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ARTICLE

Linking sanitation policy to service delivery in Rwanda and Uganda: From words to action

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Abstract

Motivation: The gap between policy, implementation and outcome is neither new nor specific to the sphere of sanitation. This article attempts to apply policy implementation literature in the context of developing countries, when much of the scholarly work on implementation and policy process and empirical research has been in the context of developed countries.

Purpose: This article explores the gap between sanitation policy intentions and outcomes in a comparative study in Rwanda and Uganda with "good" and "limited or no" reported progress respectively towards the former Millennium Development Goals (MDGs).

Approach and methods: From a multi-level governance perspective, the gap between strong political will and insufficient resources, implementation and outcome, is examined by drawing on policy and implementation theories and empirical research. The selection of variables for comparison is based on a range of factors theorized as affecting outcome in contemporary governance.

Findings: Whereas the policy climate and prioritization of sanitation has been favourable in much of sub-Saharan Africa (SSA), resources and capacity constraints, especially at the local level, negatively affect sector performance in an increasingly decentralized governance landscape. Progress in Rwanda is explained by stronger political leadership and support for sanitation, stringent performance monitoring and oversight, an institutionalized community-based approach, and investment in rural sanitation.

Policy implications: This article shows that the management of sanitation depends on a changing governance landscape; leadership is important for overall sector improvement; networks present co-ordination challenges; approaching sanitation as a public concern requires strong government intervention; the move towards markets necessitates government oversight; approaches that foster inclusion and legitimacy at the local level need to be considered.

KEYWORDS

decentralization, implementation, multi-level governance, outcome, policy, sanitation

1 | INTRODUCTION

More than a decade ago, the absence of supportive policies for effective planning and implementation of sanitation[1] programmes in many developing countries was a major limitation (Elledge, Rosensweig, & Warner, 2002; Elledge, 2003; WEDC, 2005; Tayler & Scott, 2005). Existing policies tended to be very ambitious and difficult to translate into action due to their being unrealistic and impractical (Seppälä, 2002). Today, there are ample policies addressing sanitation at different levels (WEDC, 2005; AMCOW, 2008; Galan, Kim, & Graham, 2013; GLAAS, 2014) but the gaps between policy or "words," implementation or "action," and outcome remain a cause for concern in most developing regions, sub-Saharan Africa (SSA) being no exception (GLAAS, 2017; Andrews, Pritchett, & Woolcock, 2013, 2017; Woolcock, 2018).

This article explores the relationship between policy, implementation and outcome, and examines the implementation of sanitation policy at national and sub-national levels in Rwanda and Uganda. The WHO/UNICEF Joint Monitoring Program (JMP) reported different progress towards the sanitation target of the original Millennium Development Goals (MDGs) (WHO/UNICEF JMP, 2015): to halve the proportion of people without sustainable access to basic sanitation facilities by 2015.[2] Rwanda was reported to have made "good progress" whereas "limited or no progress" was reported in Uganda (WHO/UNICEF JMP, 2015).

Our main research question is: how does the implementation of sanitation in Rwanda differ from that in Uganda? By assessing the policy implementation strategies in both countries, can we provide insights into why Rwanda is reported to be performing better than Uganda in improving sanitation coverage?

The article is structured as follows. First, an overview of literature on sanitation governance and policy implementation with specific emphasis on SSA is presented as part of the theoretical background, highlighting some key factors affecting policy outcomes. Second, the methods used to address the core research subject and conduct empirical investigations in Rwanda and Uganda are outlined. Third, we compare and contrast policies, institutional frameworks, implementation processes and sector performances in Rwanda and Uganda. In conclusion, we make policy recommendations on how the implementation of sanitation goals can be improved in both countries.

1.1 | Overview of the research field

1.1.1 | From government to governance

Sanitation governance in most of SSA is now characterized by the state acting through non-state actors in supposedly flexible and inclusive state–citizen interactions. Oosterveer (2009) and van Vliet, Spaargaren, and Oosterveer (2011) refer to this as "network states" which acknowledge the limitation of the traditional command-and-control mechanisms in contemporary society as well as the role of non-state actors in filling gaps in resources and service delivery. Given its social costs, sanitation is both a private and a public concern. As a public concern, sanitation warrants strong government

[1]In this article, sanitation refers to the provision of services and facilities for the collection, handling, treatment, disposal and/or use of mainly human excreta, and the related health and hygiene behavioural aspects.

[2]Following the MDG era, the Sustainable Development Goal (SDG) for sanitation (Target 6.2) was adopted to achieve access to *adequate* and *equitable* sanitation *for all* and *end* open defecation (OD) by 2030.

intervention (WaterAid, 2016) and collective action to achieve widespread compliance and universal access (Ekane, 2018). Although decentralized governance has the potential to foster stakeholder participation and context-specific solutions, it is said to be institutionally weak as non-state actors face problems of legitimacy and co-ordination (van Vliet et al., 2011; Bevir (Ed.), 2011), representing some of the major shortcomings of decentralization (Bevir (Ed.), 2011). In response to failures attributable to the proliferation of non-state actors, co-ordination challenges and flexible rules, there is a need for policy instruments that increase or re-establish the capacity of the state to govern, steer or guide (Mayntz, 2006; Le Galès, 2011). This reflects the notion of the "neo-developmental state," with the active role of government in providing basic sanitation services, particularly to the poor (van Vliet et al., 2011). The poor are usually disenfranchised when services for the common good are privatized with minimal state oversight, posing accountability problems and compromising effectiveness (Bevir (Ed.), 2011; Ekane, 2018; Mason, Oyaya, & Boulenouar, 2018) The "neo-developmental state," however, requires considerable planning and adequate resources, which are often lacking (van Vliet et al., 2011; Andrews et al., 2017; Woolcock, 2018).

