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Tailoring pro-poor support strategies with local governments to improve sanitation services

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Abstract

In growing recognition of disparities in sanitation access there is a need for more evidence of effective approaches to ensure more equitable service provision for all. This paper shares the learning process and experiences from tailoring pro-poor support strategies in Bhutan and Cambodia in the context of wider sector discussions on financing sanitation and subsidies. In order to address disparities, formative research was conducted by SNV and local government partners to better understand what poverty means, analyse the barriers to sanitation access for poor and socially excluded groups, identify existing community solutions and subsequently develop clearer government-led strategies. In Bhutan, traditional community mechanisms were identified and reflected at national policy level, recognising that labour shortages were a greater barrier than financial issues alone. In Cambodia, affordability of improved sanitation facilities was found to be the most significant barrier. Priorities of the poor have been integrated in commune investment plans and a targeted result-based sustainable sanitation fund is now being trialled. Through the experiences in Bhutan and Cambodia, this paper contributes insights to advance thinking on the process for developing a variety of pro-poor support mechanisms for sanitation, and the importance of recognising and working with local government in the process.

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Introduction

With increasing recognition of the disparities in sanitation access, local governments are responding to the challenge of developing strategies that ensure more equitable service provision for all. This practical paper shares the process and experiences from the two different contexts of Bhutan and Cambodia in tailoring pro-poor support approaches in the context of wider sector discussions on financing sanitation and subsidies. SNV works with local government partners to develop district-wide service delivery as part of its Sustainable Sanitation and Hygiene for All Programme in Bhutan, Cambodia, Laos, Nepal and Vietnam. The programme which has reached over 2 million people and improved sanitation access for more than 700,000 since 2008 seeks to develop the capacity of local government agencies at provincial, district and commune level to plan, implement and monitor their sanitation and hygiene interventions. Within the programme areas, disparity in access to basic sanitation for households living in poverty is a significant issue. As a response, different strategies for pro-poor support mechanisms were tailored and tested with government partners. Subsequent learning and experiences are connected to dialogue at the national level.

Whilst subsidising the software components of on-site sanitation is a common feature of programmes - for example behaviour change communication and sanitation demand creation – many actors have moved away from providing hardware subsidies in response to concerns about their cost effectiveness, scalability and the sustainability of sector interventions (Evans et al. 2009). Increasingly programmes integrate incentive-based systems or advocate for “no-subsidy” approaches. The subsidy debate is well documented, but as the Water Supply and Sanitation Collaborative Council (WSCC) highlighted in 2009, “there is no single ‘right’ answer to the design of financing arrangements for sanitation” but rather a flexible information-based approach is needed in response to specific contexts and national priorities in order to open up options to achieve more equitable outcomes (Evans et al. 2009). The Water and Sanitation Programme’s (WSP) multi-country comparative study argued that the choice is thus not “subsidy or no subsidy?” but rather that it is necessary to determine “what form and level of public funding makes sense in a specific context?” (Tremolet et al. 2010. p8). Developing well-targeted interventions for the poorest, whilst leveraging private investment without distorting the market is undoubtedly complex, but examples of principles for mechanisms, including smart subsidies are increasingly being explored (Willetts 2013).

Methods

Joint qualitative research was undertaken in Bhutan and Cambodia by SNV and government partners to better understand what poverty means in terms of sanitation access, analyse the barriers and constraints (beyond financial means) that obstruct access for poor and socially excluded groups, identify existing solutions and develop clearer strategies with local government for proposed pro-poor support mechanisms. In these two examples, the research was part of broader approaches within the governments’ programmes and included demand-creation activities, behaviour change communication, governance and supply chain development.

In Bhutan, the challenge of including households and/or individuals that face genuine difficulties in improving their sanitation situation was identified by local and national government (refer to Table 1). As part of developing a national approach it was important to explore ways in which support from local government and communities could be mobilised. Qualitative research on pro-poor support mechanisms for sanitation and hygiene improvement in Lhuentse district (poverty level 47%) was conducted by the Ministry of Health and SNV Bhutan in August 2011 with support from AusAID (Choden & Levaque 2012). The objective of the research was to identify appropriate support mechanisms to assist people living in poverty to meet their aspirations for improved sanitation and hygiene. Primary data was collected in six villages with varying poverty rates. Twenty key informant interviews and six focus group discussions were conducted with women and men from selected communities. As part of the research, discussions with political leadership were held to explore the possibility of using existing-yet-untapped grants for sanitation purposes. The findings formed the basis for the government to devise appropriate pro-poor support strategies for sanitation.

