

CUMMINGS et al.

40th WEDC International Conference, Loughborough, UK, 2017**LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND SUSTAIN WATER, SANITATION AND HYGIENE SERVICES****What drives political leaders to improve urban sanitation?***C. Cummings (UK), I. Langdown, T. Hart & M. Matoso***PAPER 2635**

This report analyses the political challenge of improving access to sanitation in rapidly growing and developing secondary cities. We look at examples throughout history and across the world, and argue that while sanitation problems may appear to be technical in nature, without political incentives to solve them, progress cannot be made. Drawing on lessons from historical progress, we formulate a framework for understanding how improvements in urban sanitation take place. We then apply these principles to current sanitation challenges in two secondary Tanzanian cities, Mwanza and Arusha, to assess what could drive improvements there, and potentially elsewhere.

The challenge of faecal waste and growing cities

Despite medical and technological advances and an increasing awareness of how poor sanitation in high density areas severely harms human health, there are still many cities which lack universal sanitation. Why is this? We challenge the common perception that sanitation is a technical task, which simply requires more money. Looking at examples of progress in urban sanitation, we seek to understand what has led change to happen in these places, and what this means for sanitation improvements in other developing cities.

This paper presents three examples of progress in urban sanitation: in 19th century British cities, 20th century South Korean cities, and eThekweni municipality in post-apartheid South Africa. In each case, we seek to understand the political incentives which made sanitation a priority and so mobilised public resources and government capacity to address the problem.

‘Political will’ or ‘incentives’ are terms often used to describe politicians’ general interest – or lack of – in an issue. Our analysis unpacks this notion, identifying specifically what motivated political leadership in each case, and how political reasons for investing in public sanitation overcame disincentives and practical challenges of delivering the service. While each country is different, there are clear patterns in how sanitation became a political priority. Four sources of political incentives emerge:

1. Sanitation is valued culturally or socially;
2. Sanitation noticeably affects human health and so is considered important for a healthy, productive workforce;
3. Sanitation is considered a sign of modernity and is important for a city’s reputation; and
4. Sanitation is considered important for state legitimacy.

Throughout this report, this set of political incentives informs a broad framework, developed from secondary literature, which guides our analysis of how progress might be achieved in Tanzanian cities and elsewhere.

Methodology

This paper addresses the following question: What factors motivate political commitment to improving the whole sanitation service chain in secondary cities? To answer this, we undertook literature reviews of three historical cases of progress in urban sanitation and a wider review of studies of sanitation systems in developing urban areas. The findings from the literature reviews narrowed the focus of our research question and enabled the development of a framework of political incentives which guided our analysis. Using data

from UNDESA World Urbanisation Prospects 2014 and WHO/UNICEF 2014 Joint Monitoring Programme, the cities of Mwanza and Arusha were selected for the case studies as examples of rapidly growing cities in a country with a high rate of urbanisation, and which have high numbers of urban households without improved sanitation.

In both cities, the case study research involved key informant interviews with officers and leaders from across the four local governments (Arusha District Council, Arusha City Council, Mwanza City Council, Ilemela District Council), the urban water and sanitation authorities in each city (UWSA), households living in informal settlements, private on-site sanitation providers, and other international and national organisations working on sanitation issues there. Interviews were also held with national government officials from a range of departments. Copies of local government budgets and plans, UWSA budgets and plans and information on water-borne disease outbreaks were obtained. The interview notes and data were analysed against the research questions and the framework of political incentives which was developed from the review of historical cases (see figure 1).

The research findings were peer-reviewed for internal validity and accuracy. But, as with all case study evidence, there are limitations to the generalisations that can be drawn and there are limitations to the evidence base which could be covered by the literature review. The conclusions and suggestions for how Mwanza and Arusha could approach sanitation improvements are intended to be illustrative of the considerations which other rapidly urbanising, low-income secondary cities could also make. We therefore aim to provide recommendations which are specific to Mwanza and Arusha, while arguing for a broader approach to urban sanitation which is based on a better understanding of political incentives.

