

REPUBLIC OF RWANDA



MINISTRY OF HEALTH



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**East Africa Practitioners Workshop on  
Pro Poor Urban Sanitation and Hygiene  
LAICO Umubano Hotel, Kigali, Rwanda, March 29<sup>th</sup>-31<sup>st</sup> 2011**

**PRO-POOR SANITATION AND HYGIENE IN EAST AFRICA:  
TURNING CHALLENGES TO OPPORTUNITIES**

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**BACKGROUND PAPER PRESENTED AT THE EAST AFRICA PRACTITIONERS WORKSHOP  
ON PRO-POOR URBAN SANITATION AND HYGIENE, KIGALI, RWANDA**

**MARCH 2011**

## **Abstract**

*This paper will contribute to both discussions at the March 2011 East Africa Practitioners Workshop and also provide a basis for further in-depth studies on policy, advocacy, and research on pro-poor sanitation and hygiene in urban East Africa. The information presented is a synthesis of literature. In East Africa, poverty remains one of the greatest challenges facing the people and their governments. From a water and sanitation perspective, commendable achievements for better health, water and sanitation have been realized. The public health situation in East Africa's urban poor is greatly compromised because of inadequate sanitation and hygiene. The institutional framework for addressing urban sanitation and hygiene does not work for the poor. Sanitary conditions are particularly poor in East Africa's slums, where a majority of residents resort to open spaces and pit latrines that are over-used and inadequately maintained. Conventional public finance in sanitation generally focuses on subsidies for household and public toilets and grants for urban sewerage and solid waste systems. Despite these challenges numerous opportunities can be discerned. These opportunities include advocacy, research, service delivery, and even programming interventions for civil society, the private sector, and the state(s). With an increasingly supportive political environment, all actors including the urban poor ought to pro-actively support participatory interventions. The other opportunities relate to pro-poor financing through loans or revolving funds managed through micro-finance institutions. Civil society could engage sanitation and hygiene for the urban poor and explore partnerships to support civil society participation in these crucial policy processes. While the discussion in this paper is not exhaustive or even fully representative of the current and complex sanitation and hygiene situation in urban East Africa, it shows glaring gaps for intervention.*

## **1. INTRODUCTION**

This paper provides a general background on sanitation and hygiene in urban East Africa. The main purpose of this paper is to provide a contextual background for discussions at the March 2011 East Africa Practitioners Conference in Kigali, Rwanda. This paper broadly maps the key issues in urban sanitation and hygiene in East Africa. It also analyses urban poverty and how this relates to urban sanitation and hygiene, highlights some key issues/challenges and outlines some of the efforts and opportunities for pro-poor urban sanitation and hygiene in East Africa. This paper aims to present a deeper understanding of the situation of sanitation and hygiene for the urban poor. The information presented is based on review of literature and our views as practitioners.

## **2. THE CONTEXT FOR URBAN SANITATION AND HYGIENE**

According to WaterAid (2006), approximately 1.1 billion people in the world do not have access to safe water, and another 2.6 billion do not have access to adequate sanitation. In developing countries an estimated 2.2 million people, most of whom are children, die annually due to diarrhea linked to a lack of access to safe drinking water, inadequate sanitation and poor hygiene (WaterAid 2006). The World Health Organisation estimates (WHO, 2004) show that 88% of the burden attributable to unsafe water supply, sanitation and hygiene severely affects children in developing countries.

In the literature, it is evident that hygiene behaviour plays an important role in the prevention of diseases related to water and sanitation, such as cholera, typhoid, dysentery, diarrhoea and intestinal worms. Campaigns to promote hand washing with soap, food protection,

domestic hygiene and safe excreta disposal, in particular of infants' stools, have been shown to deliver big health gains. The simple act and habit of hand washing, it is argued, if widely adopted, would save more than one million lives around the world annually, the majority of them children under the age of five in poorer countries (Bolt, Caincross and Shordt, 2004; WaterAid, 2006).

According to the Population Research Bureau (2008), of the estimated 140 million people in East Africa, the urban population comprises of at least 25%, 18%, 17%, 13%, and 11% in Tanzania, Kenya, Rwanda, Uganda, and Burundi respectively. An estimated 60 million people reside in East Africa's informal settlements. As Table 1 shows, a relatively small proportion of East Africa's population is classified as urban; this proportion is going to dramatically increase in the next 15 – 20 years.

