roles and responsibilities

The role of the community

All citizens of Ghana have been tasked with ensuring good sanitation, as environmental sanitation is seen as a public good. The community responsibilities are split into individual and collective responsibility. Amongst the individual responsibilities are ensuring the cleanliness and maintenance of immediate individual environment and hygienic management and disposal of all wastes. The individual responsibilities are aimed at maintenance of individual surrounding environment and do not necessarily involve working as an organised group.

The collective responsibility on the other hand sees the community as an institution with the responsibility of establishing environmental sanitation norms, undertaking community sanitation and hygiene education and taking the necessary steps to develop appropriate sanitation infrastructure such as domestic and public toilets and waste disposal. The indication is that the community will be able to achieve its collective responsibilities under the leadership of the Unit committees and Urban/Town/Area Councils. The individuals that make up these committees and councils are ordinary members of the community that have been elected to the posts with little or no capacity and resources to carry out the stated responsibilities.

It is indicated that community-based organisations and NGOs are to assist the communities in community mobilisation and assist the District Assemblies, Town Councils, Unit Committees and communities in the planning, funding and develop-

ment of community sanitation infrastructure. This is based on the assumption that CBOs and NGOs have access to resources and the capacity to be able to perform this function. The complexity of providing sanitation services is hard enough as it is, without further complications arising from the lack of clarity and direction within the policy. It is therefore not surprising to note that the National Environmental Sanitation Policy has not contributed much in practice to the effort to promote household sanitation and increase the level of investment.

Institutional roles and responsibilities

Several government institutions are involved in sanitation in Ghana. The institutions involved with sanitation have been divided into the “principal sector agencies” with direct responsibility for aspects of environmental sanitation and the “allied sector agencies” which play a supporting role. The MLGRD is the lead agency charged with co-ordinating and formulating the environmental sanitation policy, developing and issuing technical guidelines, promulgation of national legislation. The Metropolitan, Municipal, District Assemblies are tasked with the responsibility of implementing sanitation under the local government act, which promulgated the sanitation policy.

Other key government agencies involved in sanitation are the Community Water and Sanitation Agency (CWSA), which was established by the Community Water and Sanitation Agency Act (Act 564), but was not mentioned anywhere in the policy even in the reprinted version. The act setting up CWSA restricted them to small towns and rural sanitation in relation to water supply and hygiene (excreta management). On the other hand, the Environmental Health and sanitation division of the MLGRD also gives them the mandate for comprehensive environmental sanitation, including excreta management.

Others include the Ministry of Works and Housing, from which CWSA was created; Ministry of Health, Ministry of Education; Ministry of Environment, Science and Technology, (MEST), which is responsible for setting standards and guidelines for environmental quality and is one of the “allied sector agencies” mentioned in the policy. The National Environmental Sanitation Policy Co-ordination Council, made up of all representatives from all stakeholders including the NGOs and private sector groups, is tasked with the responsibility of co-ordinating policy and efforts of all stakeholders.

The lack of clarity of institutional responsibilities is a major weakness of the policy. The Community Water and Sanitation Agency currently play a major role in delivery of sanitation using a strategy independent of the national policy, which mandates them to take the responsibility for sanitation provision in small towns and rural areas. Although CWSA is not mentioned in the policy, they are key in facilitating sanitation delivery at the level of local government, who have been given the sole responsibility of implementing sanitation in their areas. The local governments’ administrative structure is such that they report directly to the MLGRD, which explains the reason why the leadership role for sanitation is vested in the MLGRD.

The key concern with institutional responsibility for sanitation is the obvious fragmentation of responsibilities for urban, rural, small towns and schools. Of a greater concern is the obvious poor linkage between the MLGRD and CWSA. It is therefore necessary that the policy is reviewed and that all key stakeholders are involved in the process to ensure that there is a clear definition of roles and responsibilities.

Technology, Health and Environmental Considerations

The policy indicates that the MLGRD shall govern the selection of technologies for waste treatment and disposal. Some of the technologies recommended for use in solid waste management include, sanitary landfill, controlled dumping with cover, incineration and composting. The recommendations for liquid waste management include water closets, the pour flush latrine (where water is used for anal cleansing), the ventilated improved pit latrine (VIP), the aqua privy, and the chemical toilet (for emergency or temporary usage).

Public toilets were also recommended for low income, high-density neighbourhoods, where domestic toilets are not provided in individual residential premises. This last statement and similar ones indicates that the policy supports the provision of public toilets in non-public places. It is not surprising that public toilets are found in many neighbourhoods and installation of household toilets is therefore not a priority for many house owners. The recommended technology for on-site waste treatment and disposal is the VIP and the septic tank while waste stabilisation ponds are recommended for treatment of liquid waste from off-site systems where sludge collected and conveyed per day is above 50 cubic meters.

Other issues covered in the policy include food hygiene, environmental sanitation education (with no specific mention of school sanitation) and hygiene education. Under Environmental Management and Protection, it indicated that no hazardous waste shall be imported into Ghana and the District Assemblies were tasked with the responsibility of all wastes dumped in their respective domains. To perform these tasks, the District Assemblies and the MLGRD will liaise with the Environmental Protection Agency (EPA) to mobilise adequate resources to train the Assembly staff for environmental management.

Financial considerations

The basic funding principle as indicated in the policy emphasised direct cost recovery from users to cover all operational and capital cost and at the same make it affordable to encourage users. The District Assemblies have been directed to involve the private sector service providers in the setting of tariffs on a cost recovery basis. Where full direct cost recovery is not possible, the Assembly is to subsidise the difference with revenue from other sources. It is a well known phenomenon in many developing countries that local governments often lack the required resources to function effectively, not to mention an extra financial burden from sanitation subsidies. It was however mentioned in the policy that Central Government shall provide funding for environmental sanitation to the Assemblies through a number of channels, but the reality is far from this. Sanitation provision in small towns and rural areas has largely been funded by CWSA with donor assistance. In general, the funding for sanitation provision is largely from external Donor support, with very little

public sector funds. This has been one of the contributing factors to poor progress made in transmitting the policy into actions to improving sanitation coverage.

In general, the Ghana National Environmental Sanitation Policy places a lot of responsibility on the local government who do not have the required resources and capacity to deliver sanitation services effectively. The policy is too generalised and lacks the direction required by institutions to be able to develop strategies and action plans for sanitation. This is one of the major reasons for the difficulty being experienced in putting the existing sanitation policy into action and key stakeholder agencies such as the Community Water and Sanitation Agency (CWSA) having their own sanitation strategy independent of the policy. The need for appropriate guidelines and tools for reviewing national sanitation policy has become more obvious with the Ghana experience and that of many other countries. Having Ghana as one of the sites for working on developing the tools and processes for developing sanitation policies will provide a good case study for many similar countries.

