

Making ‘Shit’ Everybody’s Business: Co-Production in Urban Sanitation

Sanitation is one of the most pressing global challenges that the world faces today. Despite significant advancements in coverage since the 1990s, a vast proportion of the global population still lacks access to safe sanitation. Almost 2.3 billion people still do not have access to sanitation and 892 million still defecate in the open. In several cities of the global South, ‘unplanned’ urbanisation has brought rapid and sporadic growth; however, many people still suffer from inadequate and poor access to sanitation, a problem that is projected to become more severe in the coming decades. We urgently need to develop innovative ways to create solutions to the growing sanitation crisis.

Urban landscape in sanitation: challenges and causes

Though sanitation has moved up on the global development agenda and is very present in the Sustainable Development Goals, the outcomes are far from satisfactory. In several cities of the global South, urbanisation has meant rapid growth, persistent poverty, and the lack of measures to accommodate this growth. This means that over a billion people still live in slums and squatter and informal settlements, which are often surrounded by poorly treated industrial and residential waste and sewage, amplifying the impacts on health, income, and livelihoods. Access to essential services of water and sanitation remains inadequate. In urban areas, over a billion people lack access to sanitation facilities and more than 100 million practice open defecation. The gravity of this situation should not be underestimated, especially when it is projected that almost 2.5 billion people will migrate into urban areas in the next three decades.

The world is sitting on a sanitation ‘time bomb’ which is ticking slowly, and will have devastating consequences for human wellbeing and environmental health if not tackled urgently.
(Kamal Kar, 2016)

The current system of urban planning and governance in several countries of the global South largely places the responsibility of providing safe sanitation on the municipalities or the state departments. It does not factor in the roles and responsibilities of various other actors in the sanitation service chain, such as non-state or informal providers, sanitation workers, etc. Though Community-led Total Sanitation (CLTS) innovations have galvanised global action against open defecation, and have subsequently been mainstreamed into national sanitation policies, the application of CLTS in urban areas has various limitations. In many urban areas, sanitation suffers from a combination of problems, such as institutional fragmentation, weak national planning, poor monitoring, and low political status.

Challenge 1: Grey areas in urban governance

Several urban settlements in Asia and Africa are poorly serviced because they either fall out of the municipal jurisdiction, or are unrecognised settlements. This makes it very challenging to get accurate figures for use of and access to sanitation services between and within cities, which makes it more difficult to ‘know’ the reality

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of the urban sanitation problem. In addition, some urban clusters face the challenges of high population density and constraints of space to effectively deliver 'safe' sanitation. By contrast, in less dense communities, there are problems of waste disposal and transportation, which often leads to high disease burden and water or soil contamination.

Challenge 2: Poor urban planning

Where sanitation access is possible, subsidised toilets are provided as a solution, but this often deflects attention from the broader problems of urban planning, neglecting issues of faecal sludge management (FSM) or wastewater discharge. A singular focus on building toilets ignores resource interaction with water and soil and leads to various health risks due to contamination and flooding of latrines. These risks are actively present in densely populated settlements (slums and small towns), which can lead to instant outbreaks of diseases such as cholera and malaria and more protracted problems of undernutrition and poor health.

Challenge 3: Multiple and hidden actors

Different line ministries and departments, and civil society organisations have disparate views on addressing the sanitation problem. For example, health concerns are not fully integrated into the infrastructural systems, which often runs the risk of contamination and disease outbreaks. These issues often sit with different departments or ministries at the city level. At the ground level, a majority of peri-urban or slum settlements are serviced by informal providers that work in parallel to formal state-based providers.

The current approach to sanitation also misses out the 'hidden actors' in the sanitation sector. This refers to the labour force that deals with faecal waste and its transportation, i.e. the manual scavengers in India or the sewage cleaners who come into direct contact with faecal waste and wastewater and are exposed to serious health hazards. Sanitation planning and management, so far, has failed to engage with this group that is often neglected and marginalised in the sanitation discourse.

Challenge 4: Challenges to the application of CLTS

Though the participatory framework of CLTS has been particularly influential in addressing some of the supply-side challenges of providing safe sanitation, its implementation in urban contexts is difficult. CLTS encourages

communities to think about their own sanitation situation and build low-cost toilets with locally available material. The success of CLTS depends on leveraging the collective action potential of a community and this strategy for mobilisation has worked well for rural contexts where the population is not as transient as in urban contexts. Insecure tenures, non-involvement of landlords, and the transient nature of the migrant population account for the heterogeneity within the 'community' in urban contexts. It raises important questions about collective action and sustainability. Moreover, the solutions offered in terms of sewage management are difficult to apply in urban contexts because of space and planning constraints.

Though the decentralised and collective approach is at the core of CLTS, securing massive action and engagement from wider authorities (e.g. municipality, water and sanitation departments, sewerage bodies, groundwater boards, etc.) who are willing to work and engage with poor communities is critical for sustainable sanitation in urban areas. In areas where CLTS has been successful in forging these ties in localised settings, scaling up this partnership at the district or commune level does not seem to be an easy task. For example, in a bid to scale up CLTS, it may be reduced to a set of triggering tools compromising on the aspects of community mobilisation and behavioural change that are long-drawn processes and need to factor in the socio-political context. For example, the Swachh Bharat Mission in India, which draws on some of the successful cases of community mobilisation, has effectively been reduced to

“Sanitation planning and management, so far, has failed to engage with the labour force that directly deals with waste.”

