A achieving systemic change in faecal sludge management

Faecal sludge management (FSM) is a critical element of sanitation in dense urban centres, but poor practices are causing disease outbreaks. The multiple actors, institutions and organisations involved in urban sanitation can address the problem by acting in coordination to shift the focus from building infrastructure to providing and maintaining safe services under government leadership.

This briefing note proposes a process for achieving transformational change.

THE CHALLENGE OF FAECAL SLUDGE MANAGEMENT

Faecal sludge left to accumulate in pit latrines can contaminate drains, creeks and groundwater. To protect public health and improve the overall liveability of a city, sanitation service providers must address the full sanitation chain – the safe containment, collection, transport, treatment, and reuse or disposal of faecal matter (BMGF, 2010).
Small and medium-sized cities are facing the largest urban sanitation challenges. Half of the world’s urban population already lives in cities of 500,000 inhabitants or less, and these cities are expected to see rapid growth (UN ESA, 2014). Because they rely primarily on on-site sanitation technologies, they need functioning FSM systems and institutions.

Current models of delivering sanitation service are not adequate, however, and piecemeal solutions worsen the problem. The extent of the following issues indicates the need for systemic change:

- On-site sanitation technologies are considered temporary solutions, pending construction of sewers, so safe FSM systems are never developed.
- Government agencies responsible for FSM policy, monitoring and enforcement are often ill-equipped, understaffed, undertrained and underfunded, especially in small cities. In many places, FSM has no institutional ‘home’.
- Most cities’ toilets and latrines discharge into open drains. That solves the problem of containment at the household level but creates a larger-scale environmental problem that endangers health.
- If collected, faecal sludge is often dumped or sold to farmers without treatment, resulting in the same health risks as open defecation.
- Public funding for sewerage usually benefits only a city’s wealthier neighbourhoods. Most wastewater is discharged, untreated, into open water.
- Stormwater drains filled with human and solid waste cease to function properly, contributing to frequent flooding of contaminated water.

**CORE CONCEPTS OF THE WHOLE SYSTEM APPROACH**

The goal is a service-oriented urban sanitation sector, under clear government leadership, that addresses faecal sludge not in isolation but as an integral part of the service. Five core concepts undergird the whole system approach to sanitation (Figure 1).

**FIGURE 1 CORE CONCEPTS FOR WHOLE SYSTEM APPROACH TO URBAN SANITATION**

Source: Galli, Nothomb, & Baetings, 2014, p. 10

**THE PROCESS OF WHOLE SYSTEM CHANGE**

Moving towards a sanitation sector that delivers good service is not only about introducing new technologies or management models, but about working jointly in a long and complex process. Systemic change (Box I) requires strong government leadership, and the challenge is to nurture and develop that leadership. NGOs and private sector parties can catalyse systemic change by helping the government improve its performance, rather than substituting for government leadership or acting as a service authority. Once government can fulfil its functions as a service authority, the private sector and entrepreneurs will be more willing to help with innovative financing, products and services.
In advancing the national-level transformation of rural WASH services, IRC has identified a three-step process to effect change at the city scale.

1. **Initiation.** Assessments are carried out using such tools as environmental health risk assessments (USDP, 2012). The results are analysed and discussed in facilitated multi-stakeholder platforms. The stakeholders develop a vision for the city’s sanitation system, including FSM.

2. **Learning and testing.** The status of a city’s sanitation service and the capacity of its sanitation sector will indicate what learning is needed so that sector workers can fill knowledge gaps and test approaches to FSM and other urban sanitation problems.

3. **Institutionalising change through replication and scaling.** The sanitation authority, together with the other sanitation stakeholders, continues to monitor, reflect and learn. It can then institutionalise and replicate successful experiments without external support. Having catalysed the change, NGOs and other external organisations can exit.

Figure 2 illustrates the three phases.

**BOX I WHOLE SYSTEM CHANGE**

IRC’s recent work has focused on supporting change across the WASH sector, and in particular, on promoting the adoption of a service delivery approach. This holistic approach emphasises knowledge and tools that can monitor and sustain the actual delivery of water and sanitation services that last beyond the construction phase.

However, to ensure WASH services for everyone forever, requires more than operational improvements. Efforts to promote the service delivery approach have shown that the whole WASH sector needs to work differently. This means engaging with the entire sector – stakeholders and organisations operating at all levels – to identify, learn about and fix ‘bottlenecks’ at every point in the system. For instance, finance institutions, donors and NGOs have to align their efforts with national policy; the country’s sector should continually learn, assess itself and adapt as necessary; and planners should consider the full life-cycle costs of sustainable service.

Based on (Moriarty & Lockwood, 2014)
REFERENCES


About IRC
IRC is an international think-and-do tank that works with governments, NGOs, businesses and people around the world to find long-term solutions to the global crisis in water, sanitation and hygiene services. At the heart of its mission is the aim to move from short-term interventions to sustainable water, sanitation and hygiene services.

With over 40 years of experience, IRC runs programmes in more than 25 countries and large-scale projects in seven focus countries in Africa, Asia and Latin America. It is supported by a team of over 100 staff across the world.

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About this brief
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