South Africa

Background Information

South Africa's population currently stands at 44 million with a population density of 36 per sq. km. About 57% of the total population live in urban areas (defined as towns with population more than 5000), 60% in rural areas and the remaining 43% reside in rural areas. The life expectancy at birth is 47.7 with that of women at 50.7 and men at 45.7. The crude mortality rate is 16.9 per 1,000 population and the infant mortality rate per 1,000 births stands at 47.7.

Table 2. South Africa sanitation and water supply coverage

Sanitation	Population	% Pop. Served	% Pop. unserved
Urban	20.3 million	99%	1%
Rural	20.0 million	73%	27%
Total	40.3 million	85%	15%

South Africa National Sanitation Policy

Policy context

It is estimated that over 21 million South Africans do not have access to adequate sanitation facilities. The policy defines inadequate sanitation as the bucket toilets, unimproved pit toilets or the veld and poorly designed or operated water-borne sewerage systems.

South Africa is one of the few countries that have developed a strong sanitation policy, which has been put into practice. The policy addresses sanitation in both urban and rural areas and is focused on community sanitation, with the exception of waste and wastewater from industrial sources. The process started with the establishment of a National Sanitation Task Team (NSTT), which was made up of six government

departments. Their main task was to develop a sanitation policy with a corresponding implementation strategy. A broad consultative process was started with a Sanitation Think Tank in 1995 to determine the scope and content of the policy document resulting in the release of Draft White Paper on Sanitation in 1996. The white paper on sanitation formed the basis for a series of provincial workshops where over 600 people participated to discuss and debate the White Paper on sanitation. The comments and criticisms from the several workshops were collated and were integrated into the Draft White Paper on sanitation. The Draft White Paper formed the bases for initiating a 2-year sanitation programme even before its approval.¹¹

The South Africa national sanitation policy was finally published in 2001 by the National Sanitation Task Team. The policy document defines sanitation and what is meant by basic sanitation. Sanitation is seen in the context of an integrated development strategy. This explains the co-operative approach, with the involvement of 6 government agencies in developing the sanitation policy. It indicates that the six government departments will continue to work together in planning, implementing and monitoring future sanitation programmes.

Policy objectives

The purpose of the White Paper, that later became a policy, is to assist the government to fulfil its responsibility to ensure that all South Africans have access to adequate sanitation services. The policy covers both urban and rural areas and will be the basis for the implementation strategies, which will be appropriate to the wide range of situations found in South Africa.

Components of the sanitation policy

Some of the key attributes of the policy are the emphasis on flexibility, and the principle of “*some for all*” rather than “*all for some*”. The policy has six major components,

- health and hygiene education and promotion
- community issues and human resources
- environmental impact
- financial and economic approach
- technical considerations
- institutional and organisational frameworks

Health and hygiene education

The health and hygiene section emphasises the role of sanitation to the improvement of health and quality of life of the whole population. It recommends the incorporation of health and hygiene education to help raise awareness on diseases, facilitate behaviour changes that will lead to increase in demand for improved sanitation. In practice, it does seem like emphasis is being given to this area as was

¹¹ DWAF, 2001 *National Sanitation Policy*, Department of Water and Forestry, (online), Available: http://dwaf.gov.za/dr_ws/content/lids/pdf/summary.pdf

suggested by the policy. Efforts are concentrated more on infrastructure (toilets) provision in order to meet the target for the number of toilets set by the Government.

Community issues

The policy highlights the importance of community involvement as being key to the sustainability of sanitation. It indicates that the community should be involved in decision making about levels of service. The use of marketing strategies for sanitation promotion is also seen as key to success, and schools are a major community focal point for sanitation promotion and health and hygiene education. There is however no evidence to show that school sanitation and hygiene is getting the desired attention or that marketing strategies are being applied.

Financial and economic component

The financial and economic approach for funding sanitation projects was divided into three; general, urban, and rural financing policies. This section clearly defines how sanitation will be funded, indicating that grants will be given to local authorities for capital costs while subsidy will be given to households to enable them to obtain the basic sanitation services. It also makes provision for funding school sanitation through subsidies.

The funding system for the urban areas differs a bit from that of the rural areas. In urban areas, services providers are to borrow to finance capital projects and may also receive government grant. However, the installation of sanitation facilities in new houses will be funded through the national housing subsidy, while for rural areas, subsidies will be given to communities that have organised themselves.

One thing that is obvious is the use of subsidies for motivating household sanitation installation. Although the policy indicates that households should contribute some resources towards the construction of toilets, the existing subsidy is often high enough to enable them to get the toilet for almost no additional cost. This goes to question the mode of financing sanitation, which seems to be a means of ensuring that the government meets its target for sanitation. The policy does not suggest or recommend alternative systems for accessing credits for funding toilet projects in the absence of subsidies.

Technological considerations

The aspects that are considered for technological consideration include health, social and educational, environmental impact, affordability, upgrading, institutional needs, water savings, etc. The main types of technology supported by the policy include,

- ventilated improved pit toilets
- low flow on-site sanitation
- septic tanks and soakaways
- full water-borne sewerage

The policy strongly recommends the phasing out of bucket toilets and the use of chemical toilets only in emergency situations. It is worth noting that not much mention is made on technological innovations and the assumption is that the existing technologies are adequate to solve the sanitation problem. It is becoming obvious that more effort is needed in developing more technological options that will solve problems such as space/emptying of full pits, smell and affordability in the absence of subsidy.

Institutional and organisational framework

The institutional and organisational framework defines the roles and responsibilities of various levels in the provision of sanitation services. The households are responsible for the provision of household sanitation, while the local government is responsible for sanitation services. Provincial government supervises the local governments while the central government maintains quality control and assurance. The policy also recommends linkages with other programmes that have an impact on sanitation. The striking feature of the South Africa sanitation policy is the multi-sectoral approach to sanitation provision. Though sanitation is housed in a particular department, the programme development and implementation is actually to be achieved by multi-sectoral partnership involving the household, local government, NGOs, private sector, provincial government and the central government.

As mentioned earlier, South Africa is one of the few examples of successful sanitation policy used for programming and implementation. It serves as a lesson for other countries to adapt the strong areas and improve on the weak areas in order to make their respective policies effective.

Uganda

Background Information

Uganda has an estimated population of 23.4 million of which 14.2 live in urban areas and 85.8% in rural areas, and with an urban growth rate of 5.5%.¹² The life expectancy at birth is estimated at 46.2 with women at 46.9 and men at 45.4. The crude mortality rate per 1000 population stands at 16.7 while the infant mortality rate is 86.1 per 1000 birth.

