Sanitation governance refers to the rules, roles and relations that make sanitation systems work (or not) – at what cost and for whom. Rural and urban sanitation systems differ, as well as those in high- and low-income areas. The appropriate governance structure ensures that the selected technology and all parts of the system work sustainably in the given setting.

What is sanitation governance? Sanitation generally refers to the facilities and services for the safe disposal of human urine and faeces, including safe storage, transport, treatment, discharge and eventual reuse. Safe sanitation prevent disease transmission and faecal contamination and protect human health. This includes promoting important behaviours like hand-washing with soap. Sustainable sanitation emphasises the containment of substances that are harmful to the environment and the reuse of nutrients.

Far too many people live without safe sanitation, and the Millennium Development Goals target for sanitation was not met. Yet, access to ‘improved sanitation’ has at least increased more rapidly than the population: the estimated 2.7 billion people that lacked access to improved sanitation in 1990 represented nearly half of the global population, whereas the presently 2.4 billion without access (2015) represent around a third (WHO&UNICEF, 2015).

The lowest access to sanitation is found in rural areas: where seven out of ten people without improved sanitation live. The worst situation is found in Sub-Saharan Africa where sanitation service coverage is as low as 30 per cent, and the increase has been lower than the global average of fourteen percent.

Whereas safe sanitation can bring immediate convenience to the individual, it is only when sanitation systems function at the broader level that significant health gains are brought to society (and the individual). The type of system that brings the greatest health gains rely on private household facilities rather than shared or public sanitation facilities (Heijnen et al. 2014). The health burden from diarrhoeal disease is going down: Recent estimates of mortality from diarrhoeal disease indicate some 842,000 deaths in 2012 from inadequate water, sanitation and hygiene, including 280,000 deaths ascribed specifically to poor sanitation (Prüss-Ustün et al. 2014). Most of this reduction is attributed to the improved management of diarrhoeal disease, primarily by way of oral rehydration, i.e. avoiding dehydration of those that suffer from diarrhoea.

Improved sanitation remains as a major challenge for reducing diarrhoeal disease and enhancing convenience and quality of life of billions of people. Yet, simply investing more resources into sanitation will not always solve the problem. In many cases, sanitation systems do not work as intended, with toilets constructed but not used, or effluents not contained or collected. Better governance, with clear rules, coordinated roles and collaborative relations, is required to enhance the effectiveness of investments in the area of sanitation.
The recognition of the human right to water and sanitation in 2010 puts the obligation on States to take all necessary steps to achieve universal access to adequate sanitation, as well as the safe disposal of wastewater and faeces. To ensure a coherent governance framework would be one such necessary step.

**Challenges in sanitation governance**  
Progress in sanitation is hampered by political neglect, lack of funding and low success rates of interventions. Despite some notable local successes, there is an urgent need for delivering ‘at scale’ (Cairncross et al. 2014). This challenge resides primarily in the realm of governance.

Responsibilities in sanitation are fragmented between different sectors and line ministries (Carlei et al. 2012). This increases the complexity in governance and the risk of administrative struggles: One ministry might be responsible for sewerage and construction aspects (typically Ministries of Water or Public Works), another for housing construction and related regulations (Housing or Urban Development), yet another for hygiene and sanitation promotion (Health) and another for effluent controls (Environment). Coordination is difficult, even when formal mechanisms are established. And even though responsibilities often overlap, the tendency has been for sanitation to fall between chairs.

**Decentralisation**  
Decentralization of responsibilities, commonly to the local government level, is important. Local by-laws and the support of local government are critical for sanitation systems to function. Yet, capacities at the local government level are commonly insufficient, and the resources allocated rarely match the devolved responsibilities. This mismatch and insufficiency need to be addressed as policies place increasing responsibilities at the local level (Jiménez et al. 2014).

**Multi-level, multi-stakeholder governance**  
Sanitation governance takes place at multiple levels and includes a range of stakeholders. There are the various levels of central and local government, along with the private sector and civil society which play crucial roles for the sanitation system to function in different settings, not to mention the paramount role of individual households.

Sanitation services are usually not rolled out in a centralized manner like some other infrastructure services, but depend ultimately upon the actions of a full range of independent actors without any single institution taking the full responsibility (Ekane et al. 2014).