**Table 1: Urbanization Trends in East Africa**

Country	2000	2010	2020	2030
Kenya	19.7	22.2	26.6	33.0
Uganda	12.1	13.3	15.9	20.6
Tanzania	22.3	26.4	31.8	38.7
Rwanda	13.8	18.9	22.6	28.3
Burundi	8.3	11.0	14.8	19.8
<b>East Africa</b>	<b>20.7</b>	<b>23.7</b>	<b>20.20</b>	<b>33.7</b>

**Source:** United Nations Department of Economic and Social Affairs UNDESA (2008)

In East Africa, poverty remains one of the greatest challenges facing the people and their governments. In Uganda, poverty trends show a mixed picture. In 1992, 56% of the population was poor. This declined to 44% and 34% in 1997 and 2000 respectively. Recent estimates show that urban poverty constitutes 18% compared to 45% for the rural. Urban poverty increased from 9.6% in 2000 to 12.2% in 2002/03 (Government of Uganda, 2004). The population in Uganda is predominantly rural and agricultural based. There are significant regional disparities in poverty levels, with the highest incidence in the north of the country. In these regions, long affected by conflict, all the MDG indicators fare very poorly.

For Rwanda, poverty fell from 60% in 2001 to 57% in 2005/06. There were important regional dimensions to this: the poverty headcount fell substantially in Eastern Province, fell by smaller amounts in Northern Province and the City of Kigali, and actually rose slightly in Southern Province. The level of inequality was already high in 2000/01, with a Gini coefficient of 0.47, and this rose to 0.51 in 2005/06. The high initial level of inequality, and the fact that inequality worsened over this period, were important factors making the consumption growth less effective in terms of poverty reduction – in more technical terms, lowering the growth elasticity of poverty reduction. Inequalities rose in Southern and Western provinces in particular. Even though the consumption growth rate was positive in Southern Province, poverty also rose. The population of Rwanda is young, with a mean age of 21 years and children under 15 years comprising 43% of the population.

The Kenya statistics tell a slightly different story. At least a third of Kenya’s urban population is living in poverty by any measure. Recent World Bank/Cities Alliance figures indicated levels closer to a half, and also suggest that by 2020, urban poverty will represent almost half of the *total* poverty in the country (Oxfam GB, 2009). It is approximated that over 60% of the urban population in Nairobi are poor and are living in deplorable informal settlements that are characterized with extreme deprivation of basic human needs especially service provision. The 2005/06 Kenya Integrated Household Budget Survey (KIHBS) showed worsening poverty both in rural and urban areas. But an analysis of recent poverty data shows an increase in urban poverty of close to 50% of the population (Lubaale, 2011).

The literature shows that in Tanzania, poverty ranges between 12 and almost 50% against a national urban poverty rate of 26% (excluding Dar es Salaam) based on the statistical urban perspective. As a result, 70% of the urban population lives in squatter settlements without such necessities as sanitation facilities (drainage and sewage systems) and adequate refuse and garbage collection. Most of the houses are built of low quality materials.

Having shown the extent of urban poverty, we now turn to the sanitation and hygiene situation. From a water and sanitation perspective, East Africa has commendable achievements in realising better health, water and sanitation. Table 2 shows impressive coverage rates for water in rural and urban areas. But the access to sanitation remains poorer than access to water.

**Table 2: Access to water and sanitation between 2000-2030**

<b>Country</b>	<b>Water Coverage (%)</b>		<b>Sanitation (%)</b>	
	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>
<b>Kenya</b>	<b>85</b>	49	<b>19</b>	48
<b>Uganda</b>	<b>90</b>	60	<b>29</b>	34
<b>Tanzania</b>	<b>81</b>	46	<b>31</b>	34
<b>Rwanda</b>	<b>82</b>	61	<b>34</b>	20
<b>Burundi</b>	<b>84</b>	70	<b>44</b>	20
<b>East Africa</b>	<b>86.8</b>	20 <sup>1</sup>	<b>44.3</b>	35.6

**Source:** WHO and UNICEF (2008).

From the data, Rwanda and Burundi have better access to sanitation than the other East Africa countries. Kenya and Uganda have the lowest access to sanitation in urban areas. It would then follow that sanitation and hygiene among East Africa’s urban poor is a lot more serious in Kenya and Uganda.

### **3. ISSUES AND CHALLENGES**

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<sup>1</sup> Whilst this is the figure provided in the joint WHO/UNICEF report, it suggests great inconsistencies in the estimates and raises questions on the reliability of this data.

In this section we consider the following four areas: the overview of public health related to sanitation and hygiene; illustrative responses to sanitation and hygiene, institutional framework for responding to sanitation and hygiene, and financing of sanitation and hygiene.

### ***Overview of public health situation***

Generally speaking, the public health situation of East Africa's urban poor is greatly compromised because of inadequate sanitation and hygiene. Below is an overview of key public health concerns from each of the five focus countries.