Uganda is one the progressive African country that has made some success in the water supply and sanitation sector reforms. Good progress has been made in improving services with the strong political will and support, a good example if the fight against HIV/AIDs. Some of the success can be attributed to benefits from the Highly Indebted Poor Countries fund (HIPC), which enabled the implementation of the poverty reduction strategy (PRS). Sanitation and water supply received a high profile in the PRS strategy but as in many other countries, sanitation lags behind water supply in practice. According to the Uganda sanitation policy document, no single town in Uganda has a satisfactory sanitation management system with the urban slum areas being the worst hit, where any people resort to defecating in plastic bags and

¹² National Sanitation Task Force, 1997 *The national sanitation policy for Uganda*, first draft, August 1997.

throwing it outside their premises popularly called the ‘flying toilets’. The political problem in the 1970s and early 1990s worsened the sanitation situation and brought the national coverage to the lowest ever-recorded average of 30%.

Improvement in sanitation services has been slow even with the increase in resources from the HIPC and funding legal framework in the Constitution (*article 17J*), which states that every citizen in the country should create and protect a clean and healthy environment. The sanitation coverage for Uganda presented in Table 3 is adapted from the Global Assessment report by WHO and UNICEF.

Table 3. Uganda sanitation and water supply coverage

Sanitation	Population	Pop. Served	Pop. unserved
Urban	3.1 million	96%	4%
Rural	18.7 million	72%	28%
Total	21.8 million	75%	25%

Uganda National Sanitation Policy

Policy context and objectives

The policy defines sanitation to include not only the safe management of excreta, but solid and liquid waste, vector control, and hygiene behaviour improvement. The purpose stated for the sanitation policy is to ‘guide and facilitate individuals, institutions, community leaders, families and communities to contribute to achieve optimal sustainable sanitation standards’. The objective focuses on the promotion of all the components of sanitation as described earlier in a generalised way.

The sanitation policy is more like a generic checklist for improving sanitation services rather than a unique policy suitable for Uganda. The strategies for implementing the sanitation were described before the main policy, which is attached as an annex. However, it is worth noting that while clear indicators were developed for monitoring the sanitation strategy, how this works in practice is a different question.

The strategies for implementing the sanitation are grouped under four sections; creating enabling environment, strengthening the institutional framework, capacity building, and research and technology development. The policy is based on the principles of basic human rights, equity, integration and co-ordination, women’s involvement, private sector involvement, cost recovery, behaviour change, adequate resource allocation and appropriate institutional framework.

The institutional framework describes the roles and responsibilities of respective stakeholders, which includes individual households, local authorities, central government, NGOs and CBOs, and the private sector. Individual house owners have the primary responsibility for providing sanitation facilities and services in their premises with a maximum loading of 30 people to one latrine. The aspect on the number of users per toilet may not be feasible in practice, as many low cost latrine options

cannot sustain this number of users and could force people to revert to old unsafe practices.

The local authorities have been charged with the responsibility of co-ordinating all sanitation services in their areas, including that of NGOs and CBOs. Although this approach supports the decentralisation of government, it is a widely known fact that most local authorities do not have the resources and the capacity to perform this task. It is not clear from the policy what systems will be put in place to ensure that the local authorities acquire necessary capacity and other resources.

There are issues with the government institution that has the overall responsibilities for sanitation. It is stated that the 'Ministry of Health shall provide guidelines and standards of service, in order for the Ministry of Local Government to carry out appropriate services.

Components of the policy

The actual sanitation policy is divided into six components,

- hygiene education
- human resources development
- environmental protection
- technical considerations
- monitoring and evaluation
- financial resource mobilisation

Hygiene education

The Ministry of Health has the responsibility for developing a hygiene education strategy, with the aim of improving citizens' hygiene practices, increasing demand and willingness for appropriate sanitation, raising the profile of sanitation and enhancing community involvement and collective responsibility for sanitation. Hygiene education in urban areas will be carried out using mass media, story telling and competitions in the urban areas. In the rural areas, it will be conducted through health and water user committees using participatory techniques, and traditional channels of communication such as dramas, songs, role-plays, etc. School sanitation and hygiene education is not mentioned, but it is stated that the government will subsidise appropriate school sanitation.

Human resources development

Human resources development for effective sanitation provision will be through the training of various groups including community health workers, Environmental Health Officers, Water Engineers, and setting up appropriate Postgraduate courses at Makerere University. NGOs and CBOs with appropriate capacity will also contribute towards human resources development. It is mentioned that the informal service providers (sanitation masons) will improve the quality of sanitation facilities. In many cases, these informal service providers will require training and support to enable them to improve their services, how this will be achieved is not clear from the policy.

Technical considerations

The technology choice for sanitation shall provide an effective barrier against disease transmission and must be acceptable and adaptable by users and should be designed to reduce the environmental impact of human waste. Although the policy gives users the opportunity to make decisions on choice of technology, the options described in the basic sanitation guidelines is too limited to satisfy user preferences. The options include traditional pit, sanplat and VIP latrines for the rural areas, compost pit latrines, aqua privy, communal latrines for difficult areas such as fishing villages, and various forms of pit latrines, septic tank and connection to sewer for urban and peri-urban areas. Recent studies conducted on user motivations for improved household toilet indicates the need to research on and develop new sanitation technologies to minimise or resolve the problems of space and emptying full pits, amongst others in developing countries.¹³

Monitoring and evaluation

Monitoring and evaluation of sanitation programmes is a key component of the sanitation policy. It is stated that the Office for Environmental Health in the Ministry of Health shall keep a national sanitation data bank of all community and district level sanitation information, including existing facilities and hygiene practices. This is a highly ambitious objective and the reality in practice is that it will be difficult, if not almost impossible, to achieve where appropriate systems and resources are not available. The policy does not specify how this will be achieved or how data from community level will be collected and fed into the national data bank.

Financial issues

The procedure for financing sanitation at various levels is a not clear, although it states that government will subsidise basic hygiene education, training and administration costs of the sanitation programme. Each household will pay for their choice of sanitation facilities and subsidies shall be made available for the poor who are unable to afford basic sanitation services. Full subsidies will be given to pit lining in areas with collapsing soil and for excavation of pits in hard rock. The approaches that will be used for implementing these subsidies are not clarified in the policy. Targeting subsidies for sanitation to the appropriate households has always been a challenge in sanitation programmes, particularly where guidelines are not clearly spelt out in the policy. The policy does not specify how capital sanitation projects will be funded, or how funds will be channelled, especially to local governments. Financing is one of the most important aspects of sanitation and it has not been clearly defined in this policy. It would therefore make it more difficult to develop programmes and action plans from the existing policy as it is.