1.1.2 | Implementation gap: A common problem across sectors and contexts

Pressman and Wildavsky (1973) presented one of the first elaborate accounts of two factors attributable to deviations in policy objectives during implementation. First, co-ordination problems and interaction of field agents with target groups. Since success depends on co-operation, the larger the number of actors with different interests and preferences, the less likely it is that policy goals will be met. Second, wrong assumptions about cause–effect relationships lead to poor policy design. Andrews et al. (2017) reiterate these factors and emphasize that efforts to build state capability must focus on gaps associated with specific types of implementation failures—related to facts used in decision-making pertaining to the latter or organizational gaps in the implementation process regarding the former.

Much of the work on implementation and policy process has been done by US and European scholars and empirical research has focused mainly on the US and other developed countries. Following two decades of studies in the UK and the US, Barrett (2004) summarizes key factors contributing to the implementation gap: unclear and ambitious policy objectives; multiplicity of actors involved in implementation; problems of communication and co-ordination; value and interest differences between actors within and between organizations; problems of differing perspectives and priorities affecting policy interpretation and motivation for implementation; relative autonomy among implementing agencies. These factors manifest at different governance levels (Hjern, 1982) and also characterize the gap in many sectors in developing countries (Andrews et al., 2013), for instance in the water (Ménard, Jimenez, & Tropp, 2018) and sanitation sector (GLAAS, 2017; Ekane, 2018; Mason et al., 2018). Clearly, the implementation gap is a common problem but varies from one sector or context to another partly as a result of state implementation capacity. This is generally weak in developing countries, showing up in terms of organizational inputs, outputs and outcomes (Andrews et al., 2017; Woolcock, 2018). This partly explains why most developing countries face challenges in implementing broad policies to foster widespread change (Jain, 1999; Lazin, 1999). Policy implementation constraints reported in the 1970s include inadequate financial and human capacity and lack of useful data and information (Caiden & Wildavsky, 1974; Lazin, 1999), and remain valid. According to Jain (1999), the level of a country's development influences the capacity of its bureaucracy to make and implement policy, which affects human and economic development. In part, this can be attributed to poverty (Lane, 1999; WSP, 2003), which results in uncertainty and makes governments unable to organize and co-ordinate actors, mobilize existing resources, collect useful data, ensure accountability

and effectively monitor and evaluate performance and progress (Ndegwa, 2002; WaterAid, 2015; Coombes, Hickling, & Radin, 2015). These in turn constrain sanitation provision and hygiene promotion in this context. Further, GLAAS (2017) reports a significant data gap in decision-making regarding public health priorities for reducing water, sanitation and hygiene-related diseases. This is partly attributed to the fragmentation of data across different key actors in the sector.

1.1.3 | Implementation gap in the sanitation sector in SSA

Many countries in SSA cannot effectively implement their sanitation policies and programmes because of factors highlighted in the previous section, including inadequate financial and human resources (GLAAS, 2014; Andrews et al., 2013, 2017; Woolcock, 2018). The focus on ambitious policies without much regard for how they are actually funded and effectively executed (Graham, 2005; GLAAS, 2017) also contributes to the gap between aspirations, intentions and outcomes (GLAAS, 2014, 2017).

A major part of the problem has been to include sanitation within water supply, which generally takes precedence and thus receives more attention and resources (Elledge, 2003; Galan et al., 2013). Moreover, the institutions, actors and incentives influencing sanitation are not the same as for water supply (Kooy & Harris, 2012). Consistent with the unequal policy attention paid to water and sanitation, progress towards providing sanitation facilities perpetually lags behind water supply (WHO/UNICEF, 2017).

Decentralization in the sanitation sector is common in most countries in SSA as part of reforms to improve performance. Much of the responsibility for sanitation services is increasingly transferred to the local or district level, but seldom followed by the transfer of power, decision-making and financial responsibility (Coombes et al., 2015; Ekane, 2018). Decentralization was often introduced in the 1980s by international donor agencies to foster participatory local development (Wallis & Oates, 1988), for example the World Bank's Sector Wide Approach (SWAp), and continues to be largely requested and promoted as a panacea for governance woes (D'Arcy & Cornell, 2016). Decentralization has gained pace and content in most countries in SSA with progress recorded in some facets—political, administrative, and fiscal (Ndegwa, 2002)—although the outcome has been mixed. Decentralization in most countries in SSA is reported to exacerbate the problem of unclear institutional frameworks by further reducing clarity (Mason et al., 2018). Ojambo (2012) observes how Uganda, which is reported to have exceeded expectations in all aspects of decentralization (Ndegwa, 2002), remains plagued by poor performance in terms of accountability and service delivery. This contradiction points to the fact that, no matter how well decentralization is supposedly orchestrated, the devolution of authority and resources to resource-strapped local government remains problematic (Wunsch, 2001; Jiménez Fernández de Palencia & Pérez-Foguet, 2011; Jiménez & Pérez-Foguet, 2011; Ekane, 2018; Gibson, Eales, & Nsubuga-Mugga, 2018). Loss of trust in the central government by the local government councils, limited funding, incompetent local administrative staff and local politicians, and poor understanding of what decentralization is all about help explain the contradiction in Uganda (Ojambo, 2012). Moreover, the government of Uganda (GoU) has not sustained the momentum of public sector reforms (Kimanuka, 2009, p. 24). According to Tripp (2004), the reforms have been mainly to satisfy domestic and donor pressure, a general concern raised by Andrews et al. (2013) and Woolcock (2018) regarding countries falling into "capability traps" by complying with fixed agendas of what is considered best practice (*"what they look like"*) with little or no improvements in "*what they do*." Ojambo (2012, p. 83) notes that "as the central government in Uganda strives to ensure stricter control over the affairs of local governments, especially through fiscal and political interference, the concept of decentralization is steadily losing meaning and giving way to the reconcentration of power in the central government." Consolidation of power in the central government is also reported to be an issue

in Rwanda (Straus & Waldorf, 2011; Purdeková, 2011; Sommers, 2012), where Sommers (2012) observes that "the top-down governance model leads to rigid and blind implementation of policies and to self-censorship of local-level authorities in their reports to higher levels." Similarly, Purdeková (2011, p. 494) raises concerns about the top-down authority and a highly centralized political system in Rwanda and argues that "local activities bringing together scores of people do not mean that power has been decentralised, that people have a greater stake in 'say' or power over their lives, or that the most pressing issues are openly discussed."