In Kenya approximately 80% of hospital attendance is due to preventable diseases out of which 50% are water, sanitation and hygiene related. For example, about 2,500 Kenyans died from diarrhoea and gastroenteritis diseases in 1999. At about the same time, diarrhoea and gastroenteritis diseases were the highest causes of infant hospitalization. Thousands of children suffer nutritional, educational and economic loss as a result of diarrhoea and worm infections. In all these cases, informal urban settlements are the worst hit due to extreme congestion and general hygienic negligence. A rapid applied research pilot study to determine the level of hygiene awareness conducted in Korogocho slums of Nairobi in Kenya by NETWAS Kenya and the Water Supply and Sanitation Collaborative Council in 2003 indicated that knowledge on the key hygiene behaviours and practices by the slum residents was very low and only 29% of the respondents had ever attended any form of hygiene training (NETWAS 2003).

The situation in Uganda is not significantly different from that in Kenya. The traditional approach has focused mainly on improving water supplies. Notwithstanding the emphasis on improving water supply, 80% of incidences of diseases in Uganda are linked to poor sanitation (WaterAid, 2006). These diseases are the top killer in the country with a lack of clean water accounting for nearly 50% of the diseases. In 1996 diarrhoea, worm infestations, eye infections and skin diseases (all either water borne or water related diseases) accounted for 23.5% of illnesses in all health units across Uganda. In Uganda, a Cholera epidemic in 1998 recorded 46,000 cases and 1,900 deaths in 37 districts. Some of the impacts are such that 3.5% of all work time is lost due to sanitation related diseases culminating in 40 million working days per year lost due to sanitation related diseases.

In Tanzania's informal settlements the most common diseases are, as in Kenya and Uganda, an outcome of unhygienic conditions. These diseases include dysentery, diarrhoea, scabies, skin diseases, eye problems, typhoid and intestinal parasites. Cholera remains a threat to those who live in these areas. Current Public Health data shows that the incidence of diarrhoea and malaria among children is very high as is the rate of infant mortality (IMR) and death in children below five years of age.

Although rather old, the available literature also shows that these trends have not changed much. For example, in 1988, at least 90% of the urban population was living in informal settlements (ILO, 1988: 122). The 1991/92 Household Budget Survey (HBS) shows that 40% of the total urban population lived in overcrowded houses. Only 41% of the population of Dar es Salaam City has access to piped water; about 4% of the total urban population has no toilet facilities, with 80% using pit latrines and only 7% with flush toilets. Nearly 66% have garbage pits outside the compound, 18.5% throw their garbage out of their compound and only 6% have rubbish bins. Out of the 20 regional headquarters (towns), only eight have central sewage systems. These serve less than 10% of the population of each town. In 1990, Dar es Salaam, a city of more than 2 million people, had only 15 public toilets, none of which were functioning (Lugalla, 1990: 356). In 1985/86 the city generated 1,200 tons of solid waste daily.

In Rwanda, cholera, dysentery, diarrhoea, intestinal worms and other water-borne diseases cause considerable suffering to Rwandan villagers and informal settlements in urban areas. These diseases are spread by unhygienic practices, for example drinking unclean water and using unsanitary latrine facilities, and thus are preventable. There are also limited excreta treatment and management systems in urban areas. Unsurprisingly, the urban poor, in particular, are faced with public health problems, environmental pollution and aesthetic degradation. Research in 2006 showed that 19% of urban households used spring water and 12% draw water from uncovered public wells (NISR and ORC Macro, 2006). Water resources are easily contaminated once waste is indiscriminately discharged untreated into the environment. Such contaminated water sources may put people in urban and peri-urban areas at risk. Though washing water may not necessarily have to comply with drinking water standards, contact with water carrying heavy pathogenic loads could potentially lead to the transmission of enteric infections. Farmers growing vegetables for the urban market use water from open drains. The use of untreated wastewater for irrigation brings with it substantial occupational and consumer risks. Domestic water used mainly from septic tanks, latrines, animal waste and refuse-infested drinking water can cause diseases such as typhoid, cholera, gastro-intestinal infections and dysentery. Indeed, polluted water and poor sanitation is responsible for about 80% of the disease burden of Rwandans (ROR 2008).

In Burundi, poor hygiene, according to the Ministry of Health, is the primary cause of 80% of deaths in the country. This coupled with the absence of a national hygiene and sanitation policy only makes the situation worse. The general poor condition of the environment in Burundi is worsened by poor traditions where communities do not have the self-initiative to maintain high standards of hygiene worsened by low awareness of the need and importance of the same.