When the SSH4A programme commenced in Cambodia, over 90% of IDPoor (see Table 1) households in the programme target district practiced open defecation and in several communes none of the poor households had access to sanitation. Within 18 months of implementing the district-wide approach without hardware subsidies access to improved sanitation had doubled. However, progress amongst the poor remained comparatively slow. Innovative solutions to reach the poor while working within the government system were needed. In 2013, building on the experience of the Bhutan programme, a study on pro-poor support mechanisms with similar objectives was conducted by SNV in cooperation with local government partners in Kampot province. Three types of research tools were used: in-depth interviews, focus group discussions and stakeholder interviews. The sample population included a mix of IDPoor, non-poor and socially excluded households, as well as latrine users and non-latrine users. The target villages for the research were selected based on geographical location, sanitation coverage and level of poverty. The findings were then used to develop pro-poor support strategies, which are currently being tested. In both studies a content analysis of the qualitative data collected was carried out. After a first review of the interview notes, and based on the objectives and research questions of the study, a list of themes or categories was developed. The data collected was then organised by topic and coded into theme or category and analysed manually in a categorised manner.

Table 1: Summary of definitions of poor and sanitation sector contexts

Systems for Poverty Identification	Sanitation Context
Bhutan The "Kidu" System for wellbeing of the people is traditionally a Royal Prerogative and enshrined in the Constitution as a responsibility of His Majesty the King. Includes three broad categories, of which the first is to help the most vulnerable sections of society, e.g., people living in extreme poverty, the elderly, disabled people, children and victims of disasters. Poverty is also assessed by national surveys every five years to determine the areas/sub-districts with the highest poverty rates.	• Basic sanitation is high, but access to improved sanitation is 54% (NSB, 2010). • One of the highest infant mortality and stunting rates in South Asia. Royal decree and policy change in 1992 ended hardware subsidies for on-site sanitation. Change in policy recognised that the predominantly pour flush toilets being constructed with heavy externally funded project subsidies did not demonstrate an appropriate, affordable means of sanitation to the rural population. The concepts of self-reliance, sustainability and affordability were emphasised as preferable for the sector (RGoB, 1993). Today, hardware subsidies feature in many sectors, particularly agriculture, and leaders at sub-national levels lobby for subsidies to be reintroduced into the national Rural Sanitation and Hygiene Programme and the Rural Sanitation and Hygiene Policy still to be endorsed.
Cambodia "IDPoor" is used as the principal targeting mechanism by the government, a number of international donors and NGOs. It is instituted and led by the Ministry of Planning in collaboration with the Ministry of Interior and updated biennially. In the IDPoor system, photo identity cards are provided to households identified as very poor (Poor Level 1) or poor (Poor Level 2) based on an asset scoring system.[1]	• Lowest rural sanitation coverage in Southeast Asia. • 22% have access to improved sanitation (JMP, 2013). • 69% still practice open defecation in rural areas. A study in Cambodia found that public finance for sanitation is not reaching those below the poverty line (Robinson, 2010). Next to this, evidence from various sanitation and hygiene projects in Cambodia and experience from other countries in the region shows that subsidies also have delayed progress and created dependency, whilst households (also non-poor) wait to receive some financial support/subsidy for toilet construction. In accordance with the national strategy, the focus of subsidies should be on software costs, with some limited financial support to enable the poorest families to buy appropriate latrines, using subsidy mechanisms targeted only to the poorest.

1. Ministry of Planning in Cambodia, Identification of Poor Households available online at http://www.mop.gov.kh/Projects/IDPoor/tabid/154/Default.aspx.