D'Arcy and Cornell (2016) raise other unintended consequences of decentralization in the case of Kenya, where attempts to devolve government have instigated patronage and rent-seeking with popular expectations of "everyone's turn to eat." Such tendencies may lead to misappropriation of funds and spread mistrust and suspicion that compromise local-level efforts. Jiménez, Mtango, and Cairncross (2014) raise the issue of mistrust and insufficient funds as gaps hindering the performance of district-level practitioners in Tanzania.

1.1.4 | From words to action: On the policy–action relationship

There are different perspectives on the relationship between policy and implementation: a single interdependent process with a continuous relationship between policy formulation and implementation (Barrett & Fudge, 1981, p. 4; Lazin, 1994, 1999); or two distinct processes in a hierarchical relationship (Pressman & Wildavsky, 1973; Sabatier & Mazmanian, 1980). A hybrid model has also been advanced to overcome the limitations of the above perspectives (Elmore, 1985; Sabatier, 1986; Goggin, Bowman, Lester, & O'Toole, 1990; Matland, 1995) and is considered to be an integration of the macro world of policy-makers and the micro world of implementers (Elmore, 1985; Pülzl & Treib, 2007, p. 95). This perspective reflects new multi-jurisdictional processes of governing with numerous stakeholders linked together in networks (Hjern, 1982; Bevir, 2012, pp. 5–6).

The above perspectives pose different entry points for analysing policy outcomes: effective implementation of policy decisions reached at the "top" in the "hierarchical" perspective is measured by comparing initial objectives and actual outcomes, on the assumption that there is a causal link between them. This encompasses "forward mapping," which assumes that the closer one is to the source of policy, the greater the ability to influence behaviour in the desired direction (Elmore, 1979, p. 603; Fiorino, 1997, p. 253). Conversely, effective implementation in the "continuum" perspective is measured by the extent to which goals are reached by taking specific local conditions into account (Lipsky, 1980; Knill & Tosun, 2012, p. 156) and the network of actors involved in implementing policy (Lipsky, 1980; Pülzl & Treib, 2007, p. 93). Here there is a need to study what actually happens at the recipient level and the factors influencing outcomes on the ground. This involves "backward mapping," which assumes that the closer one is to the source of the problem, the greater the ability to influence behaviour in the desired direction. "Backward mapping" enables the inclusion of stakeholders in the process of designing and implementing reforms, builds consensus for change based on experience with small-scale policy modifications, and enhances flexibility and discretion at the ground level. This approach is, however, slow and costly (Elmore, 1979, p. 604; Fiorino, 1997, p. 253). The principles of "backward mapping" are reflected in the Problem-Driven Iterative Adaptation (PDIA) approach proposed by Andrews et al. (2013) which aims at solving context-specific problems by engaging a broad set of agents in reforms that can be politically supported and practically implemented. This also potentially creates room for course correction which permits local-level adaptation (WaterAid, 2016).

Recent scholars of implementation research emphasize the need to explore beyond the scope of implementation since governance encompasses so much more (O'Toole, 2000; Lynn, Heinrich, &

Hill, 2000; Jann & Wegrich, 2007; Weaver, 2010; Weible, 2014; Hill & Hupe, 2014). This explains the increasing interest in understanding processes at multiple levels of governance (Harris, Kooy, & Jones, 2011; Ekane, 2018; Ménard et al., 2018). This new research agenda shifts the focus from the development of generalizable models of policy implementation to what is referred to as implementation science, which encompasses evidence-based programme interventions (Roll, Moulton, & Sandfort, 2017). This is particularly important in contemporary governance, which is characterized by shifts from bureaucratic modes of governing towards networks and markets (Bevir, 2010, 2012). Networks comprise multiple actors who are formally separated but are mutually dependent through a horizontal, non-hierarchical, non-competitive relationship to exchange key resources. This relationship is based on trust, collaboration and mutual benefits. Markets, however, involve two or more parties exchanging goods in competitive and impersonal transactions. These are characterized by low levels of trust which makes them unsuitable for the distribution of goods and services with strong moral direction. The shift towards markets includes privatization, contracting-out and joining-up (Bevir, 2012). These shifts are a result of public sector reforms that are part of the new public management (NPM) introduced in the 1980s and are widespread throughout SSA, including Rwanda and Uganda (Kimanuka, 2009, pp. 17–38; Oosterveer, 2009; van Vliet et al., 2011).

We use the above perspectives as lenses through which to examine the relations between policy implementation and outcomes in the case of sanitation in Rwanda and Uganda.

2 | METHODOLOGY

Our analysis is based on theory on policy and implementation processes and empirical research in Rwanda and Uganda. Our cross-national comparative case-study approach draws on Pennings, Keman, and Kleinnijenhuis (2006) and Yin (2014), which is useful in explaining how context influences the performance of interventions and why interventions produce certain outcomes in different contexts (Yin, 2014; Goodrick, 2014).

The cross-national comparative approach permits us to explain how and why the policy implementation process in Rwanda differs from that in Uganda, by reference to structural, institutional, and sector-specific factors. The selection of these factors is informed by the review of the research field. Here, we focus mainly on the core sanitation sector factors and certain institutional and structural factors. In terms of regional commitments, Rwanda and Uganda are signatories of the eThekwini declaration on water and sanitation (Coombes et al., 2015), which is an expression of the commitment to prioritize and support efforts in terms of policies, leadership, co-ordination, funding, monitoring and evaluation (M&E), and capacity development to improve water and sanitation in the entire continent. Countries were urged to make a budgetary allocation for sanitation of at least 0.5% of Gross Domestic Product (GDP).[3] Further, both countries have undergone policy and institutional reforms, including clarification and reassignment of roles and responsibilities for sanitation (Ekane, Weitz, Nykvist, Nordqvist, & Noel, 2016).