### **Illustrative responses to sanitation and hygiene**

The Water Supply and Sanitation Collaborative Council (WSSCC) (2010) gives the most comprehensive overview of responses to sanitation and hygiene at a global level. This section makes specific reference to East Africa. In Kenya, Uganda and Tanzania, the Participatory Hygiene and Sanitation Transformation (PHAST) approach to water and sanitation projects has been adopted to promote hygiene and sanitation improvements, and community management of water and sanitation facilities. PHAST introduced that hygiene behaviours are particularly difficult to change because they relate to daily activities, the whole community shares them and they form part of the culture and traditions of the community. This is addressed by involving community groups in discovering the routes of water-borne diseases, analyzing their own behaviours in light of this information and then planning how to block contamination routes. PHAST also facilitates communities in deciding what they want from hygiene and sanitation projects, how these should be set up and paid for and how to ensure sustainability.

Another approach adopted in Kenya and Uganda to promote safe hygiene practices is the Personal Hygiene and Sanitation Education (PHASE), which targets school children. It aims to reduce diarrhoeal diseases linked to poor hygiene and to improve children's overall health and wellbeing by providing guidance on the importance of hand washing and other hygiene practices. A multi-country study on sustainability of hygiene behaviour involving selected countries in Asia and Africa, including Kenya, indicates that intensive hygiene promotion interventions, such as working with small groups and through personal contact, will have tangible and sustained impact on people's behaviour (Cairncross and Shordt, 2004). The study

further concludes that sustainability of the desired behaviour is possible when hygiene is highly prioritized and adequate resources are committed to hygiene promotion.

There are other responses employed to address urban sanitation and hygiene in East Africa. These include the following:

- a) Mass Social Mobilization - this is an action-oriented at scale approach that mobilizes leaders at all levels and sectors of society on solving social problems using multiple channels and social engagement.
- b) Social Marketing - this is a well established at scale, individual oriented behaviour change approach that is applied to a single well defined behaviour, idea or target group. Examples include the Saniya Project in Burkina Faso (1995 - 1998) to increase hand washing with soap, the Padear Project in Benin (1996 - 2000) and the ONEA Project in Burkina Faso to improve onsite sanitation.
- c) The Community Led Total Sanitation is a relatively new approach to sanitation in the East African Region. The approach has been predominantly used in rural areas but there is increased interest to try it in urban areas. Very recently, in June 2010, Plan Kenya, in partnership with (CCS) Community Cleaning Services (a youth social enterprise) pioneered a CLTS pilot in Mathare, one of the largest informal urban settlements in Kenya. Four villages with a population of about 50,000 people were triggered. As opposed to rural areas where action to stop open defecation and construct latrines is immediate, the setting is different in urban areas. No doubt the communities are galvanized and committed to taking collective action to change the situation. However, things do not move as fast as they would wish. The challenges are enormous as there are multiple and powerful players with vested interests. These need to be targeted and engaged with differently to ensure that they are triggered and committed to working with the communities. Those involved in facilitating urban CLTS, therefore, need to be strategic in building partnerships and alliances that will enable the communities to address the politics surrounding urban waste management, service provision, urban planning, housing, land tenure, enforcement of sanitation and hygiene by-laws, leadership and governance.

### **Institutional Framework for responding to sanitation and hygiene**

Current information describing the land situation in the entire East African region is not readily available. However, the legal and policy framework for land use and management is indicative of the extent to which the urban poor's adaptive capacities are stymied. Three aspects of the framework are important, contextualising the adaptive capacities of the poor; first, by virtue of the position of the poor in society, they suffer constricted voice, power, and representation. These vitiate their access, use, and ownership of land. Second, the current legal and policy regime neither guarantees nor protects the rights of the poor. The promulgation of a new constitution in Kenya provides an excellent space to test the extent to which the rights of the urban poor are protected. Finally, although weak, current institutional arrangements addressing sanitation and hygiene do not explicitly address pro-poor sanitation and hygiene. Together, the above invariably exclude the poor's meaningful participation in decision making for land use. Further, the marginal participation of the urban poor in decision-making also means that these communities' adaptive capacities would very likely be negatively affected.

The institutional framework for addressing urban sanitation and hygiene does not work for the poor. Standards of housing allowed by law are inaccessible and not related to costs and affordability by the poor. Development control procedures are time consuming and costly. Documentation required is often complicated and information remains difficult to access. Enforcement of the regulations also exposes the poor to exploitation by corrupt officials and gangs. In Kenya, for example, housing construction standards are unrealistic recommending a minimum of 80 sq meters per home, made of permanent materials. It assumes green field development with no room for in situ upgrading or incremental access to the standards. The development of Grade two by-laws only relaxed a few standards in some building materials, e.g. allowing stabilized earth block construction, but did not go far enough to allow incremental access to these standards which would have enabled gradual consolidation of housing by the urban poor.

The landless people live as squatters on government land, land for absentee landlords, and idle land among others. Although there are several statutes governing the management of access to and ownership of land, the entire legal frameworks are perceived by most actors, including the poor and the government, as being obsolete. Yet government responses to the land question remain in flux and inconclusive. In Kenya, even with a new Constitution, several competing interests bog down the finalisation of a National Land Policy.