In general the Uganda sanitation policy is very generic but can become the basis for developing a more effective policy that could be used to develop programmes and actions plans. There is need to review the whole policy environment for sanitation in view of the recent changes such as the HIPC funding and millennium development

¹³ Obika, A. Jenkins, M. Curtis, V. Howard, G. and TREND, 2002, *Social marketing for sanitation: Review of evidence and inception report* (revised edition), Water Engineering and Development Centre (WEDC), Loughborough University, UK.

goals. A similar effort and support given to the control of HIV/AIDs is needed from government and other sector stakeholders, in order to improve sanitation services and increase coverage.

Bangladesh

Background Information

Bangladesh has an estimated population of over 140 million with a growth rate of 2.02% and a population density of 958 per sq. km. About 25% of the population is classified as urban and the remaining 75% as rural. The life expectancy at birth is 61.4, with that of men at 61 and women at 61.8. The crude mortality rate per 1,000 population is estimated to be 8.3, while the infant mortality rate per 1,000 births is 64.

The Government of Bangladesh started its initial intervention in water supply and sanitation with the objective of gradually developing and building an effective mechanism for service delivery. The emphasis after the civil war was more on rehabilitation of damaged water supply and sanitation services and installation of new facilities in rural and urban areas, through the Department of Public Health Engineering (DPHE), with minimal user involvement in decision-making. The current status of water supply and sanitation in Bangladesh extracted from the Global Assessment Report is summarised in Table 4.

Table 4. Bangladesh sanitation and water supply coverage

Sanitation	Population	% Pop. Served	% Pop. unserved
Urban	31.7 million	82%	18%
Rural	97.5 million	44%	56%
Total	129.2 million	53%	47%

Bangladesh National Policy for Safe Water Supply and Sanitation

Policy context

Bangladesh made a lot of progress in the provision of water supply services until the problem of arsenic contamination in ground water. Unfortunately, this same effort and success has not been made in sanitation. As at 1998, sanitation coverage in the rural areas was only 16% and the urban coverage estimated at 50%.¹⁴ Although good progress has been made over the years, incidences of morbidity and mortality from water and sanitation related diseases are still high and progress in sanitation-related behavioural changes is still far behind. In order to make increased impact on public health, greater attention needs to be focused on elements of behavioural changes related to sanitation through user participation in all stages.

¹⁴ Local Government Division, Ministry of L.G.R.D and Co-operatives, 1998 *National policy for safe water supply and sanitation*, Government of the People's Republic of Bangladesh.

Government and other stakeholders recognise the need for a transition from traditional service delivery arrangements to an approach where the service delivery process will have the user communities as its focus. One of the ways of achieving this transition was through the institutionalisation of strategic partnerships between the central and local government in co-ordination with organisations within civil society. The proposed change will necessitate the adoption of new institutional and financial arrangements. The lessons learnt from this approach are meant to be integrated into a comprehensive policy. The national policy is expected to provide a long-term framework for adoption and implementation of action plans of the government.

Policy objectives

The purpose of the National policy is to facilitate the Government's goal of ensuring that all people have access to safe water and sanitation services at an affordable cost through equitable and sustainable development in the water sector. The policy covers both water supply and sanitation, but only the sanitation aspect is reviewed here. The national policy is the basis for undertaking programmes in a systematic manner. The main objectives of the national policy for safe water supply and sanitation are 'to improve the standard of public health and to ensure improved environment'. Eight steps are listed for achieving the objectives and those particularly related to sanitation include;

- facilitating access of all citizens to basic level of water supply and sanitation services,
- improving behavioural changes regarding the use of water and sanitation,
- building capacity of local governments and communities to improve their effectiveness in resolving water supply and sanitation problems, and
- promoting sustainable water and sanitation services.

The targets set by government to enable them to achieve the objectives listed above include;

- ensuring that one sanitary latrine is installed in each household in the rural areas and education on the proper use of latrines,
- ensuring sanitary latrines are within easy access of every urban household, through pits latrines up to water borne sewerage,
- installing latrines in schools and other public places, including community latrines in densely populated poor areas, where space is a barrier for household latrines, and
- taking measures in urban areas for removal of solid and liquid waste and ensuring the use of waste production of organic fertilisers (compost) in the rural areas

The policy defines sanitation as human excreta and sludge disposal, drainage and solid waste management. The policy covers both urban and rural areas of the geographical area comprising Bangladesh.

The principles adopted as the basis for the formulation of the policy include;

- satisfaction of *basic needs* of the people,
- *participation of users* where users are the centre of all development activities,

- recognition of the *role of women*,
- promotion of various *technology options* in order to respond to people's sanitation needs,
- increased *investment* into the water and sanitation sector,
- *integrated development* and co-ordination amongst all tiers of government, NGOs and private sector for effective use of limited resources,
- *capacity building* including human resources development, implementation of appropriate institutional arrangements, etc.,
- *private sector involvement* in the provision of sanitation services,
- *environmental consideration* of all water and sanitation development activities, and
- *emergency response* and *holistic approach* to programming.

Components of the policy

The policies for rural and urban areas are presented separately. This is attributed to the to the difference in institutional aspects, content and magnitude.

Rural sanitation

The focus for all sanitation-related activities is the local government and communities, while individual households have the sole responsibility for installation, operation and maintenance of their toilets. The responsibility for co-ordination lies with the DPHE.

It is mentioned that measures will be taken to ensure that users can bear the increased cost of sanitation services, but the shape, which these measures will take, is not clarified. However, it indicates that 'hard core' poor communities, educational institutions, mosques and other places of worship will be partially or fully subsidised for the cost of latrine construction.

Social mobilisation and hygiene education is emphasised as a means of behavioural development and changes in user communities. This function is to be performed through the combined efforts of the Ministries of Health, Education, Social Welfare, Information, Women & Children Affairs and DPHE, NGOs, CBOs, local government bodies and other related agencies. Experience has shown that when so many agencies are involved in hygiene promotion activities, co-ordination is an issue often leading to an unsuccessful programme with little or no impact.

The policy supports the promotion of a range of technology options for latrines rather than prescribing certain technologies. It indicates that technological packages and specifications for hardware and service levels will be formulated. The use of organic waste for compost and biogas is to be promoted.

Finally, it indicates that legislation will be enacted within a specified period to make the use of sanitary latrines compulsory.

Urban sanitation

The emphasis for urban sanitation is self-sufficient and self-sustaining with the promotion of household latrines. Public and community toilets will be set-up by City Corporation or *Pourasabha* and released out to the private sector for maintenance.

Solid waste management is the responsibility of the City Corporations or *Pourasabhas*, who can transfer this responsibility to the private sector where feasible.

The policy indicates that women's' involvement in sanitation will be facilitated through their increased representation in management committees/boards. The City Corporation and *Pourasabhas* will be empowered to set tariffs, by-laws, etc., according to government guidelines.