To operationalize the core subject of this research in terms of policy and institutional framework, drawing on insights from the overview of the research, we selected units of variation comprising a combination of core sector-specific factors (in line with the eThekwini commitment) and some key institutional and structural factors (e.g. policy instruments) (see Table 1).

A review of selected policy documents and other relevant literature was conducted in 2014 to assess the policy contents and institutional frameworks in Rwanda and Uganda (Ekane et al., 2016).

[3]African Ministers Council on Water (AMCOW).

TABLE 1 Units of variation, observation and measurement

Units of variation	Factors	Units of observation	Units of measurement	Data sources
Political leadership/ will	Institutional	National and sub-national	Levels of commitment	Review of policy documents and other relevant literature Interviews with policy-makers and practitioners at national and district levels
Policy/institutional arrangement			Roles and responsibilities	
Decentralization			Clarification and reassignment of roles and responsibilities	
Policy, planning/ strategy	Sectoral		Policy objectives	
Co-ordination			Co-ordination mechanisms	
Budgeting and financing			Available resources and their targeting	
Capacity development			Technical capacity	
Monitoring and evaluation (M&E)			Performance measurement	
Laws and regulations			Existing rules or legal framework and enforcement mechanisms	
Norms/community by-laws	Institutional	Household and community levels	Collective behaviour and compliance barriers to behaviour change	Focus group discussions with village health teams (VHTs) and community health workers (CHWs).[4] Interviews with district health officers

The units of variation reflect core WaSH-sector factors and selected institutional and structural factors outside the sector.

Guidelines for assessing national sanitation policies were used (Elledge et al., 2002), after which field research was carried out during 2015 at national and district levels in both countries. Semi-structured interviews were conducted with policy-makers, practitioners, service providers and community workers. There were 10 interviews performed in Rwanda with SNV, Water and Sanitation Corporation (WASAC), Africa AHEAD, UNICEF, Ministry of Health (MINISANTE), WaterAid, Forum for Private Operators of Water and Sanitation Systems (FEPEAR), and with district health officers. Focus group discussions (FGDs) were held with groups of eight community health workers (CHWs) in Rusizi, Kicukiro and Gasabo districts. In Uganda, seven interviews were conducted with the Uganda Sanitation Fund (USF) programme run by the Ministry of Health (MoH), UNICEF, World Vision, Plan International, World Bank Water and Sanitation Program (WSP) and with district health officers in Kyenjojo and Tororo districts; and FGDs were held with groups of eight village health team (VHT) members in Kyenjojo and Tororo districts. These districts were selected because there is

[4]CHWs and VHTs are volunteers skilled in community mobilization.

extensive implementation of community-based approaches to sanitation, notably Community Health Clubs (CHCs) in Rwanda and Community-Led Total Sanitation (CLTS) and sanitation marketing (SanMark) in Uganda.

3 | POLICIES AND INSTITUTIONAL FRAMEWORKS IN RWANDA AND UGANDA

3.1 | Context

Rwanda and Uganda have several factors in common: they are members of the East African Community (EAC) and signatories of the eThekwini Declaration on sanitation (AMCOW, 2008; Coombes et al., 2015); sanitation is a salient issue in both countries and is high on the national development agenda, as indicated in the poverty-reduction strategic papers (PRSPs); policy and institutional reforms, particularly clarifying and reassigning roles and responsibilities for sanitation, are common in both countries; both have predominantly rural populations in which a large proportion lacks basic sanitation; levels of inequality and informality are high in both countries; levels of economic development are quite similar—GDP (PPP) per capita of USD 1,762 for Rwanda and USD 1,851 for Uganda (World Bank, n.d.); both have a history of armed conflicts and political struggle and are ruled by long-serving presidents in a benign or semi-authoritarian political set-up but with incorporated democratic innovations in varying degrees (Tripp, 2004, p. 4; Sjögren, 2007; Straus & Waldorf, 2011, p. 27; Purdeková, 2011; Sommers, 2012). The countries also differ in a number of ways: progress towards the MGD sanitation target; trends in population growth since 1990; urbanization trends (WHO/UNICEF, 2015); and size.

In terms of progress in sanitation coverage, great strides have been made in Rwanda, particularly in the rural areas where the percentage of the population using improved sanitation doubled between 1990 and 2015.[5] Urban sanitation coverage has not changed significantly in either country during this period. Further, trends in the practice of open defecation (OD) are quite different in each country. While there has been a decrease in OD in both countries since 1990, the practice is almost eradicated in Rwanda (WHO/UNICEF, 2015). On-site sanitation facilities are predominant in rural and urban settings in both countries, mainly pit latrines of varying standards (Morella, Foster, & Ghosh Banerjee, 2008). Uniquely, rural sanitation coverage in Rwanda is deemed higher than urban coverage. Uganda also shows some improvements, albeit lower than in Rwanda (WHO/UNICEF, 2015).

Whereas over 5 million people have gained access to improved sanitation in both countries since 1990, there is a huge difference in relative terms in the proportion of the 2015 population that gained access—42% in Rwanda and, faced with much greater population growth, 13% in Uganda (WHO/UNICEF, 2015).

3.2 | Sanitation policy

This section outlines sanitation and hygiene policies and institutional frameworks in Rwanda and Uganda, based mainly on a review of policy documents, reports, and interviews with decision-makers and practitioners at national and district levels, and FGDs with CHWs and VHTs at the community level (see Table 1).

[5]Improved sanitation facilities are designed to hygienically separate excreta from human contact (WHO/UNICEF Joint Monitoring Programme).

3.2.1 | Scope and content of policy

In Rwanda, sanitation was addressed in the 2010 National Policy and Strategy for Water Supply and Sanitation, 2008 National Environmental Health Policy and 2014 School Health Policy. From 2016, a separate sanitation policy and implementation plan was adopted (GoR, 2016a, 2016b). In Uganda, sanitation is addressed in the 2010 National Health Policy, National Water Policy, National School Policy, 2005 National Environmental Health Policy and Gender Policy.