What is co-production in the context of sanitation?

- Co-production is a state–society interaction which includes different sets of stakeholders, including end users/households, sanitation workers, urban local bodies, and NGOs;
- Public services are decentralised and delivered through institutionalised (and often long-term) relationships between state bodies and the users;
- State harnesses social capital to resolve collective action problems and achieve decentralised service delivery;
- Sanitation champions, strong political will, and coalitions of interests or alliances between different stakeholders are key to co-production.

a subsidy-driven, top-down programme in the country.

Given the centrality of the state in urban planning and governance in many countries in the global South, CLTS requires an active engagement of the state machinery. Any kind of sanitary improvements need to be co-produced by the communities and service providers (state and non-state). Establishing expectations and accountability between service providers and users, i.e. local communities, is as critical as engaging the users in sanitation planning.

Is co-production the way forward?

Co-production is defined as ‘the process through which inputs used to produce a good or service are contributed by individuals who are not “in” the same organisation’. It can be understood as the provision of public services through an institutionalised, long-term relationship between state agencies, organised groups of citizens, and other stakeholders.

Wider engagement from different actors is required to address the challenges of sanitation in urban areas. Within the sanitation system, co-production can be applied in several ways:

Co-production of knowledge

What works and how requires that the needs of the community are put at the centre of these processes. Local perceptions regarding reuse and recycle; waste pathways (wastewater and faecal waste); and dirt, shame and shit need to be understood, and developed with participation from the local communities as well as other stakeholders.

Co-production in service delivery

State departments need to work with users to provide decentralised delivery of services which includes both access to sanitation and safe disposal of waste. In densely populated urban areas, co-production is only possible when all actors in the delivery chain (multiple providers, including the state departments) as well as end users (landlords and tenants) are involved in the planning process.

Different actors can also play different roles along the chain. For example, households and communities can play a crucial role at the household and community level; informal

providers can contribute at the community/locality level. However, dealing with wastewater across the city requires utility-level interventions.

Co-production in value chain

It is important to think of better and smarter ways of extracting value at key points so that shit can be turned into a resource such as fertilisers or energy through biogas. Such experiments are currently underway in different localities in the global South. For example, the [UK Engineering and Physical Sciences Research Council \(EPSRC\)-funded project](#) on transforming waste examined different ways of nutrient recovery from human waste and piloted trials in Kanyama, Lusaka, Zambia.

The project found, however, that the problem is often about creating appropriate value chains and markets for the regenerated products, the challenges of scaling up, as well as wider public acceptability. This would require that the community, planners, and business actors work together and factor in local knowledge and perceptions about reuse and regeneration.

Co-production across scales

Co-production may have been successful in localised contexts but to scale up such experiments requires changes in law, policy, and institutional arrangements. This includes: recognising a rights-based framework for sanitation access and for sanitation workers, providing these workers with legal channels of redressal; and changes in housing policies which also make the landlords active stakeholders in leveraging community efforts.

An example of co-production across scales can be seen from the spillover effect of Kalyani, a town in West Bengal, India, becoming open defecation free (ODF), which led to 52 other slums in its vicinity to follow suit and emerge successful in becoming ODF slums. It subsequently caught the attention of municipalities and city corporations from different parts of the country. Gradually, the central government’s slum improvement programme made huge investments to improve the solid and liquid waste management of the Kalyani Municipality with full support from the residents.

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Policy recommendations

- 1 Identify sanitation champions within the community and the government** who can trigger such changes in the sanitation service chain. These people will also be the key mobilisers for building alliances across various actors. These can include both public and private actors, i.e. business as well as the sanitation workforce.
- 2 Strengthen community ownership:** It is very important that solutions should be built on local realities and perceptions around the sanitation problem and that these should also be integrated into the policy cycle. This will strengthen community ownership. For co-production to be successful and inclusive, special attention should be given to including the most disadvantaged (i.e. those living with HIV/AIDS, widows, elderly, those with physical or mental disabilities, migrant labourers, and the homeless).
- 3 Recognise a rights-based framework for sanitation access and for sanitation workers.** Despite the fact that financing sanitation services remains a practical challenge, this burden should not be offloaded onto poor communities. Access to sanitation is a basic human right. Rights of sanitation workers to decent work conditions and dignity should also be recognised and enforced by law.
- 4 Improve linkages with other stakeholders:** Both formal and informal actors need to be integrated to deliver and improve sanitation access. Strengthening local organisations such as neighbourhood committees, local business, and working in alliance with them can also increase acceptability and build on social capital within these contexts.
- 5 Make poor sanitation a political agenda** by framing it as a health and urban planning emergency. This thinking should be integrated into urban policy, planning and management, which at present is geared towards infrastructural solutions such as building toilets. At the policy level, departments and ministries need to take a holistic view of the sanitation service chain and its implications on different public services such as water, health, and child education.
- 6 Develop smarter ways of transforming waste** and use community action to generate wider public acceptability and usage. Technologies for recovery and reuse of wastewater need to be supported through the development of local entrepreneurship, skill and capacity development, and by facilitating local supply chains. These would be particularly useful in densely populated peri-urban settlements with limited FSM facilities. This will not only facilitate uptake and scaling up of these interventions but will also help in preserving the health of the ecosystem in the long run.



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Further reading

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Credits

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The opinions expressed are those of the authors and do not necessarily reflect the views of IDS or the UK government's official policies.



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ISSN 1479-974X