The approaches and institutional responsibility for hygiene education and social mobilisation is the same as that of the rural area. Training programmes will be formulated and delivered by DHPE and others, in consultation with relevant government agencies and NGOs.

Institutional arrangement

The DPHE is responsible for sanitation and water supply for the whole country, except for Dhaka and Chittagong city areas. The local government will be responsible for overall planning, identification of investment projects and co-ordination of activities of agencies. However, these agencies/institutions will be responsible for their own activities.

Local Government Engineering Department (LGED) may undertake sanitation and water related activities in conjunction with *Pourasabha*, where this is a requirement of a foreign aided project.

In Dhaka and Chittagong, relevant agencies will be responsible for water supply and sanitation and will explore and examine the involvement of the private sector. The policy encourages participation of the private sector, NGOs and CBOs in sanitation and water supply activities, and will create the enabling environment to support this.

Policy implementation

Drinking water supply and sanitation is seen as a sub-sector within the broader sector of health, environment and water, therefore the National policy for water supply and sanitation shall be made consistent with the national policy for health, and environment. Strategies and investment in the sector will be made in line with the national policy in consultation with the Ministry of Planning. Other agencies such as the Ministry of Water Research will also be involved in formulating and implementing strategy. What is not very clearly stated is the mechanism that will be used for financing capital projects and how public sector funds will be channelled into the sector.

In general, the Bangladesh national policy for safe water supply and sanitation appears comprehensive even with the merging of sanitation and water supply. Experience and lessons have led to the belief amongst many sector practitioners that

sanitation is often over-looked when it is merged with water supply in the policy. This policy is not particularly different when institutional responsibilities are compared. Various local government bodies are tasked with the huge responsibility of providing sanitation and water supply services, but no proper provision is made for capacity building activities.

The process used for developing the policy is not clearly stated in the policy document, it may therefore be necessary to review the policy, to involve major stakeholders and to clarify funding mechanisms.

Republic of Indonesia

Background Information

Indonesia has an estimated population of over 212 million with a growth rate of 1.26% and a population density of 111 per sq. km. About 41% of the population live in urban areas and the remaining 59% live in rural. The life expectancy at birth is 66.8, with that of men at 64.8 and women at 68.8. The crude mortality rate per 1,000 population is estimated to be 7.3, while the infant mortality rate per 1,000 births is 41.6.

Indonesia is one of the most populated countries of the world with over a 100 (47%) million people lacking access to clean water and adequate sanitation facilities¹⁵. Recent trends indicate that this number is increasing and it is mostly the poor and rural residents who lack access to basic services. The access to sanitation figure of 66% given by the Global Assessment report slight contradicts the figure given in the Indonesia policy document. Nevertheless, a large proportion of the population of Indonesia lack access to adequate sanitation. The estimated initial capital required to provide water and sanitation facilities for the unserved population is US\$3 billion, with a recurring cost of US\$1 billion for operation and maintenance.

The status of sanitation coverage for Indonesia, extracted from the Global Assessment Report, 2000 is presented in Table 5.

Table 5. Indonesia sanitation and water supply coverage

Sanitation	Population	% Pop. served	% Pop. unserved
Urban	86.8 million	87%	13%
Rural	125.3 million	52%	48%
Total	212.1 million	66%	34%

During the 1970s, the national development programme in Indonesia focused mainly on agriculture and irrigation. With the increase in economic and population, the ur-

¹⁵ Government of the Republic of Indonesia, 2002 *National Policy: Development of community managed water supply and environmental sanitation facilities and services*, Ministry of Settlement and Regional Infrastructure, Ministry of Health, Ministry of Home Affairs, Ministry of Finance and National Development Planning Agency/BAPPENAS.

ban population began to grow rapidly, putting immense pressure on the already poor sanitation and water supply infrastructure. Residents of the densely populated urban areas who could not afford an in-house toilet defecated in the open. This led to the construction of public toilets and bathhouses by the government in order to resolve the sanitation problem. There was an indication that this move was not very successful due to the non involvement of users in the decision making process.

During the water and sanitation decade of the 1980s greater effort was made in increasing access to water and sanitation facilities. In the rural areas and small towns, water supply and environmental sanitation services (WSES) were planned and implemented by the Ministry of Health with assistance from others such as the Ministries of Public Works and Internal Affairs. By the end of the water and sanitation decade, it was realised that water and environmental sanitation coverage fell short of projected figures and the quality of constructed WSES facilities were below standard.

Indonesia National Policy

Policy context

The water supply and sanitation policy formulation in Indonesia started with a five-year programme of learning, policy formulation and implementation. The project, titled WASPOLA (Water Supply and Sanitation Policy Formulation and Action Planning Project), was funded by the Government of Indonesia in conjunction with AusAid and the World Bank through the Water and Sanitation Programme for East Asia and Pacific (WSP-EAP). The initial focus of the policy was on community-managed water supply and environmental sanitation in small and medium-scale settlements.

The purpose of the WASPOLA project was to identify and review lessons learnt, test new approaches and facilitate the adoption of a national policy framework for small and medium scale settlements. WASPOLA was made up of *policy reform, service improvement and learning and communications*. The agency responsible for executing the WASPOLA project on behalf of AusAid and World Bank was WSP-EAP. A central Project Committee (CPC) with membership consisting of representatives from each of the co-operating central government bodies provided overall direction of project implementation.

The specific objectives of WASPOLA included the following;

- ‘to enhance the Government capacity to develop and adopt policies for watsan for small and medium scale that encourage consumer/user demand-driven and participatory initiatives’,
- ‘to test policy-related options in selected provinces that encourage consumer/user demand driven watsan’, and
- ‘to establish and develop a capacity in Indonesia to collect and analyse data on the sector’.

Policy objectives

The policy is titled *Community Empowerment-based Development Policy for Water Supply and Environmental Sanitation*. The main goal of Indonesia's WSES programme is to improve and maintain water supply and sanitation utilities and services in residential communities, as a means of stimulating equity in development, satisfying the demands of the community and improving the quality of human and environmental resources in a health-related approach. The policy framework in Indonesia is based on several precedent national-level policies.

The objectives of the policy that will facilitate the achievement of the stated goals include;

- Sustainability in relation to financing, technical know-how, environmental management, infrastructure management organisation and social interaction.
- Effective use of facilities and services with respect to technical, health, institutional, operational and behavioural aspects.
- Ease of access, which is linked to effective use by individuals. Water supply and sanitation should be properly constructed, with appropriate and available technology for easy operation and maintenance and should be conveniently located.