In Rwanda, "improved" sanitation is defined in the 2008 policy and strategy as access to a private facility of one of the following types: flush or pour-flush to piped sewer system, septic tank or pit latrine, ventilated improved pit (VIP) latrine, pit latrine with slab, composting toilet or other ecological sanitation systems. Most households have on-site sanitation facilities, but there is little or no compliance with the recommended standards for facilities and systems (Ekane, Noel, Kjellén, & Fogde, 2012). Traditional pit latrines are the most common, particularly in rural areas. Rwanda does not have a centralized sewerage system.

In Uganda, "basic" sanitation is used by the MoH to refer to pit latrines of different standards, which are predominant in rural areas. Urban on-site solutions include pit latrines and flush toilets connected to septic tanks. Only 6% of the urban population is connected to sewerage networks according to David Mukama of the USF run by the MoH (personal communication, September 20, 2015).

In both countries, gender, equality, and poverty are taken into consideration in sanitation-related policies. In Rwanda, the 2010 National Policy and Strategy for Water Supply and Sanitation considered gender and social inclusion as cross-cutting issues and specifically emphasized the interests of women, children and grouped settlements in the targeting of resources. The document stipulates that "sector activities should be designed and implemented in such a way that ensures equal gender participation," emphasizing the importance of considering women's viewpoints, needs and priorities (GoR, 2010b). The targets, goals and vision included the term "for all," with specific emphasis on vulnerable and deprived groups. In Uganda, the 2005 National Environmental Health Policy stipulates that interventions should be planned and implemented on an equitable basis (GoU, 2005).

3.2.2 | Regulatory Framework

Formally, the importance of sanitation is reflected in key laws and regulations. In Rwanda, sanitation is principally addressed in the 2005 Rwanda Organic Law, Article 3 of which stipulates that "every person has the duty to protect, conserve and promote the environment"; Article 81 prohibits defecation or urination in public places; and Article 107 prohibits dumping of waste materials including sewage in public or private places. There are penalties for non-compliance (Medland, 2014, p. 109). Regarding enforcement, the target population is divided into three categories: individuals lacking the ability and information to comply; individuals with the ability but lack information to comply; and individuals with the ability but are unwilling to comply. Each category is targeted by different stakeholders using different policy instruments according to Fidèle Nteziyaremye of FEPEAR (personal communication, September 16, 2015).

Sanitation in Uganda is mainly addressed in the Public Health Act (PHA) and the Local Government Act of 1997. The PHA was enacted in 1964 and amended in 2000 and prohibits activities and actions that pose a threat to human health and emphasizes that "the provision of sanitation facilities and services is the responsibility of households." Pertaining specifically to latrines, Sections 85 and 86 of the PHA stipulate that "any dwelling, public building, trade premises, workshop or factory not provided with sufficient and sanitary latrines is considered a nuisance," and that "any dwelling without proper

sanitation facilities should be closed down and or its owner prosecuted" (Uganda Public Health Act, 2000). Regarding inspection and monitoring, Part IV Article 7(a) and 14 (a) of the Uganda Local Governments Act makes provision for enforcement of building and maintenance standards for latrines (Uganda Local Governments Act, 1997). However, enforcement is limited due to weak public sector capacity and the absence of regulatory units in rural areas (WSP, 2011b). The PHA is currently being revised, according to David Mukama of the USF run by the MoH (personal communication, September 20, 2015).

In both countries, sociocultural and traditional norms, beliefs, taboos, moral codes, etc., regarding dirt and disease suggest different kinds of behaviours and practices from those prescribed in laws and regulations (Ekane et al., 2012). Regarding defecation and other personal habits, VHTs in Uganda said: "if a child's faeces are dropped into a toilet, the child will not develop teeth"; "pregnant women should not use a toilet because they might miscarry"; "mother and daughter or son-in-law are not supposed to share latrines." In Rwanda, faeces are called *amazirantoki*, which means "do not touch" or "untouchable." Defecation inside or very close to a living space is not allowed. From a planning perspective, CHWs in Rwanda reported the specification regarding the location of the toilet within the compound: "toilets should be constructed away from the house and kitchen and specifically at the exit of the compound" (Ekane et al., 2012).

3.3 | Institutional framework

3.3.1 | Institutional roles and responsibilities in Rwanda and Uganda

The roles and responsibilities for sanitation and hygiene in Rwanda and Uganda are shared and no specific ministry has complete responsibility for sanitation. A plethora of public, private and civil society actors, including households and communities, share different tasks. This makes integration, co-ordination and M&E a challenge (Venkataramanan & Shannon, 2015; GLAAS, 2017). Table 2 summarizes the institutional frameworks in both countries.

3.3.2 | Institutional reforms

Rwanda and Uganda have undertaken more or less similar sector reforms, albeit over different periods. These reforms have largely been part of a broader process of public sector reforms, including private sector driven approaches like sanitation marketing in Uganda and Rwanda, results-based management through performance contracts in Rwanda and the performance measurement framework in Uganda (WSP, 2011a, 2011b). The SWAp has been adopted to facilitate inter-sectoral collaboration, improve aid effectiveness and strengthen national leadership, ownership, along with countrywide management and delivery systems. In Rwanda, SWAp and national co-ordination focus on policy development and joint monitoring of progress towards shared targets, whereas in Uganda, SWAp focuses on clarifying the roles and responsibilities of actors and budget coordination (WSP, 2011a, 2011b; Ekane et al., 2016). In Rwanda, sanitation has been disentangled from water supply in most recent sector reforms (GoR, 2016a, 2016b).