Learning from history

19th century Britain is a well-known example of large-scale urban sanitation improvement. A number of cross-society pressures converged and resulted in significant political incentives to tackle the problem. We identified three main drivers:

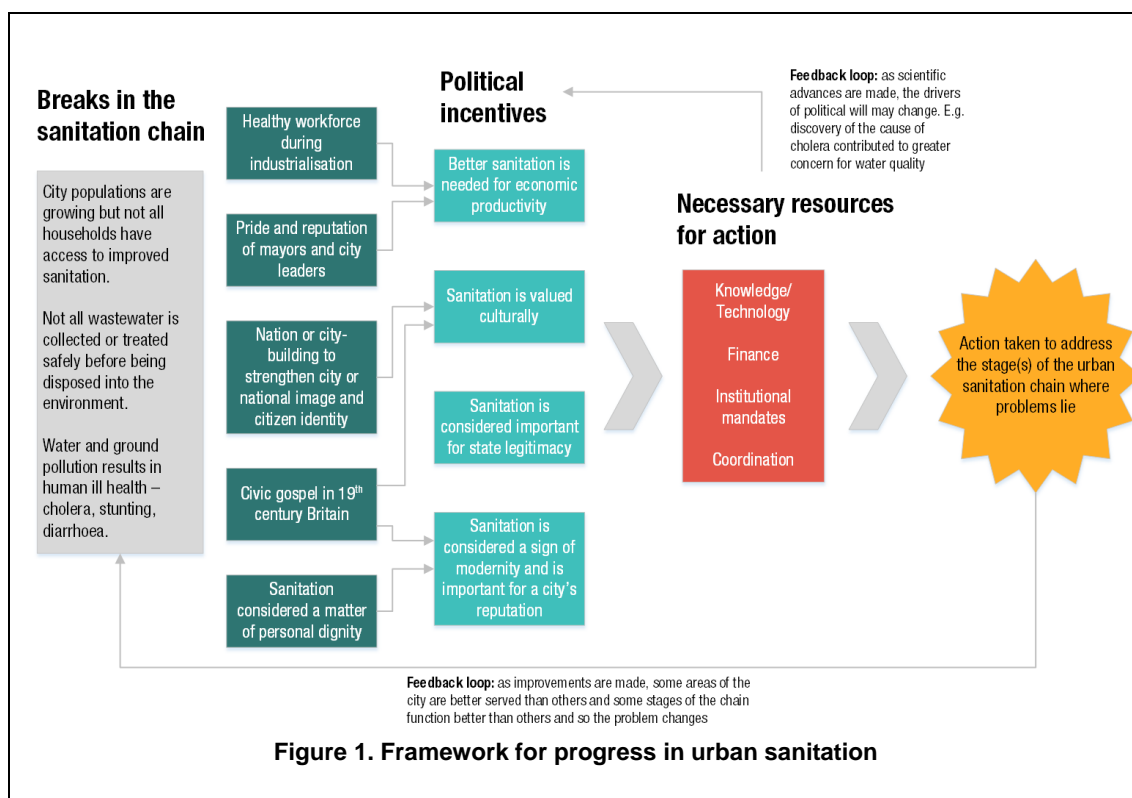
1. Impact on economic productivity: poor sanitation affected the health of the whole urban population and became a visible brake on economic productivity.
2. Social concerns: improving the lives of the urban poor became a societal aspiration.
3. Political pressure: the urban poor gained a strong political voice.

Together, these factors overcame opposition to public investment and enabled strong government mandates for local sanitation improvements and local governments were able to use loans to finance sanitation infrastructure (Szreter, 1988; Franceys, 2015). It was far from a rapid process, however. Awareness of the importance of public health and sanitation as a public good emerged in the mid-19th century, but action took place over a 40-year period (1870-1910) (Szreter, 1997).

In 20th century South Korea, studies have proposed three similar reasons for the sustained political support which drove sanitation improvements from 1961 (the start of military rule) to date. Firstly, awareness of the need for sanitation for a healthy workforce and therefore economic development; secondly, maintaining state legitimacy and strengthening the social contract through basic service provision; and thirdly, the idea that sanitation contributes to an image of modernity and national pride (Korean Water and Wastewater Works Association, 2016; McGuire, 2010; Northover et al., 2015). National government believed investment in public services would improve its reputation internationally and in the eyes of dissatisfied citizens. Supported by large investments from the US and others, South Korea set about improving urban sanitation through a nationally-led programme, which was closely controlled at the lower tiers by central government (Ryu, 2014).

Finally, in eThekweni municipality, South Africa, rebuilding national identity and a sense of inclusion and equality was important to political leaders after apartheid. Similar to South Korea, elected leaders thought that improving the access of marginalised communities to basic services, including sanitation, would help to unify society. South Africa has seen a long history of community activism for rights, including access to basic services, which continues to today (Mottiar, 2013). Therefore similar to 19th century Britain, there was a widely held moral imperative for the South African government to increase equity and quality in public services, including sanitation, which is considered a public, not private responsibility even at the household-level. Political autonomy and financial capacity at the local level enabled eThekweni to invest in, and experiment with, new ways of providing sanitation across the city.

While each country is different, there are clear patterns in how sanitation became a political priority. Four sources of political incentives emerge and form a basic framework with which we examine the sanitation challenges currently facing the Tanzanian cities of Mwanza and Arusha: see figure one.