Sanitary conditions are particularly poor in East Africa's slums, where a majority of residents resort to pit latrines that are over-used and inadequately maintained. Nairobi is particularly overwhelmed by refuse generation and the council's collection is inefficient and restricted to a few areas only. Privatization of refuse collection is limited to middle- and high-income areas, while in informal settlements NGOs and CBOs collect refuse and dispose of it in a central area for collection by city authorities. Environmental services in poor areas are inadequate; refuse is dumped in open spaces and residents have no access to adequate water, sanitation or street lightening. Lack of investment in infrastructure maintenance over several years has resulted in potholed roads, inadequate storm water drainage and broken pedestrian pavements.

While there are several institutions, laws and policies such as the national constitutions, urban policies, public health laws and regulations, and local government laws that guide the responses to sanitation and hygiene, the Water Acts are the most indicative of the level of adequacy to address sanitation and hygiene. On the whole, views from key civil society organizations such as Plan International and ActionAid International, suggest inappropriate institutional and legal frameworks.

The Water Act (2002) in Kenya provides for the management, conservation, uses and control of water resources and for the acquisition and regulation of rights to the use of water. In addition, it provides for the regulation and management of water supply and sewerage services. Section 94b of the Act provides for the decentralization of water supply services in Kenya and protection of water resources and courses against obstruction and pollution, an item that is not adhered to at all especially for the urban poor. Curiously, there are no clear provisions and focus on pro-poor sanitation and hygiene for both rural and urban areas.

In Uganda, the Water Act provides for the use, protection and management of water use and supply. Important aspects of the Act include water rights, planning for water use, control on the use of water resources, water easements, and control over water works and water use. This is substituted by the National Environment Standards for discharge of effluent or on land that prohibits discharge of effluent or waste on land or into the aquatic environment contrary



to established standards and without a waste discharge permit. They also provide for the general obligation to mitigate pollution by installation of antipollution equipment for the treatment of effluent and waste discharge emanating from an industry or establishment.

### **Financing Sanitation and Hygiene**

Mehta and Knapp (2004) note that in the past conventional public finance in sanitation had generally focused on subsidies for household and public toilets, and grants for urban sewerage and solid waste systems. Traditionally the approach to providing access to sanitation had been supply driven and focused on financing the building of toilets, installing sewerage networks and constructing treatment facilities. Most global finance estimates to meet the sanitation MDGs by 2015 are calculated using this approach. According to the Global Water Partnership the required annual expenditure to meet the sanitation targets is USD 17 billion for basic sanitation and USD 70 billion for wastewater treatment, and the annual finance gaps are estimated to be USD 16 billion and USD 56 billion respectively.

Investments to improve hygiene and sanitation in developing countries produce substantial health gains (Jenkin *et al*, 2009). In this regard therefore, efforts towards financing improved access to sanitation need to address specific issues that include but are not limited to:

- Change in personal hygiene behaviour and creation of demand through education and general awareness
- Targeting the poor in urban areas with improved facilities and services
- Project into the future of urban areas (faster growth of African cities into city regions/megalopolises) to articulate the challenges of peri-urbanization

Evans and Tremolet (2009) note that the focus on the urban poor is justified by:

- Longer distance and therefore high cost of connecting to formal urban services
- The high cost of developing independent shared sanitation services
- Legal barriers to accessing and/or even establishing formal and informal services
- Residence in areas that are technically difficult
- High cost of accessing services coupled with the low income of the urban poor

**Table 3: Summary of Potential of Various Financing Mechanisms**

Financial mechanisms	Potential				
	Targeting	Effectiveness	Leveraging	Sustainability	Scale
<b>Direct and infrastructure subsidies for private facilities</b>	Potentially very good although evidence for good targeting is weak	Potentially very good but requires extremely good performance monitoring and pro-active management	Poor— can tend to crowd out household reinvestment and private sector innovation	Poor— usually focuses on delivery of infrastructure rather than ongoing service provision	Poor— medium — depending on level of subsidy and cost of selected interventions
<b>Ex post performance rewards</b>	Poor within communities	Moderate — high depending on definition of outputs	Moderate — high when coupled with demand-responsive and CLTS-type interventions	Unclear— little evidence as yet of long term use of incentive payments	High. where interventions are relatively low-cost so incentives can be spread widely
<b>Ex ante intergovernmental transfers</b>	Generally poor although can be targeted to poorer regions or for software activities	Generally poor where incentives for staff are not oriented correctly	Moderate - good if coupled with demand-responsive and CLTS-type interventions	Good — sustainable financing of recurrent programme costs is an essential element of a sustainable programme	Good - high if service delivery is efficient
<b>Output-based subsidies</b>	Good — if outputs are well defined M&E can be based on user feedback	Good — if outputs are well defined	Moderate	Very good — if full value chain of sanitation is defined as the output	Moderate
<b>Consumption and operational subsidies</b>	Usually poor particularly in urban utility situations. Connection subsidies can perform better	Poor— can be enhanced if coupled with connection subsidies	Poor— connection subsidies have a higher potential	Potentially good if coupled with connection subsidies and focused on delivering the whole sanitation value chain.	Moderate to poor, unless coupled with incentives to improve financial efficiency and raise tariffs