Components of the policy

The water supply and environmental sanitation policy is not separated for urban and rural areas respectively. The policy is made up of eleven components, which covers both water supply and sanitation. This review will focus specifically on the sanitation components.

- *Informed choice as the basis for demand-responsive approach*: Users are seen as decision-makers who should be provided with informed choices to develop and construct appropriate WSES facilities and services.
- *Environmental-friendly development*: Development of WSES facilities and services must consider the environmental aspect.
- *Hygiene education*: A comprehensive WSES programme must be capable of stimulating behaviour change in the community. Health and hygiene education should therefore be implemented as a compulsory component of all WSES development projects.
- *Poverty focus*: It is stated that every individual has equal rights to receive adequate and sustained WSES services but in practice this has not been possible especially within the poor communities, due to the top-down approach to implementation. Future WSES development must therefore adopt a more demand-driven approach prioritising the poor communities.
- *Women's role in decision-making should be increased* due to their general role in water supply and sanitation services. Effectiveness of the WSES project can be improved by involving women in analysing their problems, and coming up with possible solutions towards resolving them.
- *Accountability of the planning process*: Adoption of approaches that highlight transparency and openness and provide an opportunity for all stakeholders to participate in the planning and implementation of WSES projects.

- *Government role as facilitator.* Government should take the role as facilitator of empowerment and support all empowerment activities, which are undertaken by the community, NGOs and others.

Policy implementation strategy

There are seventeen implementation strategies for achieving the policy objectives.

Strategy 1 indicates that a legal framework that enforces community participation in the various stages of WSES will be developed. There is no indication as to who should be responsible for developing this legal framework and the system that will be put in place to ensure that it happens.

Strategy 2 deals with increased investment in the user community's human resources capacity. Although this seems fine, the policy does not indicate how this will be carried out and who will fund the whole process.

Strategy 3 indicates that the principles of cost recovery will be applied to WSES facilities and services where users will bear the full cost of installation, operation and maintenance.

Strategy 4 encourages different funding mechanisms for the development and management of WSES facilities and services. Where households are not able to bear the entire cost for WSES facilities and services, provision should be made for alternative funding options that suit their financial conditions. The role of external support agencies in funding is also emphasised. The funding mechanism for WSES is not very clear from the policy. A lot seems to be dependent on the users and external support agencies even for capital expenditure. There is no indication of how the very poor, who cannot bear the cost, will be assisted.

Strategy 5 stresses user community's involvement in decision-making in all aspects of WSES, while Strategy 6 emphasises capacity building of the community in technical, financial institutional and managerial areas.

Strategy 7 suggests the preparation of guidelines for the development of WSES at various stages.

Strategy 8 supports the consolidation of research, development and dissemination of WSES technology to enable communities to make informed decision.

Strategy 9 is awareness raising of the community on the environmental aspects of WSES through formal and informal education.

Strategy 11 promotes the adoption of a community-based, rather administrative-based, approach for WSES development.

The remaining strategies emphasise targeting women and the poor, developing an effective monitoring and evaluation system and developing and disseminating performance indicators of WSES. The last strategy explains the levels at which monitor-

ing and evaluation activities should be conducted, from community level to the central government level.

Indonesia's water supply and sanitation policy appears to be too broad, although it tries to limit its scope to small and medium towns. Many aspects of policy are not clearly specified in the policy making – it appears like a draft framework to guide the preparation of an actual policy. It is not clear whether the policy covers urban and rural areas, the levels of service it expects and what constitutes a basic service. There is no indication of a concrete target, financing mechanism for capital, recurrent and programmatic cost, nor are institutional responsibilities specified.

In general, the policy appears to focus more on water supply and a lot more needs to be done to clearly identify the key areas of a sanitation policy for urban and rural areas respectively.

A1.6 Draft policy analysis

The following policy documents have been collected and initially inspected. The initial review of content is included in Table 6 that follows.

- Bangladesh – National Policy for Water Supply and Sanitation, 1998
- Cambodia – National Policy on Urban Sanitation, September 1999
- Ghana – Environmental Sanitation Policy, published 1999
- Indonesia – National Policy for the Development of Community-Managed Water Supply and Environmental Sanitation Facilities and Services, 2002 (draft 3)
- Mozambique – National Water Policy, 1995
- Nepal – National Sanitation Policy, July 1994
- Nepal – National Sanitation Policy, January 2000 (draft)
- Nigeria – National Water Supply and Sanitation Policy, 2000
- South Africa – White Paper on Basic Household Sanitation, 2001
- Uganda – National Environmental Health Policy for Uganda, April 2003 (draft)

Some of these policy documents relate to sanitation alone, while others deal with sanitation as part of a water and sanitation policy. Some have been formally adopted by Government while others remain at a draft stage. In some cases it is clear that the policy was prepared by a consultant.

Table 6. Initial review of the content of existing policies

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
<i>General questions</i>										
Is the policy separate or combined with water supply?	Combined	Separate	Separate	Combined	Combined (called national water policy)	Separate – with guidelines for planning and implementation	Separate	Combined	Separate	Separate – within Environmental Health policy
What is the scope of the policy (urban/rural, comprehensive/poverty focused)?	Comprehensive (urban/rural)	Urban	Comprehensive (urban/rural)	Community-based services	Comprehensive (urban/rural)	Comprehensive (urban/rural)	Comprehensive (urban/rural)	Comprehensive (urban/rural)	Focuses on rural and informal settlements	Comprehensive (urban/rural)
When was the policy prepared?	1998	1999	1999	2002	1995	1994	2000	2000	2001	2003 (review ongoing 11/03)
Who prepared the policy?	Government department ⁽¹⁾	Consultant	Government	Consultant?	Government Department? ⁽¹¹⁾	Government department ⁽⁵⁾	Consultant (NECMAC)	Consultant?	Government – National Sanitation Task Team	Government – Ministry of Health
What provision was made for consultation on the policy?	Not clear but probably limited	Discussions with 48 focus groups, govt officials etc.	'Extensive' consultation	Consultative process to produce policy	Not identified	Not identified	Wide consultation with individuals and institutions, plus Steering Committee	Not clear but probably limited	Consultation within the Task Team, involving range of Government Ministries	Not identified