The sanitation problem in Tanzanian cities

Mwanza and Arusha are two fast-growing secondary cities in Tanzania. The cities have similar demographics and local government per capita revenues and they also face similar difficulties in expanding sanitation coverage to their entire population. While these difficulties persist across the whole sanitation chain, our case studies found that the most significant gap was the lack of improved sanitation facilities to contain household excreta. This problem was particularly acute in informal settlements where problems of affordability, lack of tenure and inaccessibility mean households do not invest in their own improved sanitation. As a result, household excreta frequently pollutes the groundwater, and nearby streams, and cholera outbreaks are common. Why does this problem persist?

No political mandate to focus on household urban sanitation

Firstly, government intervention is limited because household sanitation is perceived as a private good. In Tanzania, the 2009 Public Health Act and the National Sanitation and Hygiene Policy maintain that government should not subsidise household sanitation facilities (Tremolet and Binder, 2013). This is a common notion in many countries where latrine use is perceived as a household responsibility and publically provided latrines tend not to be used. However, the safe removal and treatment of a household's wastewater is more commonly recognised as a public good because this is a service which is better managed collectively (Mosello et al., 2016). This is reflected in Tanzania where government investment in sanitation focuses on sewerage. This primarily serves the central high-income and business districts where demand is high and cost-recovery is easiest. Vacuum trucks for on-site services are, conversely, considered a private service which requires little public intervention.

Framged governance arrangements

The lack of political commitment to universal urban sanitation is reflected in weak government policy, programming and financing towards this issue. Interviewees commented that although the process to develop a central government policy on sanitation was begun in 2005, this remains in draft with a new

policy now being developed. At the national level, despite a 2010 Memorandum of Understanding for their respective sanitation roles, the Ministry of Water and Irrigation, and the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), still lack clarity in applying their resources to sanitation issues (Tremolet and Binder, 2013).

Our case studies found that in local governments, health departments are led by doctors who do not always see the relevance of sanitation to their department's work. Urban planning departments also only have a very minor role in sanitation planning and lack the power to implement plans for informal settlement upgrading or service delivery. The role of environmental health departments in sanitation is only to enforce environmental protection laws. The activities of these different departments were found to be uncoordinated and all departments at the local level overlook the primary problem of the inability of poor households to safely contain their excreta.

To resolve coordination problems for sanitation, some countries have created semi-autonomous public agencies to be responsible for urban water and sanitation services. The Tanzanian government has recently taken such a decision and established local Urban Water and Sanitation Authorities (UWSAs) which are responsible for all networked and on-site sanitation services in cities. This leaves local governments with little formal role or funding for urban sanitation provision. The UWSAs are accountable to central, not local government and so it is the national government which determines their focus. In Tanzania this means that the UWSAs have a clear mandate to expand sewerage across the city but do not respond to local health problems in informal settlements. Additionally, UWSAs are expected to operate on a commercial basis, aiming for full cost recovery which does not incentivise them to invest in the poorer sectors of the cities.

Difficulty financing a city-wide system

Low political motivation to improve urban sanitation means that government funding is limited. Funding streams for sanitation are small and tend to be hidden within budgets for water provision. For example, in 2012 the proportion of Tanzania's GDP which was invested in sanitation was less than 0.1% (Fidelis and Msambazi, 2012). Financing for sewerage and treatment plants is covered by central government grants and the UWSAs' own revenue from user-fees. However, the UWSAs in Mwanza and Arusha describe financing sewerage as a challenge as maintenance and repair costs are high.

International donors and national government are supporting sewerage expansion and the construction of new treatment plants but they typically do not invest in the first stages of the chain: containment and collection. This means that if local government wanted to intervene to improve the poorest households' access to sanitation, they would need to generate their own funds to do so. However, in Tanzania, political and administrative power is highly centralised and central government is now recentralising the collection of property tax, previously a core source of local government revenue (Government of Tanzania, 2016). Local governments remain highly dependent on intergovernmental transfers, on average receiving 91% of their revenue from central government (Government of Tanzania, 2016), and nearly all local government plans align with central government spending priorities leaving little power for local government to address locally specific issues (Fjeldstad et al., 2010; Tidemand and Msami, 2010).

What can Mwanza and Arusha teach us?

There are four areas of political will identified from the analysis of historical progress in other cities: 1) sanitation noticeably affects human health and so is considered important for a healthy, productive workforce; 2) sanitation is considered a sign of modernity and is important for a city's reputation; 3) sanitation is valued culturally or socially; and 4) sanitation is considered important for state legitimacy.