**Source:** Evans and Tremolet (2009) page 15

#### **4. LOOKING TO THE FUTURE: TURNING CHALLENGES INTO OPPORTUNITIES**

Two years ago Mara (2009) insightfully reflected on two-fold opportunity rapture for sanitation and, by extension, hygiene. In Mara's (2009) view, sanitation was an important political agenda in Africa, as Councils of Ministers prominently discussed sanitation in Africa. Sanitation professionals also started engaging with politicians and policy makers. As we consider the future for sanitation and hygiene in East Africa, questions on whether this rapture has significantly impacted the sanitation and hygiene situation will invariably enrich the context for engaging with the opportunities that arise from the numerous challenges.

The challenges of sanitation and hygiene for East Africa's urban poor are complex. Yet despite these challenges numerous opportunities can be discerned. Three perspectives frame the opportunities we share in this section. These perspectives are the sanitation and hygiene situation, the response(s) deployed to address the above situation, and the institutional framework for sanitation and hygiene. We are aware that what we share here is arguably indicative. But this is not unexpected for a background paper that draws entirely on a review of literature.

##### **The sanitation and hygiene problem**

At least two important opportunities emerge from the sanitation and hygiene situation in urban East Africa. The first relates to knowledge and information on this subject. Our experience in preparing this background paper has shown a dearth of cutting-edge knowledge on sanitation and hygiene, not least knowledge on pro-poor sanitation and hygiene. The literature available is in some case outdated and scarce. However more literature is emerging and we hope that this background paper can be a living document that can keep adding on new literature on East Africa as it emerges. Thus, considerable scope exists for research that will both advance knowledge in this field as well as generate further information on pro-poor sanitation and hygiene in East Africa's urban areas.

From the literature, the marginalization of the urban poor is self-evident. There is curious normalization of the plight of sanitation and hygiene for the urban poor. The focus of virtually all the interventions is on the non-poor. Of course there are several reasons for assuming that poor sanitation and hygiene should be normal for the urban poor, but these are beyond the remit of this section. Unsurprisingly, however, relatively better sanitation and hygiene for internally displaced communities often receives better and urgent attention than that of the urban poor. We do not suggest that displaced persons should not receive attention, but instead argue against the normalization of sanitation and hygiene conditions for East Africa's urban poor. Correspondingly, we are convinced that efforts that highlight the plight of the urban poor and also seek to reverse their appalling sanitation and hygiene provide numerous opportunities from an otherwise unfavourable sanitation and hygiene situation. These opportunities include advocacy, research, service delivery, and even programming interventions for civil society, the private sector, and the state(s).

##### **Spaces in the current response(s)**

Here we focus on three broad opportunities. The first set relates to the financing mechanism for pro-poor sanitation and hygiene. The role of civil society and engaging urban planning are the second and third sets of opportunities respectively.

It is important to note that there has been considerable attention given to financing sanitation and hygiene. But this has mainly been aimed at improving infrastructure for urban citizens who have economic access. The urban poor, whilst constituting a significant proportion of the East Africa's urban population, have not had as many financing opportunities and instruments being availed.

Table 3 above summarizes the current range of possible instruments that may be deployed to address sanitation and hygiene. Instructively, these have limited scope for the urban poor. Although the state and International Finance Institutions such as the World Bank and KfW have played a critical role in the provision of water, sanitation, and hygiene infrastructure, it is civil society that has shaped the nature of the response to the urban poor.

As mentioned earlier, the informal settlements in which the vast majority of the East Africa's urban poor reside have generally been excluded from the sanitation and hygiene interventions of the state, including local government. The recent slum upgrading interventions in Kenya is the rare exception. In these circumstances, sanitation and hygiene have mainly been the responsibility of the urban poor with some interventions from civil society. The informality and illegality of the informal settlements has been main argument deployed to exclude the urban poor from urban planning. Yet their legitimacy has often not been questioned. Moreover, it is also commonly argued among the urban poor that the state does not have adequate resources to address their hygiene and sanitation needs; thus relegating this to civil society (Lubaale, 2011). Civil society, on the other hand, has often uncritically engaged in hygiene and sanitation interventions in the informal settlements. Civil society interventions have inadvertently strengthened the exclusion of the poor whilst reinforcing weak arguments on the role of the state and informality and illegality of the informal settlements. From a financing and rights perspective, it is clear that civil society is likely to significantly address sanitation and hygiene for East Africa's urban poor. With this background, it is reasonable to suggest that future civil society interventions are directed at advocacy, research, and strengthening emergency and relief interventions for sanitation and hygiene.