Another important reform in both countries is the inclusion of sanitation in the PRSPs. The Economic Development and Poverty Reduction Strategy (EDPRS2) in Rwanda emphasizes integration, inclusiveness and sustainability (WSP, 2011a). Further, a key sector reform in Rwanda is the institutionalization of the community-based approach, namely the Community-Based Environmental Health Promotion

TABLE 2 Summary of roles and responsibilities of key actors in Rwanda and Uganda

Roles and responsibilities	Rwanda	Uganda
Planning/Policy Formulation	Ministry of Infrastructure, Ministry of Health Sector Working Group	Ministry of Water and Environment, Ministry of Health, Ministry of Education and Sports, National Planning Authority (NPA) Sector Working Group
Financing	Ministry of Finance and Economic Planning, Ministry of Health, Ministry of Infrastructure, private sector, Ministry of Local Government	Ministry of Water and Environment, Ministry of Finance, Planning and Economic Development
Regulation	Rwanda Utility Regulatory Agency	Urban Water Supply Regulation Unit within the Directorate of Water Development
Implementation	Ministry of Local Government, private operators, Ministry of Education, NGOs, Community Development Committees, households, Water and Sanitation Corporation	Local government, NGOs, private operators or service providers, households and communities Water Policy Committee National Water and Sewerage Cooperation Association of private water operators
Operation and Maintenance	Community-based organizations, NGOs, private operators, households/landlords	Community-based organizations (water and sanitation committees), Private operators, NGOs, households/landlords
Monitoring and Evaluation	Ministry of Natural Resources (Rwanda Environmental Management Agency), Joint Sector Review Technical Working Groups Joint Action Development Forum	Ministry of Water and Environment, Ministry of Health, local governments, Ministry of Local Government. Joint Sector Reviews and Joint Technical Reviews
Enforcement	Ministry of Infrastructure; Kigali City Council (For Kigali city); District Health Offices	Environmental Health Division of Ministry of Health; District Health Department and Public Health Department

Source: Adapted from Ekane et al. (2016)

Programme (CBEHPP) under the MoH (GoR, 2010a; Jain, 2011)—a cornerstone for development through CHCs. The 2010 Hygiene and Sanitation Presidential Initiative (HSPI) for domestic sanitation raises the profile of this programme (WSP, 2011a). On the other hand, Uganda was one of the first countries in SSA to include sanitation in the PRSP as part of the 1997 Kampala Declaration on sanitation (WEDC, 2005). Its Poverty Eradication Action Plan (PEAP) focuses on poverty alleviation (WSP, 2011b).

The GoU's role is restricted to policy-making, regulation, enforcement, capacity development and M&E while private operators play an important role in service delivery. This is supported by the 2006 Integrated Sanitation and Hygiene Strategy (ISHS) which promotes private sector driven approaches and public–private partnerships (PPPs) (WSP, 2011a). CLTS and sanitation marketing are promoted by the 2010 National Development Plan (NDP) (WSP, 2011b; Venkataramanan & Shannon, 2015) and co-ordinated by the Ministry of Water and Environment and the MoH.

3.4 | Financing

In Rwanda, major investment of about USD 8 million is directed to rural sanitation. In addition, there is an annual deficit of about USD 9 million public sector investment particularly in the urban areas. This is partly as a result of rapid population growth and no centralized sewerage systems (WSP, 2011a). In Uganda, public investments are mainly directed at urban sewerage networks, which serve a minute fraction of the population, thanks to the government's plan to invest USD 10 million per year in urban settings. Rural sanitation receives only a fraction of the planned public investment of about USD 3 million per year. There are no subsidies for on-site sanitation. It is assumed that households can be encouraged to generate funds through promotion activities (WSP, 2011b). In both countries, households are expected to bear much of the cost for on-site sanitation (WSP, 2011a, 2011b). Further, the sectors in both countries largely depend on donor funding (WSP, 2011a, 2011b, 2016, p. 23), although aid to the sector has declined in recent years (GLAAS, 2017, p. 20). This dependence hinders national initiatives to allocate resources or increase government funding for sanitation, which does not receive as much attention as water supply and other sectors.

4 | IMPLEMENTATION OF SANITATION POLICIES IN RWANDA AND UGANDA

The information presented here is synthesized from interviews with officials at the national level and practitioners and other actors at the district level, and discussions with CHWs and VHTs at the community level.

Officials from MINISANTE and Africa AHEAD in Rwanda believe that implementation of CBEHPP and CHCs promotes inclusive rural and urban development and is characterized by solidarity, trust, accountability, ownership and mutual support in communities. Inadequate funding for effective implementation of CBEHPP was raised as a major shortcoming, as for human resources at the district level. The interview with the expert from FEPEAR[6] revealed that there is as yet no clear structure to monitor and evaluate the activities of private operators delivering sanitation services.

In terms of political leadership, the President of Rwanda is an influential agent of change by regularly participating in national clean-up campaigns (*Umuganda*). The joint-action development forum (JADF) facilitates co-operation between line ministries, public agencies, district officers and other private and civil society actors in the planning and implementation of programmes and performance contracts (GoR, 2010b). Line ministries, public agencies and district officers sign formal performance contracts with the President to deliver specific outputs. This has its roots in the Rwandan cultural practice (*Imihigo*) that promotes accountability and good performance and is integrated in the EDPRS2 and District Development Plans (DDP). As part of the JADF process, major problems within districts are supposedly identified through grassroots consultations, and commitments are made through these contracts to tackle the problems. Evaluations are made during biannual meetings chaired by the President. Districts with good outcomes are rewarded (RWFO, 2012).

In Uganda, the Prime Minister's Office has oversight of actors and activities. This is supported by the Uganda Parliamentary WASH Forum, which advocates increased attention and spending for sanitation. Performance is assessed within the performance measurement framework which aims at harmonizing a set of "golden" indicators and targets for sanitation and water supply, based on access,

[6]FEPEAR is a non-profit organization answerable to the National Sanitation Working Group (NSWG). It co-ordinates, monitors and supports private operators involved in water supply.

functionality, effectiveness, efficiency, quality and equity. Performance measurement has evolved over the years due to serious accountability gaps, partly because the process was disjointed, links between policy inputs and outputs were not assessed, and outcome and impact were not verified (Kayaga, 2008).