In Tanzanian cities, the first reason for improving sanitation – economic productivity – is weak since public health problems caused by poor sanitation in Tanzanian cities now are localised, compared to the widespread outbreaks of cholera in 19th century British cities. As a result, water-borne diseases do not seem to affect the urban population as visibly, and so there is not widespread fear of disease noticeably holding back economic productivity.

There is a lack of public pressure and interest in sanitation which means that the fourth source of political interest – state legitimacy – does not have much relevance in Tanzania. While public demands for politicians to improve public services may be growing (Tsubura, 2015), this is directed at the most visible services, such as schools and hospitals, whereas less visible and more private services such as sanitation receive little public attention. Activities aiming to increase public understanding of the importance of sanitation may be important for the uptake of sanitation services (Mason et al., 2013). But, given that the households who are

most affected are socially marginalised, a stronger demand for sanitation from this group is unlikely to be enough to elicit a favourable response from political leaders.

The second and third arguments for political leadership are stronger: city reputation and social pressure. In Tanzania, some local government officials who were interviewed express frustration at the presence of informal settlements, perceiving them as signs of under-development in their growing city. This is similar to aspirational visions of modernity, as seen in South Korea, which could drive public sector investment to improve informal areas. In addition, pressure from international development organisations on the Tanzanian government to improve the living standards of the urban poor may also motivate political leadership, particularly where financial and technical assistance is also offered.

However, for these incentives to lead to action, they need strengthening and local ownership. An alliance of Tanzanian and international organisations could advocate for better sanitation on the basis of improving personal dignity and the reputation of a city. Cross-sector alliances calling for better environmental and public health in cities could create additional pressure in making health central to urban development. Caution should be exercised, however, in supporting action to ‘modernise’ and redevelop informal settlements to avoid such efforts resulting in the forced eviction of people from their homes.

Once political commitment to improving sanitation has been strengthened, more technocratic recommendations become relevant. For example, low-cost loans to local government, possibly via international donors, and the ability to cross-subsidise outside the water and sanitation authority may also help government to finance improvements to sanitation. Moreover, having a clear institutional mandate to local government to improve urban household-level sanitation and a single, empowered body to coordinate cross-sector interventions may also enable sanitation improvements. Non-government organisations working to improve sanitation in informal settlements could partner with government in an attempt to have their practice joined-up, learnt from, and taken to scale.

Critically, the slow and costly process of expanding networked sanitation means that expectations of how quickly formal sewerage networks will reach an entire urban population must be realistic. While not always popular, investing in intermediary solutions for areas of the city not yet connected to the main sewerage is necessary. This will require central government to broaden its investment strategy to financially enable UWSAs and/or local government authorities to develop sanitation systems in informal settlements. Here, we suggest that comparatively low-cost and local-level interventions are needed. These should be pragmatic actions to improve sanitation in the short to medium term, enabling the poorest households to have improved latrines and connect to either simplified sewerage or private sector on-site services.

In conclusion: addressing an urgent urban problem

Our analysis of the political drivers of improved sanitation in cities across the world suggests that political interest in sanitation can emerge for different reasons, primarily one or more of the following: sanitation is valued culturally or socially; sanitation noticeably affects human health and so is considered important for a healthy, productive workforce; sanitation is considered a sign of modernity and is important for a city’s reputation; and/or sanitation is considered important for state legitimacy.

The question remains, however, of how these possible motivating factors may be strengthened or leveraged if the existing political commitment to sanitation is not strong, as in Tanzania. There may be multiple, different pathways for building political incentives for sanitation and there is an emerging body of work offering theory and case studies for how to support development by working politically (e.g. Booth and Unsworth, 2014; Faustino and Fabella, 2011). This often involves forming a coalition of local actors who are able to generate enough pressure and create sufficient incentives to change the status quo. The examples of 19th century British cities and Durban in South Africa post-apartheid support this idea, demonstrating how public pressure from a number of angles can be a powerful force for changing political priorities.

To encourage improvements in public sanitation services, there may be a range of different local, national or international stakeholders who have a shared interest in urban health (albeit for different reasons) which could build a cross-sector alliance to increase political attention to urban sanitation. This study also shows that improving sanitation is a slow process without ready-made solutions. Interventions will therefore need to have realistic time frames to avoid disappointment or fatigue as results take time to show. Likewise, interventions should focus on incrementally building political support for sanitation before any large-scale investments are made.

Political prioritisation needs to come first

There are many studies into different financing options, technical solutions, and institutional structures for urban sanitation services and this paper does not aim to recommend which are best. Rather, we intend to show that sanitation has to become a political priority before the technical challenges can be overcome. By unpacking the blanket term ‘political incentives’, this report identifies different ways in which political leaders can become motivated to direct public resources at sanitation services. Finding ways to strengthen political interest in sanitation is a critical first step.

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