Thirdly, urban planning as mentioned above has generally not been sensitive to the urban poor. Furthermore, the market, through the privatization of key institutions for providing public goods such as the water and sewerage companies, appears to have seriously threatened a pro-poor focus in sanitation and hygiene. The dominance of economic arguments and decline of public interest in urban planning have been powerful factors that have prevented the prioritization of the urban poor in sanitation and hygiene. Notwithstanding the danger of further normalizing the plight of the poor, several opportunities emerge from the ingenuity of the urban poor response to their neglect.

Increasingly, communities in urban areas are 'accepting' that sanitation and hygiene, just like water, is a service or good that one should pay for. With the increased demand, social entrepreneurs not only build sanitation facilities but also provide hygiene services. In Kenya, Umande Trust is a good example of interventions by civil society who have constructed bio-digester toilets. Private sector actors such as ECOTACT LTD provide *iko* toilet malls and community cleaning services that make money from unblocking and cleaning toilets in informal settlements in Nairobi.

There are also numerous youth groups making a living out of solid waste management. They are also engaged in providing refuse collection services, sorting and recycling the waste and turning it into valuable products. That there are many young people making a living out of the mess in East African cities today presents a range of opportunities for engaging pro-poor urban sanitation and hygiene. The key question is how the relevant government institutions can support such initiatives. Moreover, there is a need for the mandated government institutions to address issues of land tenure, urban planning and enforcement of laws to ensure compliance with public health standards in informal urban settlements. This will make it attractive for sanitation and hygiene businesses to thrive. It will also be important to promote pro-poor financing opportunities through loans or revolving funds managed through micro-finance institutions.

### **Working with the institutional and legal framework**

The five countries of the East Africa community do not have a clear urbanization policy. But there are various policies that guide urbanization that guide response to urban sanitation and hygiene. Such policies include Rural-Urban development policies; Growth Center strategies; Local Authorities Act; Physical Planners Act and Architects and Quantity Surveyors Act. There are also zoning regulations, development control and building codes that guide urban development. The land policy reform processes have been going on for almost ten years across the East African region. In Kenya for instance, land has been such a contentious issue that it almost drove the country to civil war. With a new Constitution, the draft land laws will soon be enacted.

In Nairobi, as in the other East Africa's capitals, the key conflicts in the informal settlements relate to provision of infrastructure and services. Because the informal settlements tend to encroach on dedicated land such as service way leaves. The current reactions to dealing with this form of urban development seems to be mainly evictions, either from road reserves, railway reserves, power lines and rivers. There has been a growing concern on the need to develop an eviction policy; but this is yet to even start at the level of the debate. Civil society and the poor are largely unrepresented in local planning processes. This is an area where civil society would need both capacity and support towards effective participation and a much clearer agenda. In this case it is to deal with the exclusion of the urban poor from key planning processes that affect their lives in very fundamental ways. It would also be useful for civil society to engage in issues relating to sanitation and hygiene for the urban poor. This is a useful space where civil society may explore partnerships to support civil society participation in these crucial policy processes.

## **5. CONCLUSIONS**

This paper has reviewed literature on urban sanitation and hygiene in East Africa to identify the key issues and challenges, and to propose possible spaces and opportunities for pro-poor urban sanitation and hygiene interventions. The main limitation of this approach is that the literature is insufficient and outdated. Nevertheless, we hope that from the conference, future interventions, including research, will delve deeper into the issues, challenges, and opportunities this paper raises. Arguably, central to such endeavours will be studies that might, among others, examine why the plight and poor sanitation and hygiene of East Africa's urban poor has been normalized.

The weaknesses notwithstanding, this paper suggests three streams of opportunities to engage pro-poor urban sanitation and hygiene in East Africa. These include: increasing knowledge and information on sanitation and hygiene; deepening the current scope of engagement, for example financing and research on sanitation and hygiene; and re-visiting the institutional and legal framework for pro-poor urban sanitation and hygiene. We argue that due to the fact that the political environment in East Africa is increasingly amenable to pro-poor urban sanitation and hygiene, civil society, public and private sectors, and the urban poor ought to proactively support participatory interventions that include and empower the poor if the current situation is to significantly improve.

## 6. BIBLIOGRAPHY

BPD (2006) Sanitation partnerships: Dar es Salaam case study. Building Partnerships for Development.

