



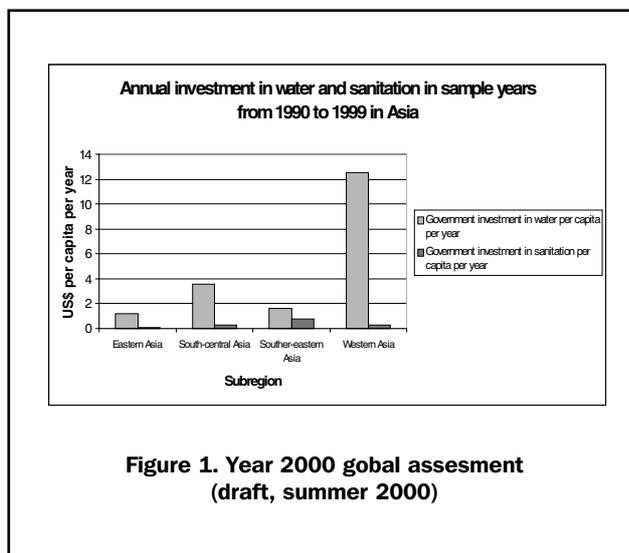
Building institutional capacity for sanitation

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This paper examines some challenges that continue to marginalize the sanitation sector in spite of all verbal political commitment to sanitation. "Sanitation", as used here, refers to technologies that are on-site, lower-cost (such as small-bore sewerage) and to associated management, demand, cost and behavioural factors.

Priorities

The lack of priority typically given to sanitation is reflected in the level of government investment shown in Figure 1.



Fragmented institutional framework

Sanitation is interdisciplinary and thus, a range of institutions are usually involved, to the point of fragmenting the overall effort. Those active in one setting or another include:

- **Government:** Ministries and departments of Public Health, Water Supply, Rural Development, Housing, Local Government, Municipalities, Fisheries...In addition, to these are: autonomous government agencies and local government institutions
- **Community organizations:** Religious groups; community-based organizations such as women's, youth clubs, labour unions...
- **NGOs** (non-governmental, non-profit sector) and project teams.
- **Private sector** ranges from individual workers or craftsmen through to large companies.

It is proposed that the optimum institutional arrangement can not be prescribed, it is situational depending on role of government, institutional anchors, coordination, roles of NGOs, control of the private sector, capacity building.

Time frame of sanitation programmes shows near exponential rather than linear growth

Programming needs to take account of the typical time line of low-cost sanitation programmes. See Figure 2 overleaf.

Expenditure on water facilities tends to be distributed more evenly over time. A different programming time-line for sanitation can imply the need for longer-term commitment. See Figure 3 overleaf.

Demand, mobilization, marketing, education and participation

There are examples of successful sanitation programmes that concentrated on so-called software leaving construction activities totally in the hands of the private sector. There are more examples of unsuccessful programmes that have only concentrated on construction. Sanitation is, to a large extent, a social phenomenon, rather than a technical one (Wegelin, 2000). Demand, and its cognates—mobilization, marketing, education and participation—are crucial issues. For example: programme management should take into account the initial level of existing demand which may be partially expressed, or not fully informed—and changes in demand.

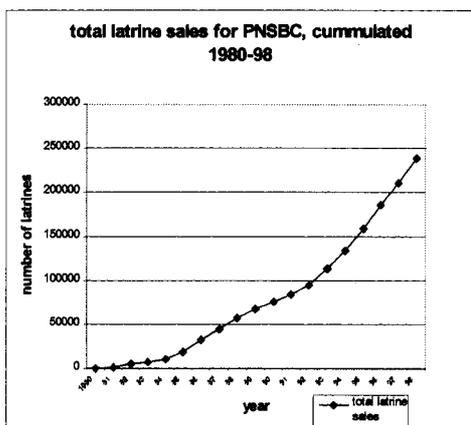
Example of possible differences in latrines programmes with different entering levels having observed potential of becoming successful

(See Table 1 overleaf)

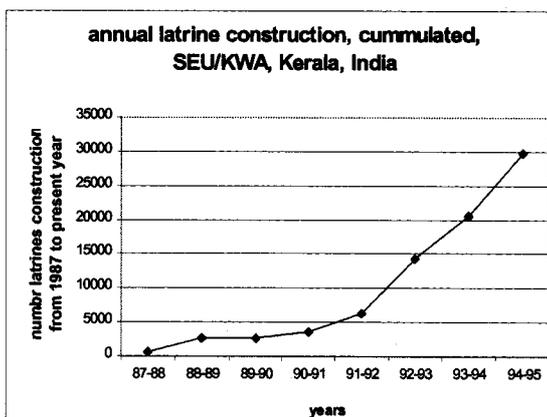
Further pilot or research is needed to develop simple measuring tools for different types of demand. There is a need to systematize information on how mobilization and demand-creation approaches can be determined for different situations.

Technology selection and costs

There are many technologies for low-cost sanitation such as the simple pit latrines, sanplat with pit, Mozambique pit latrine, VIP, double-pit, pour-flush, composting latrine,

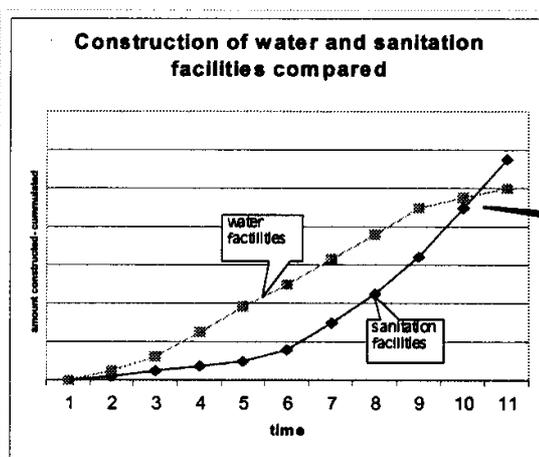


Adapted from Daywell, 1999



Adapted from Kurup, 1999

Figure 2. Time frame of sanitation programmes shows near exponential rather than linear growth



End of project cycle for water, but demand for sanitation facilities means that construction is increasing and should continue.