Results

Findings in Bhutan showed that a shortage of labour was the main barrier for rural people living in poverty accessing improved sanitation. The findings helped to set the stage for effective targeting, with the identification of different dimensions of poverty relating to sanitation access by the community members themselves, such as: “those who lack manpower”, “single female headed households”, “elderly people living alone”, “people with financial constraints” and “people with disabilities”. Solutions proposed included mobilising community labour, initiating community groups to raise funds for sanitary purposes and the use of local taxes and grants that Members of the National Assembly have at their disposal. This last solution was explored further with local Members of Parliament in terms of the eligibility of sanitation under the guidelines. The study found that if the case was made for the collective benefits of sanitation, it would be considered eligible for the untied portion of the Annual Capital Grants allocated to local governments, and potentially the Constitutional Development Grants that the Members of the National Assembly have at their disposal. At that time sanitation was considered as being of solely individual benefit and therefore ineligible for support through local government grants.

The research was widely shared with district and national stakeholders, including those who were involved in the reformulation of the Rural Water Supply and Sanitation (RWSS) Policy. Recommendations contributed to informing policy makers and to discussions on the principles of the revised RWSS policy in 2012.

Recommendations based on the findings of the research included the following:

- Advocate that sanitation is a collective responsibility requiring collective action and the possibility of local financial solutions to help households/individuals facing genuine difficulties in constructing an improved toilet;
- Build capacity at local levels to improve data collection and use monitoring data, with special attention to equity and inclusion;
- Encourage local leaders to mobilise the community to provide labour contributions to households who face a labour shortage and are unable to pay for labour;
- Advocate for the need to ensure transparency at the local level in the process of identifying poor households or individuals;
- Encourage partnership with civil society organisations that target people living in poverty and support income-generating activities and/or provide micro-finance facilities;

In Cambodia, the findings of the research highlighted that affordability was the most significant barrier to poor households accessing improved sanitation. Financial support mechanisms, such as smart hardware subsidies, were concluded to be the most effective way to target persistently low improved toilet uptake among extremely poor and socially excluded populations. However, avoiding any negative externalities and lagging, such as that those who are able to buy or construct a toilet do not do so in the expectation of receiving financial support, was seen as vitally important. In response, the Pro-poor Sustainable Sanitation Fund was designed and is currently being piloted as a results-based incentive for target communes to accelerate progress in sanitation and hygiene. Target communes that have reached the impact target of access and hygienic toilet use for at least 80% of households in all the villages within the commune are eligible for the Fund, which is used to support the poorest households in the target villages to upgrade or construct an improved sanitary toilet. The Fund is managed by the commune council, with capacity building and technical assistance from SNV and the Provincial Department of Rural Development (PDRD). Support to poor households is provided in the form of sanitation vouchers, which allow them to purchase a sanitary toilet at a discounted price.[2] Village consultation meetings with all IDPoor households are conducted to clearly explain the eligibility criteria, terms and conditions. Each IDPoor household is required to sign an agreement[3] with the village chief, committing to construct the toilet, including a proper superstructure and within an agreed timeframe, as well as to use, clean and maintain the toilet hygienically. This mechanism is implemented in close cooperation with the sanitation suppliers in the target areas. Based on the demonstrated results and effectiveness of the Fund concept, it is expected that the approach will be institutionalised, integrated in the commune development and investment planning process and replicated in other areas.

Next to realistic affordability issues, the poorest households, especially in the remotest villages, often had limited knowledge about low-cost toilet options. In response, information on low-cost sanitary toilet options is now provided through regular commune and village meetings and home visits are conducted to ensure that households are supported to make informed decisions. Several commune councils have understood the value of all households, including the poorest, having access to sanitation and have mobilised support from the community and facilitated cooperation with schools to support the poorest and most disadvantaged households to build latrines.[4] The aim has been to identify and strengthen the local government's existing structures and channels to ensure that proper information and support is provided to the poorest and socially excluded households.

Finally, through women's empowerment meetings, female representatives from the 15 target communes and 88 villages were supported to present their priority needs related to water and sanitation. Good cooperation in the district of Banteay Meas ensured that the needs of the poorest households and socially excluded groups were taken into account and integrated into commune development planning processes and reflected in the plans. However the challenge is that the annual budget in each commune is very small and more advocacy is needed to increase investment.