Cairncross S. and Shordt K. (2004). It does last! Some findings from a multi-country study of hygiene sustainability. *Waterlines* 2004; 22:4-7

City of Kigali (2008) Personal Communication. November 2008. City of Kigali, Kigali.

Ghosh G. (WSSCC), Karanja B. (2003). Water, Sanitation and Hygiene for All, The WASH Campaign in Kenya, NETWAS. Available at: <http://www.netwas.org/newsletter/articles/2003/309/9>

GlaxoSmithKline (2006). PHASE - Helping children to help themselves and each other. Available at: <http://www.gsk.com/community/phase.htm>

Government of Kenya (1994), *Nakuru District Development Plan 1994-96*, Government Printer, Nairobi.

Karanja, B (1998), "Urban garbage management in Nakuru municipality", unpublished B.A dissertation, May 1998

Key WaterAid Facts. Available at: [http://www.wateraid.org/international/what\\_we\\_do/statistics/default.asp](http://www.wateraid.org/international/what_we_do/statistics/default.asp)

Kulaba, S. M., 1989. Urban Management and the Delivery of Urban Services in Tanzania: A Research Project Report Jointly Funded by International Development Research Centre, Ottawa, Canada and the Government of the United Republic of Tanzania. Final Report. Ardhi Institute, Dar-es-Salaam.

Lubaale, G.N.K. (2011) *The Challenges of Urban Planning for Poverty Reduction: Nairobi's LASDAP Draft PhD Thesis*, University of Witwatersrand, Johannesburg.

Lugalla, J. L. P, 1985. Managing Rapid Urban Growth through Sites and Services and Squatter Upgrading in Tanzania: Lessons and Experiences. In Crooke, P. (ed.), *Management of Sites and Services and Squatter Upgrading, Housing Areas Occasional Paper*. Centre for Housing Studies, Ardhi Institute, Tanzania.

Lugalla, J. L. P, 1995b. *Crisis, Urbanization and Urban Poverty in Tanzania: A Study of Urban Poverty and Survival Politics*. University Press of America, Lanham, Maryland, USA.

Lugalla, J. L. P., 1995a. The Impact of Structural Adjustment Policies on Women's and Children's Health in Tanzania. *Review of African Political Economy*. No. 63.

Lugalla, J.L.P. (1997); *Economic Reforms And Health Conditions Of The Urban Poor In Tanzania*

Lussuga Kironde JM (1999). 'Dar es Salaam, Tanzania'. In: Onibokun, A.G. (ed.) *Managing the Monster: Urban Waste and Governance in Africa*. International Development Research Centre, Ottawa. Full text online at [http://www.idrc.ca/en/ev-42977-201-1-DO\\_TOPIC.html](http://www.idrc.ca/en/ev-42977-201-1-DO_TOPIC.html) [This website also offers a French-language version]

MCN/BADC/UNCHS (1996), *Nakuru: An African City*, exhibition catalogue on Nakuru/Leuven partnership.

MINECOFIN (2003). General Census of Population and Housing. Report on the Preliminary Results. National Census Service, Ministry of Finance and Economic Planning (MINECOFIN), Kigali.

Mochache, J (1998), "Implementation of the Habitat agenda through the local agenda 21 framework: case study on land use and environmental planning in Nakuru, Kenya", DURP, Nairobi, October

NAWASSCO (2008): *Corporate Plan: 2008-2012*. Nakuru Water and Sanitation Services Ltd., Nakuru, Kenya.

Sustainable hygiene behaviour change, a study of key determinants. Available at:  
[http://www.wateraid.org/documents/sustainable\\_hygiene\\_behaviour\\_change.pdf](http://www.wateraid.org/documents/sustainable_hygiene_behaviour_change.pdf)

(UNICEF 2006) issues facing children in Kenya  
[http://www.unicef.org/infobycountry/kenya\\_262.html](http://www.unicef.org/infobycountry/kenya_262.html)

UN Habitat (2004b); The Sustainable Dar es Salaam Project 1992 - 2003. The SCP Documentation Series, Volume 3. <http://www.unhabitat.org/pmss/listItemDetails.aspx?publicationID=1809>

UN-Habitat (2008); The state of African cities. UN-Habitat, Nairobi.  
<http://www.unhabitat.org/pmss/listItemDetails.aspx?publicationID=2574>

Water Supply and Sanitation Collaborative Council (WSSCC) (2010) *Hygiene and Sanitation Software. An Overview of Approaches*. Geneva: WSSCC

WHO, Burden of Disease and cost-effectiveness estimates. Available at:  
[http://www.who.int/water\\_sanitation\\_health/diseases/burden/en/index.html](http://www.who.int/water_sanitation_health/diseases/burden/en/index.html)

World Bank (2003) "Appraisal Report: Dar es Salaam Water Supply and Sanitation Project".