Figure 3. Construction of water and sanitation facilities compared

small bore systems, ecological toilets, mechanical flush, septic tanks). In general, however, current so-called low-cost technologies appear to be too costly for poor households.

It is startling, however, to realize that:

- There is no truly low-cost technology that operates throughout the year in high water table areas. This also affects coastal populations including those in dense urban population located in coastal cities around the world.

- Where population density is high, on-site solutions such as mechanical pit emptying and small bore systems need further refining and promotion.

Costs control

Cost control relates to the provision of adequate product at lowest price. This is particularly important where the public pays all or a percentage of the costs. The following table shows that strong cost control (attempted only by the last group) does indeed result in cost reductions. Greater

Table 1. Example of possible differences in latrines programmes with different entering levels having observed potential of becoming successful

< 40% of the population uses of any kind of latrine	> 40% use of any kind of latrine
Demand creation (social marketing, promotion) longer before construction.	Emphasis on hygiene promotion and behaviours, in addition to expanding the demand.
New projects to be more supply-oriented**	To be more demand-oriented (for example enlarge technology choice and enable households to invest in upgrading technologies.
Capacity building of partners and stakeholders: NGOs, public or government-subsidized in rural areas. Possible staff incentives.	Subsidies are reduced, eliminated or targeted for vulnerable families.
Identification and dealing with technology issues, for example, low-cost facilities that operate throughout the year.	Need for by-laws and institutionalisation is dealt with.
Stimulation of private providers in areas of potential high coverage.	Stimulation of private provision in less accessible areas.

** "The experience of large-scale programmes such as the PNSBC (Mozambique) suggests that initially a supply-driven approach may be necessary to establish a platform from which more demand-responsive approaches can be implemented." (Saywell, 1999, p. 46)

Table 2. Per capita construction costs for latrine facilities

Septic tank	75	97	100
Sewer	64	100	154 (rural) 196(urban)
small-bore sewer	40	-	140 (rural) 130(urban)
Pour-Flush on-site	30	42	73
VIP	29	32	42
simple pit latrine	8	16	56
Other	6	3	-

Table 2. Per capita construction costs for latrine facilities

Costs of latrines, Kerala India 1989-95 (Indian Rupees)	
Programme of ...	Average unit cost
World Bank	Rs. 3500
Various government agencies	Rs. 3000 to Rs. 3500
(NGO) project with local government	Rs. 2000

- Kurup, p. 45

Table 5. Subsidies for implementation of water and sanitation per person, Kerala, India 1994

Location	Piped water supply schemes: avg. per capita subsidy (Rupees, 1994)	On-site sanitation: avg. per capita subsidy (Rupees, 1994)
Nattika scheme	1,270	375
Edapal	979	400
Anjengo	778	375

- K. Shordt

effort is needed to ensure cost control with adequate quality.

A heated debate has been ongoing for year about household subsidies for low-cost latrine programmes. However, without having been conclusive. More data is needed to address this issue, including on affordability of technologies, cost control, the impact of subsidies. A comparative example of subsidies for water schemes and on-site sanitation in the same locations shows the following:

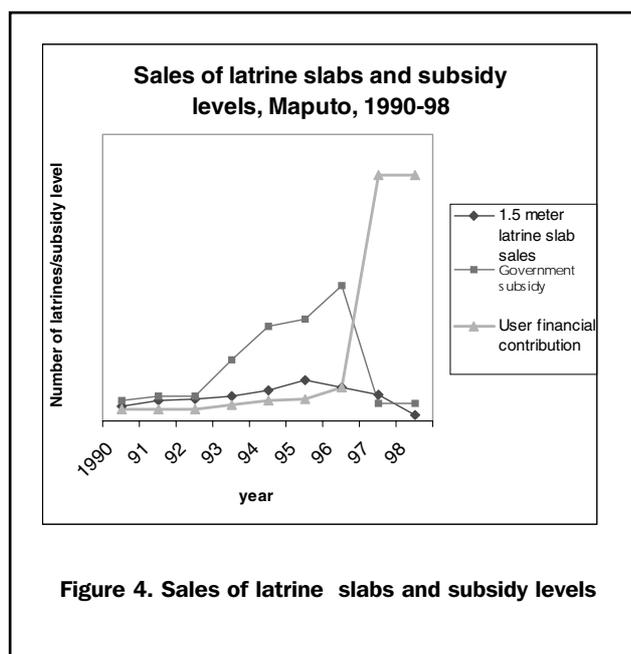
The following chart demonstrates how sensitive demand can be to subsidy level. With a year and half after the subsidy was almost eliminated, sales had fallen by 80%. When subsidy levels change, they must do so judiciously, gradually and be supported by careful information activities and monitoring. Subsidies are not sufficiently understood or studied.

Conclusion

Uniform strategies are not relevant necessarily to different settings. Not enough is known. Past experience has not been studied sufficiently; nor have its lessons been sufficiently applied. We need to experiment, monitor carefully, test approaches, adapt and disseminate them.

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