

**CHALLENGES FACING LOCAL GOVERNANCE IN THE
IMPLEMENTATION OF SANITATION AND HYGIENE
PROMOTION SERVICES: A CASE STUDY OF RUNGWE
DISTRICT, TANZANIA**

Green Sadru, BSc.EHS

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By

Green Sadru

**A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree
of Master of Arts in Health Policy and Management of
Muhimbili University of Health and Allied Sciences**

**Muhimbili University of Health and Allied Sciences
September 2013**

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled “*Challenges facing local governance in the implementation of sanitation and hygiene promotion services: A case study of Rungwe District, Tanzania*”, in fulfillment of the requirements for the degree of Master of Arts in Health Policy and Management of Muhimbili University of Health and Allied Sciences.

Dr. Gasto Frumence

(Supervisor)

Date: _____

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Lastly but not least, I thank Almighty GOD for his guidance and giving me power and health for the entire studying process.

DEDICATION

The dedication of this dissertation goes to my Loving Wife, Olipa Mwakasala and our wonderful children, Enock and Christian for their patience in my absence during my study period. Also to my loving parents, Sadru K. Mwansisya and Daina A. Kyaka who encouraged me all the time while on studies.

ABSTRACT

Introduction

Overall, the current status of hygiene and sanitation in Tanzania is one of the areas suffering from chronic neglect. Sanitation and hygiene is still low on the agenda of political platforms and receives a low priority among the community members and public sector. Competing priorities such as education and health (especially curative) contribute significantly in making sanitation and hygiene, an area of low priority at the household and community level as well as at the local, district, regional and national levels. Employing the principles of good local governance will help in the improvement of implementing sanitation and hygiene promotion services. Local government authorities have been implementing various interventions pertaining to improvement of sanitation and hygiene practices but they have not achieved the results to the expectation of the community. This required the exploration of challenges of local governance that could be contributing to low up-take of improved sanitation and hygiene practices in the country.

Objective of the study

The study aimed at exploring the challenges facing local governance in the implementation of sanitation and hygiene promotion services. The study intended to add knowledge and literature that will help the local government authorities to understand barriers to the implementation of sanitation and hygiene promotion services and possible solutions to overcoming them.

Methodology

The study was conducted in Rungwe District, Mbeya region, Tanzania. A qualitative research method was employed whereby in-depth interviews were used to obtain information from 16 Key-Informants. All interviews were audio-recorded and transcribed verbatim; and also content analytical approach was employed to analyze the data.

Findings

Results from this study show that there are several **Major Challenges** facing the implementation of sanitation and hygiene promotion services at the local government

authorities. These include fragmented coordination; unclear roles and responsibilities; weak collaboration with stakeholders to scale up promotion; low participation in planning processes among stakeholders and inadequate financial and human resources.

Conclusion and Recommendations

The study concludes that there are a number of challenges that hinder an effective implementation of sanitation and hygiene services in the district. The local authorities cannot achieve sanitation and hygiene targets without putting in place good local governance mechanism that is capable of addressing the identified challenges. The District Authorities should, therefore, take local governance challenges identified by this study as opportunities to integrate well the sanitation and hygiene services as an integral part that plays a key-role to development activities.

Keywords: Sanitation, Hygiene, challenges, local governance, implementation, Rungwe, Tanzania

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ACRONYMS

ADB	African Development Bank
CBOs	Community Based Organizations
CMT	Council Management Team
DCDO	District Community Development Officer
DHO	District Health Officer
DE	District Engineer
DED	District Executive Director
DEO	District Education Officer
DPLO	District Planning Officer
DT	District Treasurer
DWE	District Water Engineer
DWST	District Water and Sanitation Team
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IMF	International Monetary Fund
IWA	International Water Association
KI(s)	Key Informant(s)
KID	Key Informant at District level
KIW	Key Informant at Ward level
LGAs	Local Government Authorities
MDGs	Millennium Development Goals
MKUKUTA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MoHSW	Ministry of Health and Social Welfare
MoEVT	Ministry of Education and Vocational Training
MoU	Memorandum of Understanding
MoWI	Ministry of Water and Irrigation
MTR	Mid Term Review
MUHAS	Muhimbili University of Health and Allied Health Sciences
NBS	National Bureau of Statistics