**The networked city, far from reality**  
One third of the world’s population do not have access to adequate sanitation or defecate in the open. But even those that have access mostly rely on unconnected solutions (latrines, septic tanks, etc.). The idea of networked cities, with sewerage collecting waste water, is not a reality. Emptying, transporting and adequate discharge and treatment of this faecal sludge is thus essential in the sanitation solution. Around 2.7 billion need faecal sludge management (FSM) services today. But FSM is very different from waste water. A myriad of actors, which often operate informal, are involved. And these actors might perform different functions in the value chain. Hence, getting the institutional setting and the incentives right for the system to operate is far from simple. Specific approaches and tools are being developed to tackle this issue (Strande et al. 2014).

**Incentives, compliance and enforcement – a balanced approach to regulation**  
There is commonly a great need for better enforcement of sanitary regulations and by-laws. Yet, a greater focus on the incentives for all actors in a system to comply with agreed or existing codes of conduct might be more conducive to reaching the objective of a functioning system.

Adherence to the governance principles of transparency and accountability, based on core values of honesty, equity and professionalism, i.e. “integrity,” is required to reduce corruption and pollution, and to enhance the efficiency of the whole system.

**Responding to households’ aspirations**  
Despite the investments by national or external support agencies; the bulk of the resources that go into sanitation are invested by households. The building of toilets forms part of house construction and their use is an integral part of the prevailing hygiene practices.

It is paramount to understand and respond to households’ aspirations and demands, including in the choice of technology. It is also crucial to assure that available services, e.g. collection or disposal, match households’ individual investment.

Sanitation marketing approaches can be effective to stimulate action and demand from households to use sanitation and hand-washing facilities.

**Public investment in sanitation**  
Conventional public finance in sanitation has focused on subsidies for household and public toilets, and grants for urban sewerage and waste management systems.

Subsidies for toilet construction, however, proved to be an ineffective strategy, since they failed to generate demand or stimulate innovation for low-cost products. These subsidies have thus not been able to address the needs of the poor (Cairncross, et al. 2010).
Public funding needs to match households’ own investments. In rural areas, public funds could be used for sanitation and hygiene promotion, capacity building of service providers, and ensuring sufficient resources for local governments to provide technical support and continuous monitoring of progress. In urban and peri-urban areas, public finance needs to support those capacities that make the often more connected systems work. Notwithstanding, scarce resources are commonly invested into the hardware of a centralized sewer which serves only parts of a city. A more equitable use of public funding would ensure to support and improve those systems and services that actually cater for the majority of the population.

Financing for sanitation | The financing of sanitation has been neglected by governments and donors. Donors have started to invest slightly more, but national level funding is still scarce. Despite sanitation policies now being in place in most countries, few have a sanitation plan that is fully funded and implemented (UN-Water & WHO, 2014).

Financing of sanitation investments pays off. Recent estimates find that global economic return on sanitation spending is USD 5.5 to every dollar invested (WHO, 2012). Most economic gains to society are realized by way of avoiding premature deaths, primarily among children.

Contradictions and taboos | Sanitation has often been seen as an ‘unglamorous’ or a taboo subject. As a result, it is frequently neglected by politicians, professionals and community leaders. Further, the taboo that surrounds sanitation and hygiene practices, problems and needs – including menstrual hygiene – renders information and policy directives to be contradictory and insufficient (Kjellén, 2012).

The private nature of hygiene and sanitation considerations also contributes to a lack of coherence between private and official norms, e.g. around hygiene practices or building standards (informal and formal institutions). There are also contradictions between planning ideals and what there is on the ground, i.e. ideals of the networked city has given the world many sewerage authorities, but which lack actual sewers to manage.

Our response | The UNDP Water Governance Facility at SIWI (WGF) strives to improve access to sanitation for all by improving governance through:

- Awareness-raising on the governance gaps in sanitation, through events, connection of stakeholders and publications (e.g. translation of Faecal Sludge Management book to Spanish).
- Research on the practical challenges for achieving sanitation services for all.
- Support to policy and capacity development in sanitation through the UNDP GoAL WaSH programme in a number of countries (e.g. Paraguay and Niger).
- Promotion of the ‘intercultural approach’ for water and sanitation.

References


Photo: Lotten Hubendick
The UNDP Water Governance Facility at SIWI (WGF) is a collaboration between the United Nations Development Programme (UNDP) and the Stockholm International Water Institute (SIWI). The WGF provides strategic water governance support to low- and middle-income countries to advance socially equitable, environmentally sustainable and economically efficient management of water resources and water and sanitation services. The ultimate aim is to improve lives and livelihoods and reduce poverty, inequalities and exclusion. The WGF forms part of the UNDP Water and Ocean Governance Programme (WOGP) and receives financial support from the Swedish International Development Cooperation Agency (Sida).

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