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
<i>Legal framework (Section 3.3)*</i>										
Are roles and responsibilities clear and appropriately assigned to institutions?									Yes	No
Has the policy been formally adopted? (Question in Guidelines is whether the existing legal framework adequately covers sanitation)	Yes	No	Yes	Approved by deputy minister	Not clear (probably yes)	Yes	No	No	Yes	No – policy currently in review process (Nov '03)
<i>Outputs & targets (Section 3.4)</i>										
Does the policy refer to specific outputs and targets? (Note: this and the following four questions are not included in the Guidelines, but have been added as they seem relevant).	Yes	Yes	Yes	Yes (in a rather general way)	Yes	Objectives are general, but refer to targets of HMGN ⁽¹²⁾	Yes – with reference to target in the 9 th Plan and 20-year National Vision	No (targets for water supply clearly stated)	Yes – State President's Office target of basic minimum level to all by 2010	No – objectives and aims are given in general terms
Are targets quantified where appropriate?	No	No	Generally no ⁽²⁾	No	Yes (specifically for urban areas)	No	Only in general terms	No (except for water supply)	No	No
Are institutional targets included?	Yes	Yes (responsibility for sanitation management)	Yes	Yes	No	No	No	No	No	No

* Section numbers refer to corresponding sections in the EHP Guidelines

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
<i>Levels of service (Section 3.5)</i>										
Does the policy define minimum service levels for the targeted population groups?	No	No (but reference to technology choices)	No	No	No	No	No, but examples of urban community sanitation facilities	No	Broadly: hygiene awareness & behaviour, disposal systems, toilet facility per h/h	No
Are these service levels appropriate in the light of existing and planned water supply services?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Health considerations (Section 3.6)</i>										
Did the Ministry of Health play a role in national policy formulation?	No	Not clear but probably not	Minor role at most	No	No	Not identified	Not identified	Not clear - probably not	Yes, part of Task Team	Yes – lead agency
Is health an explicit concern of the policy?	Yes	Passing reference-main focus on sanitation as economic & social good	No	Yes (but main aims relate to quality of life)	No	Yes – within definition of sanitation, statement, directive and objectives	Yes – within directives and objectives	No	Yes – within definition, problem statement & principles	Health is of primary concern
Does the policy provide information on the types and magnitude of the health problems arising from poor sanitation?	No	No	Types to some extent	No	No	Identifies IMR ⁽⁶⁾ in the introduction	Yes – child deaths/yr from diarrhoea, in introduction	No	Yes, with incidence of diarrhoea in children <5 yrs	Yes
Does the policy address these health problems?	N/A	N/A	To some extent	N/A	No	Yes – in directives & objectives	Yes	No	Yes, with hygiene behaviours	Yes – primary aim and vision

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
<i>Environmental consideration (Section 3.7)</i>										
Did the Ministry of Environment play a role in national policy formulation?	No	Not clear but probably not	Minor role at most	No	No	Not identified	Not identified	No	Yes, within Task Team	Not identified
Does the policy make specific reference to the protection of the environment?	Yes	Yes, but as with health rather in passing	Yes (but rather in passing).	General references	No	Yes - in the introduction, in the definition of sanitation & the policy statement	Yes – including water quality protection and monitoring	No	Yes, in problem statement, definition and principles	Yes – in some detail
Does the policy provide any indication of the magnitude of sanitation-related environmental problems?	No	No	No	No	No	No	No	No	No	Not specifically – only in general terms
Does the policy address the main environmental problems?	Not explicitly	In a very general and perhaps not realistic way	In a very general way	General reference to raising community environmental awareness	N/A	Reference made to specific problems in legislation – but no details	Yes – definition covers water source protection, solid/ liquid waste, storm/ wastewater disposal, IAP ⁽⁹⁾ , etc.	Not really	Yes, through integrated environmental planning, education and adopting a “polluter pays” approach	Yes, throughout
<i>Financial considerations (Section 3.8)</i>										
Does the policy indicate the cost of meeting sanitation needs(capital,	No	No	No	No	No	No. States no programme will be 100% subsidised.	No, but identifies cost of <u>not</u> having met sanita-	No	Both – capital and O&M cost per household	No, but identifies percentage of work-time

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
recurrent or both)?						Beneficiary contribution according to socio-economic status	tion needs		(max.) given	lost due to sanitation-related sickness and injury
Does the policy indicate how those costs might be met?	N/A	N/A	N/A	N/A	N/A	Not in detail – independent budget for sanitation from national budget	Yes – in broad terms: sanitation budget separate from national budget	N/A	Yes – identifies sources of funding: equitable share, grants & revenue	N/A
Does the strategy for meeting costs include subsidies on capital costs?	Not covered	For zonal and 'city-wide facilities	Where necessary		N/A	Yes – but states not 100%	For public facilities, drainage and garbage pits, plus on a needs basis for households ⁽¹⁰⁾	Yes (individual families are solely responsible)	Yes – one-off subsidy per h/h for community development (R600) and infrastructure (R600)	Only for specific conditions – poorest, poor ground conditions, tenants & people in transit
Does the policy assume financial allocations from national government to subsidize recurrent costs for municipal systems?	Not covered	No (Explicitly requires that customers bear recurrent costs)	Yes (because sanitation high % of DC expenditure)	No – focus on self reliant local management	Not stated but implied	Not identified	No – encourages private sector, on cost-recovery basis	Not covered	Available via the Equitable Share, together with tariffs set for water services	Encourages NGOs / CBOs – on cost-recovery basis
Does the policy refer to the need to fund hygiene education and other programmatic costs?	No	No – appears to assume demand exists	Only for HRD and operational research	No	No	Yes	Yes	No	Yes – with R600 subsidy per h/h	Yes

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
If so, are sources of funding identified and are they likely to be adequate?	N/A	N/A	Not explicitly identified	N/A	N/A	Not explicitly - identifies min. 20% of budget to be allocated to software aspects	Not explicitly - identifies "major thrust" of budget to be allocated	N/A	Financed by Dept. of Water Affairs and Forestry	Not identified
<i>Institutional roles and responsibilities (Section 3.9)</i>										
Does the policy define institutional roles relating to planning, financing, regulation, implementation, O&M, M&E and programme support?	Some roles defined but in fairly general terms	Broad division between community and gov't responsibilities	Yes (but need to check 'buy-in' by stakeholders).	Only in very general sense that gov't is seen as facilitator of community action	No	Yes in general. More details in accompanying Guidelines for Planning and Implementation	Yes – at national, regional, district, municipal and community levels	In very broad terms - focused more on water supply	Yes – for municipal, provincial and national government, private sector & NGOs	Yes – from h/h to national government, but not in a clearly structured way
Does it provide guidance on correcting any institutional weaknesses?	No	No	Some reference to developing human resources.	No	N/A	Some reference to restructuring and co-ordination committee to be formed	Some reference - institutional strengthening, partnerships, improving work environment, etc.	No	Through support from private sector & NGOs, co-ordination groups and Sanitation Directorate within DWAF	Yes – with strategies to implement policy – setting up Board, training, co-ordination and communication
Does it identify a lead agency for coordinating sanitation activities?	No	No	Yes (MLGRD)	No	No	Yes – MoHPP ⁽⁷⁾	Yes – MoHPP ⁽⁷⁾	No	Yes – DWAF	Yes - MoH Environmental Health Division, with