As in Rwanda, the district offices in Uganda face funding constraints. The health officer in Kyenjojo district emphasized that very few of the policy initiatives and reforms are matched by sufficient budgetary allocation at the district level. This causes discrepancy between high policy ambitions and actual outcomes. A sanitation practitioner emphasized that:

> *Funding at the district level remains inadequate. Districts receive conditional grants from the Ministry of Health to the tune of USD 10,000 per year for health activities with only up to 10% for sanitation as part of the SWAp. The commitment of 0.5% GDP for sanitation and hygiene has never materialised due to other competing demands in the country. This commitment is too high for Uganda to dedicate to one aspect when there are other development needs like education, roads, security, etc. It needs revision (David Mukama, personal communication, September 20, 2015).*

Other challenges highlighted include lack of harmonization of implementation and inadequate technical capacity to support operation and maintenance and M&E.

CLTS has, in the experience of UNICEF Uganda, been successfully implemented in many rural districts including Tororo and has made several villages open defecation free (ODF) (Venkataramanan & Shannon, 2015). However, it was reported that, in some villages, the quality of latrines was poor and that training and follow-up was inadequate.

At the community level in Rwanda and Uganda, district WASH officers, NGOs and multilateral agencies work with CHWs and VHTs. They receive basic training on community development and are not remunerated, although VHTs in Uganda report that they receive donations of useful items such as bicycles. VHTs further report that there are high expectations of them, and they are usually overwhelmed with duties such as reporting, which they say ought to be done by sub-county and district officers.

The eThekwini commitments serve as guiding principles but much remains to be done in both countries in terms of fulfilling some of the key commitments. Table 3 summarizes the similarities and differences between the countries.

[7]As Table 3 shows, the institutional framework and trends in policy reforms in Rwanda and Uganda are fairly similar. Rwanda's relative progress can be partly attributed to the following factors which constitute the main differences between the two countries: top-down authority aimed at involving local communities; institutionalized CBEHPP under one ministry enables the creation of CHCs which promote inclusive and empowered communities; leadership by example whereby the President gives a high profile to sanitation; through performance contracts, a combination of top-down authority is used to maintain accountability and improve performance; and investment in rural areas where most people live. Although some observers (Straus & Waldorf, 2011; Purdeková, 2011; Sommers, 2012) raise concerns regarding the top-down governance model in Rwanda and the implications for democratic values, the approach apparently "makes things happen" as indicated by various development indicators, including sanitation coverage. Conversely, Uganda places more emphasis on market solutions through contracts with private for-profit operators, and faces challenges in co-ordinating, monitoring and evaluating them. This presents accountability problems, partly as a result of ineffective and disjointed performance measurement. Further, Uganda

[7]Uganda Water and Sanitation Dialogues (2007).

TABLE 3 Summary of similarities and differences between Rwanda and Uganda

Units of variation	Factors	Rwanda	Uganda
Political leadership/ will	Institutional	Sanitation in development agenda Discrepancy between commitment and resource allocation Authority exerted through the Presidential Initiative and performance contracts	Sanitation in development agenda Discrepancy between commitment and resource allocation Authority exerted through the Office of the Prime Minister and Parliamentary WASH forum
Policy/institutional arrangement	Institutional	Top-down but aiming at involving local communities	PPPs, contracting-out Government restricted to policy formulation and planning
Decentralization		More recent sector reforms Sanitation in EDPRS2 Streamlined organization Shift aims at fostering inclusion and empowerment through CBEHPP Citizens viewed as partners within CBEHPP	Sector reforms since 1997 during the Kampala Declaration on Sanitation Sanitation in PEAP Complex organization Shift is predominantly towards markets Citizens viewed as customers
Norms/community by-laws		Addressed predominantly through CHCs (rural and urban tool) under Ministry of Health	Addressed predominantly through CLTS (rural tool) and sanitation marketing (rural and urban tool) under Ministry of Water and Environment and Ministry of Health
Policy, planning/ strategy	Sectoral	Combined water and sanitation policy. A separate sanitation policy was adopted in 2016 Lacks resources for implementation Access defined in terms of "improved"—flush or pit latrine with a solid slab	Combined water and sanitation policy Addressed within Environmental Health Policy Lacks resources for implementation Access defined in terms of "basic"—on-site and sewerage in urban settings and pit latrines in rural settings
Co-ordination		SWAp and NSWG Joint monitoring of progress and policy development	SWAp and NSWG Clarifying roles and co-ordinating budgets
Budgeting and financing		0.5% GDP allocation not yet implemented, funding still not sufficient to drive change at scale Investment priority is on rural sanitation No urban sewerage system Sector is donor-dependent	0.5% GDP allocation not yet implemented, funding still not sufficient to drive change at scale Investment priority is on urban sanitation and sewerage arrangements Sector is donor-dependent

(Continues)

TABLE 3 (Continued)

Units of variation	Factors	Rwanda	Uganda
M&E		Joint sector and technical review JADF and process of performance contract establish shared agenda for development and ensures accountability Reflects "backward mapping"	Joint sector and technical review Accountability gaps Performance measurement focused on inputs and outputs separately
Capacity development		Large capacity gap especially at the district level	Large capacity gap especially at the district level
Laws and regulations		Ample laws and regulations Enforcement is challenging partly due to context-specific compliance barriers	Ample laws and regulations Enforcement is challenging partly due to context-specific compliance barriers. Responsibility of households is stated in PHA

Source: The authors

emphasizes urban sanitation and sewerage, which serves a minute fraction of the population. Resource, co-ordination and sustainability constraints hamper CLTS implementation, including M&E (Venkataramanan & Shannon, 2015).

5 | DISCUSSION

5.1 | Policy

Informal norms prevail in Rwanda and Uganda and contribute to the disconnection between policy and practice (Ekane et al., 2012). Moreover, with little or no straightforward relationship between policy objectives and individuals and collectives with some discretion in how they interpret and respond to policy, this disconnection perpetuates variation in policy outcomes (Matland, 1995, p. 148). Customary beliefs and practices can be helpful, e.g. in preventing contact with excreta, as supported by ideas of it being "untouchable." They can also present problems of access as in the case where it is not permitted for different sexes and family members to share the same facility, and night-time security if the facility is placed away from the dwelling.