NEHHASS	National Environmental Health, Hygiene and Sanitation Strategy
NETWAS	Network for Water and Sanitation
NGO	Non Governmental Organization
NRWSS	National Rural Water Supply and Sanitation
NWSDS	National Water Sector Development Strategy
NSGRP	National Strategy for Growth and Poverty Reduction
O & OD	Opportunities and Obstacles to Development
RDC	Rungwe District Council
SIGUS	Special Interest Group in Urban Settlement
PHC	Primary Health Care
PMORALG	Prime Ministers' Office – Regional Administration and Local Government
TDHS	Tanzania Demographic Health Survey
Tsh	Tanzania Shillings
TSSM	Total Sanitation and Sanitation Marketing
UK	United Kingdom
UN	United Nations
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environment Programme
UNESCAP	United Nations Economic and Social Commission for Asia and Pacific
UNICEF	United Nations for International Children and Education Fund
URT	United Republic of Tanzania
WASH	Water, Hygiene and Sanitation
WATSAN	Water and Sanitation
WB	World Bank
WHO	World Health Organization
WSDP	Water Sector Development Programme
WSP	Water and Sanitation Program

DEFINITIONS OF TERMS

For the case of this study, the following terms have been defined here under;

Governance is defined by World Health Organization (WHO) as the role of the government in health and its relation to other actors whose activities impact on health (WHO, 2007).

Local governance is the set of policy frameworks, structures, relationships and decision making that takes place at the *local level* to deliver a service or achieve an objective.

Local government is the formal institution mandated to deliver a variety of public goods and services at the local level (UNDP, 2010).

Good governance is the process whereby public institutions conduct public affairs, manage public resources and guarantee the realization of human rights in a manner essentially free of abuse and corruption with regard for the rule of law (Trivedi, 2013). It involves constructive co-operation between the different sectors where the result is efficient use of resources, responsible use of power, and effective and sustainable service provision (De la Harpe, 2007).

Sanitation – Is the hygienic means of preventing human contact from the hazards of waste to promote health i.e. safe collection, storage, treatment and disposal of human excreta (faeces and urine)

Sanitation service: “The provision of a basic sanitation facility which is easily accessible to a household, the sustainable operation of the facility, including the safe removal of human waste and wastewater from the premises where this is appropriate and necessary, and the communication of good sanitation, hygiene and related practices.” (Republic of South Africa, 2003)

Hygiene promotion – the planned, systematic attempt to enable people to take action to prevent or mitigate water, sanitation and hygiene-related diseases.

CHAPTER ONE: INTRODUCTION

1.1 Background

History of sanitation and hygiene promotion in Tanzania

Historically, in the 1960's to 1980's during the Mwalimu Nyerere era, the government promoted sanitation and hygiene at household level through campaigns, public education and other means. One of the most successful campaigns was *Mtu ni Afya (Person is Health)* carried out in the 1970's. The campaign raised public awareness on the importance of sanitation and hygiene countrywide. At the community level, the government has also played another role of training artisans in the construction of different types of latrines and marketing techniques for latrines. Despite the '*Mtu ni Afya Campaign*' in the early 1970s' and other programmes implemented within the country, still about 13% of all households lack any form of latrine facilities. Coverage of basic sanitation in urban areas is about 97.6% compared to 83.3% of rural households (MoHSW, 2006).

Current sanitation practices in Tanzania

Tanzania is not subsidizing the household latrines construction. Sanitation at household level has remained a responsibility of individual households particularly in the rural areas, while the government's role is to provide hygiene education and sanitation promotion messages. Local governments are responsible for construction of latrines in public places and institutions such as primary and secondary schools and the markets.