2. The value of the sanitation voucher for the IDPoor1 households is 125,000 Riel and for IDPoor2 100,000Riel. The lowest price for the improved sanitary toilet 'EZ toilet' (only for the underground structure) in Banteay Meas district is 175,000 Riel (around 44USD).
3. The agreement is signed both by the husband and wife.
4. Learning Brief: The first Open Defecation Free (ODF) Commune in Banteay Meas District, Kampot Province, http://www.snvworld.org/en/regions/asia/publications/learning-brief-the-first-open-defecation-free-odf-commune-in-banteay-meas.

Discussion

Each new, improved sanitation facility in the community will provide both public and private benefits, and reinforcing this concept with local leadership is important. Sanitation services that fail to deliver improved sanitation to poor households are likely to have less optimal outcomes, with fewer health and economic benefits than those that succeed in reaching the poor, given the impacts beyond the household level (Louis, et al, 2014). The experience has shown – both in Cambodia and in the region – that the introduction of financial support mechanisms for the poor can delay the uptake of improved sanitation in a target area. When determining the appropriateness of a subsidy this was considered a risk factor that needs to be tested, closely monitored, consulted on and communicated. Evidence-based behaviour change communication strategies are integrated with the targeted financial support mechanism.

The need to develop pro-poor support strategies has seen increased priority during sanitation stakeholder discussions at central and district level in Bhutan. National and local sanitation stakeholders continue to include the mobilisation of labour resources for targeted households. Moreover, targeted and localised pro-poor support remains a priority in local administration action plans and is included as part of regular programme monitoring. Following the research, the district government integrated the recommendations into the communal-level action plans in Lhuentse district as part of the behaviour change communication strategy for sanitation and hygiene. The local plans particularly took into account the mobilising labour and advocacy-related recommendations and encouraged the traditional systems of community cross-subsidy in which community members contributed in-kind to households requiring support.

Measuring the progress and effectiveness of pro-poor targeting and social inclusion is important. In Cambodia the process of tailoring solution mechanisms was initiated based on analysis of the disaggregated progress data. This clearly showed that without targeted interventions the benefits of the programme were not optimally reaching the poorest and socially excluded groups. Ensuring a participatory and gender-inclusive process made the particular barriers faced by women and female-headed households visible and generated local support in both country programmes.

Conclusions

The post-2015 Sustainable Development Goals (SDG) mark a shift in development thinking. For sanitation and hygiene in particular, there will be a broadening in scope to include sustainability and equity goals more explicitly. Increasing momentum around the realisation of the human right to water and sanitation is also putting emphasis on non-discrimination/marginalised groups. Achieving universal access to improved sanitation requires pro-poor support strategies that are demonstrated to be effective and joint commitments and targets to reduce inequalities. Tailoring and testing solutions based on evidence that can be institutionalised within specific contexts, rather than adopting or replicating models or relying on external support, may prove more effective in targeting pro-poor support at the local government level. However, there is still much to be learnt to inform work at scale and overcome existing challenges. Even in contexts such as Bhutan, where there are limited actors, with an endorsed approach and clear policy direction, lobbying for the return to national led subsidies continues by local leaders. In Cambodia, despite a clear method of identifying the poor, the numerous sector approaches, actors and projects can translate into households continuing to wait for financial support.

The joint research has led to a broader understanding of subsidy, financing sanitation and the different dimensions of poverty impacting on access, including labour and affordability, for the government stakeholders involved. The process has strengthened the capacity of local government and field staff to engage in discussions around subsidy and move the subsidy debate forward. It has supported local government to see alternatives to nationalised hardware subsidy approaches and sought to institutionalise pro-poor support mechanisms that are based on evidence.

In Bhutan, traditional community pro-poor support mechanisms were identified, evaluated and reflected on at national policy level, acknowledging that labour shortages were a greater barrier than financial issues. In Cambodia, affordability of improved sanitation facilities was found to be the most significant barrier in ensuring sustainable sanitation for all, including the poorest. The needs of the

poorest households and socially excluded groups have been integrated in commune development and investment plans and results-based smart subsidies targeted at the poorest households are being trialled. However, these chosen approaches still need to be tested and monitored in practice and subsequent research will explore their relative success and further lessons from their implementation. Recognising the key role of local government and engaging with them in this wider discussion is essential to broaden the hardware subsidy debate, move it forward and successfully achieve sustainable sanitation and hygiene for all.

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