Questions	Bangladesh	Cambodia ⁽³⁾	Ghana	Indonesia	Mozambique	Nepal (1994)	Nepal (2000) ⁽⁸⁾	Nigeria	South Africa	Uganda
										plan to establish Env'l Health Board
<i>General (Section 3.10)</i>										
Does the policy recognise both hardware and software concerns?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Which of the two predominates? ⁽⁴⁾	Reasonably balanced	Reasonably balanced	Reasonably balanced	Software	Hardware	Software	Software	Hardware	Software	Software

Notes

- (1) Local Government Division – Ministry of Local Government and Cooperatives
- (2) There is a target of 100% sanitation coverage, by either domestic toilets or hygienic public toilets.
- (3) Analysis based on executive summary
- (4) This question is not easy to answer. Most policies make considerable reference to software aspects of policy but their intention is to ensure that the hardware is provided.
- (5) Environmental Sanitation Section (ESS) of the Department of Water Supply and Sanitation (DWSS), within the Ministry of Housing and Physical Planning (MoHPP) – the lead agency
- (6) Infant Mortality Rate
- (7) Ministry of Housing and Physical Planning (now Ministry of Physical Planning and Works (MPPW))
- (8) 2000 policy prepared as a revision to the 1994 policy, at the request of DWSS with funding from UNICEF. Appears that it was never adopted.
- (9) Indoor Air Pollution
- (10) Supported through establishing revolving funds
- (11) National Directorate of Water
- (12) His Majesty's Government of Nepal - targets of "Health for All 2000" and "Basic Minimum Needs"

Note that the following issues are not addressed in the questions:

Gender, Monitoring and evaluation, Poverty, Water quality monitoring, Private sector, Promotion and awareness raising, Schools and other institutions, Aligning policy with other sectors – education, women's development, water resources, etc.

Appendix 2.

OPR form

OUTPUT TO PURPOSE SUMMARY REPORT			
Title: <i>Application of tools to support national sanitation policies</i>		Country: <i>General</i>	MISCODE:
Report No. R8163	Date: <i>Dec 2003</i>	Project start date: <i>1-Sep-03</i> Project end date: <i>31-Mar-05</i>	Stage of project: <i>Inception phase</i>
Project Framework Goal statement: <i>Raise the well-being of the rural and urban poor through cost effective improved water supply and sanitation</i> Purpose statement: <i>Development of national sanitation policies facilitated through the application of appropriate guidelines and tools</i>			

Outputs:	OVis:	Progress:	Recommendation/actions:	Rating:
1. Inception report detailing agreement between stakeholders on methodology, workplan and case study countries	1. Inception report available by end of Month 3	Inception report prepared identifying partner countries for piloting guidelines (Ghana and Nepal), together with key stakeholders and their support for the process. Key government agencies and stakeholders have expressed their support for the assessment research to continue.	Proceed with research work programme in the two country case studies as identified. Mobilise work in Nepal in January in order to capitalise on current work with key DFID partner organisations.	1
2. Interim findings from country case studies	2. Findings available on project website by end of month 14 of research	Reports from initial findings of country visits prepared, summaries in inception report.	Interim findings to be developed as work progresses in country case studies.	1
3. Consolidated findings in workshop proceedings	3.1 Workshop held by the end of Month 15 3.2 Workshop proceedings published on website by EOP	Not applicable at this stage		1

Outputs:	OVI:	Progress:	Recommendation/actions:	Rating:
4. Field-tested guidelines and tools, including examples of national sanitation policies	4. 200 copies of guidelines disseminated by EHP, by EOP	Not applicable at this stage		1
5. Electronic dissemination of outputs 1-4	5.1 Web page operational by end of month 6 5.2 All outputs and working papers available on web page by EOP	Not applicable at this stage		1

Purpose Rating (X): 1**Justification:**

Even at such an early stage in the research, initial consultations in the case study countries have identified that demand exists for support to the process of national sanitation policy development and review. This has been voiced by key sector agencies and DFID partners, for example UNICEF and WaterAid. The assessment is therefore expected to progress without undue delay. Application of the process in further countries cannot be identified at this stage.

In the case of Nepal, it is essential that the research work mobilises during January 2004, to co-ordinate with and support current national policy review processes.

Attribution:

National sanitation policies can be greatly enhanced by the use of well established guidelines that encourage consideration of key issues to support the *process* of policy development, *content* of policy documentation and *implementation* of policy for effective impact on sanitation provision at national scale. While this can be carried out with direct application of the EHP guidelines as they currently stand, greater benefit can be achieved if the Guidelines have been field-tested, critically assessed and improved, in such a way as to enhance and support a process approach.

Key Issues:

None at this stage

Target Population:

Direct beneficiaries of the project's work are the communities and households affected by sanitation provision in Ghana and Nepal – the case study countries – if implementation of policy is improved through the assessment process.

Indirect beneficiaries are decision-makers and sector agencies involved in policy development and review processes – both within WATSAN and potentially other sectors in the case study countries, and in the WATSAN sector of other countries.

Numbers involved cannot be estimated – but the research outputs will potentially impact upon major sections of populations given that globally there are 2.4 billion people without access to adequate sanitation (those not practicing hygienic behaviours and without access to basic sanitation facilities).

Purpose to Goal: *Political will exists to provide the resources required to implement sanitation policies***Comment:**

While demand for the assessment research has been voiced, the allocation of resources to support the process in-country has not been identified, or discussed, at this early stage.

Action:

As the national sanitation policy is currently undergoing review in Nepal (with a view to finalise in early 2004 and submit to Cabinet for approval by July 2004), fieldwork in Nepal should continue without undue delay. This will ensure co-ordination of the assessment research and promote greater political and agency buy-in to the process and outcomes. This is as identified in the original work plan, provided approval to continue is received according to schedule.

Ghana??

Quality of OPR:

At this early stage in the research, the OPR is based on initial findings from case study countries. Findings have been assessed by members of the project team for inclusion in the report.

Lessons learned: [What are the lessons that have been learned to date:]

- (i) **Project level:** It is too early to have identified project-level lessons at this stage.
- (ii) **Country/ Region context:** It is too early to say at this stage. Lessons will be identified as country case studies are underway.
- (iii) **Generic lessons:** Many countries identify the key problem as being the effective implementation of what may appear to be a strong written sanitation policy. The *process* of policy development and implementation is therefore a key element and perhaps requires greater attention than the content of the policy *per se*. This should be a consideration of the country case study work. Issues of government priorities and budget allocations, together with dissemination, communication, consultation and representation have been identified as important in the initial visits.

Adviser responsible:

Date:

Appendix 3.

Additional References

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