In Tanzania, 13 percent of households use improved toilet facilities that are not shared with other households. In Mainland urban areas, 22 percent of households have improved toilet facilities compared with 9 percent in rural areas. The most common type of non-improved toilet facility is an open-pit latrine or one without slabs, used by 71 percent of households in the rural areas and 50 percent of households in urban areas. Overall, 14 percent of households have no toilet facility. Most of these households are in rural areas (NBS, 2011).

The Status of Communicable diseases

The primary cause of childhood illness and poor health is sanitation-related diseases such as diarrhea, cholera, dysentery, typhoid and hepatitis A and malaria. According to the Ministry of Health and Social welfare, about 1.7 million episodes of diarrhea occur annually in Tanzania and 60%-80% of hospital attendances are related to poor sanitation, hygiene and inadequate water supply. Furthermore, over 30,000 Tanzanian children under the age of 5 years die annually due to water and sanitation -related diseases (MoHSW, 2006).

Government commitment to improved sanitation for the citizens

Tanzania's Vision 2025 aims to provide improved sanitation to 95% of the population by 2025. Millennium Development Goal (MDG) number 7 states that, country member states must halve by 2015, the proportion of people without sustainable access to safe drinking water and sanitation. The National strategy for Growth and Poverty Reduction (NSGRP), which translated MDGs into the Tanzanian context, has set several sanitation related operational targets to be achieved by 2015. They include; improved toilets at household level increase from 23% in rural and 27% in urban areas in 2010 to 35% in rural and 45% in urban areas by 2015 (URT - MoFEA, 2010). The guidelines that have been developed to support the implementation of sanitation promotion programme include;

- National environmental health and sanitation policy guidelines 2004
- National environmental health, hygiene and sanitation strategy 2008 – 2017
- Public Health Act, 2009
- National Environmental Policy 1997
- Local Government Authorities Act 1982

However, the implementation of these guidelines is questionable and the challenges facing governance structures at all levels are not known especially in improving and ensuring delivery of quality hygiene and sanitation services.

Implementation of sanitation and hygiene services in Tanzania

Overall, the current status of hygiene and sanitation in Tanzania is characterized as one of the areas suffering from chronic neglect. Sanitation and hygiene is still low on the agenda of political platforms and receives a low priority among the community and public sector. Competing priorities such as education and health (especially curative) contribute to putting sanitation and hygiene low on the priorities of households, communities and Government at the local, district, regional and national levels. However, there have been significant efforts taken by the government to address sanitation in the country through various initiatives including “Mtu ni Afya” campaign in the early 1970’s. Almost 90% of the population had access to some form of basic latrines such as traditional pit latrines and open pit latrines (NBS, 2009). However there was little data on the quality of these latrines.

Policy and legal framework

In 2000, the United Nations General Assembly adopted the Millennium Development Goals that challenged the international community to reduce poverty and increase the health and well-being of all people. Two years later, the World Summit on Sustainable Development added access to basic sanitation as a centerpiece of sustainable development strategy and set a series of actions to achieve the global sanitation target – halving the proportion of people without access to basic sanitation by the year 2015 (UN, 2010).

With a host of things to put right, countries need to focus attention on the key levels which must take responsibility for services. These include the decentralized governmental authorities at district or similar level, service providers and all those organizations from civil society that can extend support. Together they must form a system of governance responsible for ensuring that safe and sustainable services are provided to all the communities.

Good governance

The Tanzanian Development Vision 2025 emphasizes the importance of good governance. By 2025, good governance should have permeated into the national social-economic structure. Indeed, this would ensure a culture of accountability, rewarding good performance and effectively curbing corruption (URT, 1997). In the development of the local authorities in Tanzania, good governance is considered an important factor to ensure the improvement of sanitation and hygiene services among its population.