Sanitation cuts across different sectors, and so is addressed in different policies in both countries. This presents issues of clarity of roles and responsibilities, co-ordination and M&E, and data quality (Venkataramanan & Shannon, 2015; GLAAS, 2017). As the two cases show, decentralization is largely unimplemented and government authority remains highly centralized. In new processes of governing, further reforms are needed in both countries, particularly regarding different facets of policy. Rwanda has adopted a separate sanitation policy, which increases the profile of sanitation and will potentially lead to the allocation of appropriate resources, creation of separate funding mechanisms and appropriate strategies. This may also further facilitate co-ordination and oversight in the sector.

5.2 | Institutional framework

Decentralization of roles and responsibilities for sanitation in both Rwanda and Uganda creates co-ordination problems as more actors get involved in service delivery, which may present conflicts over policy goals and deviate from policy objectives (Barrett, 2004). This is the case in both countries, where different actors with varying agendas are promoting and funding different approaches. Co-ordination problems are, however, being addressed through the adoption of SWAps and sector working groups in both countries to improve sector overview.

5.3 | Implementation

Policy implementation in both countries can be described as "hybrid" with national governments retaining the authority for policy formulation, planning and M&E, and other roles and responsibilities shifted to districts authorities, NGOs and private actors, including households (Oosterveer, 2009; van Vliet et al., 2011).

Performance measurement in Uganda has been disjointed and has experienced perennial accountability problems. This partly explains the contradiction regarding decentralization and sector performance in service delivery in Uganda (Ojambo, 2012; Kimanuka, 2009, p. 24). In Rwanda the process has improved accountability in the sector through a combination of top-down authority that in principle has room for bottom-up action through the CBEHPP and JADF. The underlying principles of these programmes embody aspects of "backward mapping" and PDIA, which emphasize contextual, politically supportable and practically implementable reforms. These allow for continually adapting and readjusting policy before and after implementation at the local level (Lazin, 1999). CBEHPP and JADF are useful instruments, but their effectiveness depends on the capacity of district authorities to identify problems and set realistic targets that can be implemented sustainably within set timeframes (Ekane, 2013). Due to top-down pressure exerted through the performance contracts, there is a likelihood that performance outcomes are manipulated if there is no strict M&E. This shortcoming is highlighted by Sommers (2012) in the case of Rwanda.

In Rwanda, the "hybrid" can be described as predominantly top-down but aiming to involve local communities. This is explained by the institutionalization of CBEHPP and the CHC approach which is intended to promote inclusive development within existing local structures, building on the trust, collaboration and mutual benefits that characterize networks. Purdeková (2011), however, argues that without the transfer of authority to the local level in Rwanda, there are negative implications for inclusion and legitimacy as "grassroots" activities may also serve as instruments of social control, surveillance and state reach, questioning the effectiveness of grassroot processes in establishing inclusion and legitimacy. On the other hand, the unintended consequences reported by D'Arcy and Cornell (2016) in Kenya, where devolution of authority has led to local-level corruption, challenges the notion that decentralization curbs corruption and improves transparency, but may be controlled in the Rwanda case. Market development has taken precedence in Uganda with private operators playing a critical role in filling resource gaps (Ndaw, 2016, p. 23). This can be described as a shift towards markets, which are often ineffective and resisted as a result of limited levels of trust (Bevir, 2012; van Vliet et al., 2011).

Disparity in rural/urban coverage in both countries can partly be explained by the fact that Rwanda invests more in rural sanitation through CHCs under a single ministry whereas Uganda invests more in urban sanitation with emphasis on sewerage arrangements. CLTS implementation in Uganda is restricted to the rural areas and is the responsibility of two ministries. This poses co-ordination problems,

which adds to the sustainability gaps in terms of quality and usage of latrines (Venkataramanan & Shannon, 2015). This shortcoming of CLTS is not, however, explicit in the interviews as practitioners often tend to promote their approaches even when the outcomes are questionable. This also applies to CHCs in Rwanda. Further, much of the responsibility for providing sanitation is in the hands of private operators, including households (Achiro, 2009; GLAAS, 2017). As a result, decisions on the type of services/facilities to provide and the targets for these services/facilities is discretionary (Ekane, 2018).

6 | CONCLUSIONS

New modes of governance pose significant dilemmas for the provision of sanitation services in many developing countries, including Rwanda and Uganda. Although the institutional framework and trends in policy reforms in the two countries are fairly similar, sanitation policy implementation works better in Rwanda than in Uganda. The following policy implications are worth emphasizing. Policy intentions—driven by political will, leadership and sanitation's high profile on the development agenda—generally have a positive effect. Policy design, as shown in both countries, however, is often too ambitious and not matched by adequate budgets. Policy implementation is characterized by numerous resource, capacity and organizational constraints. Implementation is the key to successful policy, yet policy is often fragmented and poorly co-ordinated as growing numbers of non-state actors are filling gaps in resources and service delivery. This can be tackled through sector reforms as in Rwanda where the move towards a separate sanitation policy may pave the way for separate funding mechanisms, more streamlined and co-ordinated actions, and further improvements in performance. Political leadership and commitment combined with top-down authority and oversight, as demonstrated in Rwanda, may maintain accountability and contribute to improved sector performance and effective service delivery especially where citizen demand is limited. "Backward mapping" and PDIA approaches have the potential to include people at the grassroots in designing and implementing contextual, politically supportable and practically implementable reforms, and also allow for more discretion and flexibility.

This study is limited in a number of ways. The recent sanitation policy in Rwanda had not been adopted when the policy assessment was conducted, and we did not examine the implications of top-down authority on the effectiveness of grassroots consultation and how far this affects inclusion, flexibility of local practitioners and the legitimacy of actions at the local level. Nor did we look at political processes of policy formulation and other aspects, such as corruption, in the sector. These are important factors but warrant a different research agenda and theoretical background to the one we employed. These are areas for further research. Also worth exploring is the extent to which policy and implementation processes for sanitation differ from other sectors, e.g. housing, electrification and mobile phones. Overall, the study contributes to the policy implementation literature with empirical evidence from Rwanda and Uganda.

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