

## Increasing municipal finance for sanitation: supporting pro-poor champions in Nakuru

This Practice Note is one of a three-part series reporting the findings of recent action research to encourage greater municipal investment in sanitation in three African cities. The advocacy strategy in Nakuru (Kenya) aimed to address knowledge gaps by encouraging the media to promote local sanitation champions.



Wastewater treatment plant in Nakuru, Kenya.

### What is the level of sanitation coverage in Kenya?

According to the 2014 Joint Monitoring Programme (JMP) report on water and sanitation, approximately 30% of Kenyans have access to improved sanitation. In effect, this means that the majority of the population rely on shared facilities (26%) or a basic pit latrine (31%). In urban areas, people are most likely to use a shared facility (48%), with only 31% of people living in a town or city having access to improved sanitation. The state of sanitation coverage in Nakuru's low-income urban areas is not known in detail, but interviews with Nakuru County officials suggest the level of access to improved facilities is extremely low.

### Who are the key players in the sector?

Kenya's 2010 constitution reassigned sanitation service provision and public financial management to county governments under a process of decentralisation, with several county-level ministries leading on different sectors. The County Department of Public Health and Sanitation finances health promotion and education, and maintains city public toilets and school toilets. Nakuru Water and Sanitation Services Company (NAWASSCO) is a publicly-owned utility whose responsibilities includes managing water and wastewater networks and managing treatment plants. Private operators manage all septage emptying services and many public toilets. Households are responsible for toilet construction and on-site liquid waste management, and households located within 50 feet of a sewer line are in theory required to connect to that line. With constitutional reforms only recently implemented, there remains a lack of clarity over the county-level institutional hierarchy.

### How much does municipal government spend on sanitation in Nakuru?

NAWASSCO collects enough revenue to cover its operation and management costs and loan repayments. The 2013/14 municipal budget allocated US \$530,000 to sanitation capital investments and US \$68,000 to the operation and maintenance of facilities. The sources of this funding are unclear: there are no general or specific revenues ring-fenced for sanitation. NAWASSCO levies a sanitation charge - pegged to 75% of the water bill - which is payable by all, regardless of whether they have a sewer connection.

This work was part of a two-year action research project looking at how to influence municipal finance allocations for sanitation in Nakuru, Accra (Ghana) and Maputo (Mozambique). Researchers from the Urban Institute and Johns Hopkins University SAIS worked with WSUP country teams to develop and roll out an advocacy strategy from 2013 to the end of 2015. On the next page, we summarise the process and results of designing an advocacy strategy for increasing pro-poor municipal finance for sanitation in Nakuru.

# Designing and implementing the advocacy strategy

## Identifying key barriers: lack of coordination between actors

The development of the advocacy strategy began with semi-structured interviews – conducted by Urban Institute researchers with key actors in Nakuru – to better understand the financial and political landscape of the city's sanitation sector. Existing approaches used by Nakuru WASH stakeholders to advocate for increased spending on pro-poor sanitation were assessed, alongside budget analysis of any available information on municipal spending on sanitation, and any related revenue. The interviews affirmed high levels of political will to improve sanitation services in Nakuru: the county's Public Health Department and the County Governor both conveyed a strong interest in improving health and tackling water-borne diseases. However, the impacts of this support have been diluted by a lack of coordination between actors and by resulting knowledge gaps: despite a widespread interest in tackling water-borne diseases, the link between providing better sanitation services (for a relatively small cost) and improved health outcomes often went unmade. The result was that valuable political momentum to improve sanitation was not being harnessed to its full potential. The research team identified this 'lack of coordination' as the clearest barrier to achieving increased municipal revenues for pro-poor sanitation in Nakuru.

## Solution: engaging the media to promote pro-poor sanitation champions

Having identified lack of coordination – and associated knowledge gaps – as barriers that needed to be addressed in the Nakuru context, WSUP worked with researchers to design and implement an advocacy action plan, supported by sample work plans for a one-year advocacy campaign and an implementation toolkit. The advocacy plan involved continued engagement with the County Public Health Officer, and aimed to highlight the County Governor as a 'sanitation champion': the Governor had already proposed and put into motion plans for a cross-sector working group on sanitation within the county government. Another key aspect of the strategy was promoting increased local media coverage of sanitation, to help make the link between improved sanitation services and improved health outcomes. A journalists' workshop was facilitated to encourage i) coverage of activities profiling the Governor as a sanitation champion, and ii) more frequent reporting on water and sanitation issues. Although framed by a detailed work plan, activities on the ground were necessarily organic and reacted to opportunities to influence stakeholders and the media as they arose.

## Results

Rollout of the advocacy strategy began well but subsequently faced a number of challenges, with the result that the advocacy plan has not yet been fully implemented. A significant challenge was the unexpected closure of WSUP's programme in Nakuru, which left insufficient staff and resources for full implementation of the strategy. However, as of the close of the research period (December 2015), opportunities for advocacy were still available due to the presence of a local champion (the County Governor) and a willing advocate (the County Public Health Officer). In addition, strong personal relationships forged between WSUP and the Head of the Public Health Department of the County Ministry of Health led to a promise to request additional funds for pro-poor sanitation in the coming fiscal year. While there was not a direct increase in expenditure during the research period, the researchers perceived that municipal officials' attitudes towards pro-poor sanitation had markedly improved.

## Conclusion

The political dynamics of urban WASH provision are complex: any strategy aiming to influence municipal finance must be rooted in an advanced understanding of local financial and political economic pressures, together with a clear assessment of the bodies and individual stakeholders who control the level of spending on pro-poor sanitation. Personal relationships can therefore be critical. This project encountered substantial challenges during the implementation period; however, both WSUP and the research team believe significant progress will continue to be made in Nakuru if the resident pro-poor champions are effectively engaged and supported. As a result of WSUP's relationship with the County Public Health Officer and other key individuals, it was still possible to advance the agenda for pro-poor sanitation in a meaningful way under the project despite a lack of resource to drive home the full strategy. Further advocacy is required to help capitalise on the increased attention now being paid to health and water-borne diseases at high political levels in Nakuru (and elsewhere in Kenya) following decentralisation.

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