The sanitation target was added to the water target under the seventh Millennium Development Goal (MDG) of ensuring environmental sustainability as an outcome of the World Summit on Sustainable Development in Johannesburg in 2002 (Scott et al. 2003). In general, access to water seems to be the priority while sanitation is less of a concern even for the poor; the development of the seventh MDG reflects this.

Although the government of Tanzania has made great strides to reform the health system by developing comprehensive policies and guidelines to allow for good governance, there are nonetheless challenges in terms of accountability, community-level voice, information reporting, and feedback. In some cases, while the structures and mechanisms are well-designed, the actual capacity of individuals to fulfill these mandates is insufficient.

Institutional framework

The institutional framework for implementing sanitation and hygiene activities in Local Government Authorities (LGA) in Tanzania has been stipulated in the National Water Sector Development Strategy (NWSDS), 2006-2015 (URT, 2006).

The key responsibilities of LGAs are to;

- Consolidate and manage sanitation and hygiene plans in the LGAs
- Provide sanitation services to the population in their areas
- Formulate and enforce by-laws concerning sanitation and hygiene
- Provide primary school water, sanitation and hygiene facilities
- Manage sludge emptying and transportation

- Manage solid waste and other potentially polluting activities, particularly in order to conserve the quality of water sources
- Contract and manage service providers for sanitation and hygiene in LGAs
- Monitor the progress of water, sanitation and hygiene (WASH) and school water, sanitation and hygiene (WASH) in the district
- Train community committees and other providers of WASH in operation, maintenance and financial management
- Coordinate stakeholders involved in sanitation and hygiene in LGAs
- Submit progress report for implementation of sanitation and hygiene against performance indicators

District Water and Sanitation Teams (DWSTs)

While the LGA has the overall responsibility to develop, manage, coordinate and monitor the sanitation and hygiene activities within its administrative area, a DWST is formed to take on this management function on a day-to-day basis. The DWST is made up of departmental heads or senior officers in relevant LGA departments. A DWST is composed of the following members:

Table 1: List of DWST members and their position

Title	Position in the team
District Executive Director	Chairperson
District Planning Officer	Deputy Chairperson.
District Water Engineer	Coordinator/Secretary
District Health Officer	Specialist on Hygiene, Sanitation & HIV/AIDS
District Community Development Officer	Specialist on community management and planning of community projects
District Education Officer	Specialist on schools hygiene and sanitation
District Treasurer	Specialist on financial management
District Works Engineer	Specialist in works
Others	*Invited development partners

**Where there are other development partners working on WASH in the district, they may also be invited members / invitees of the DWST (URT, 2006).*

The DWST has the responsibility of coordinating development activities within its LGA that are related to water, sanitation and hygiene. The intention is that senior professionals from different departments work together in a team to jointly plan, implement, and monitor activities, thus benefit from the inter-sectoral thinking and action that is generated through this teamwork.

Members of the DWST bring together different areas of expertise. In many instances the activities they are expected to undertake (e.g., monitoring of implementation) are not within the normal job description of participating departments, but by operating as a team they can provide the mutual support required to accomplish the tasks, including the sharing of logistics to achieve this task.

The District Executive Director appoints members of the DWST by an official letter, which describes the area of responsibility for each member. The establishment of DWST is a relatively new operational arrangement which is not a legal structure but it is an operational arrangement to facilitate co-ordination of the inputs of the different departments that have responsibilities for water, sanitation and hygiene development. It

is expected to meet on a regular monthly basis, and report to the Council Management Team (CMT) on a quarterly basis.

Sanitation and hygiene promotion had been undertaken by environmental health unit in the department of health as it has experts on sanitation and hygiene. However as a matter of sanitation to be multi-sectoral, under the water sector development programme (WSDP), the DWST was established to oversee the water, hygiene and sanitation issues at district and lower levels.

In Rungwe District, the DWST has been established and it involves the inter-sectoral composition as stipulated in the NWSDS. The team is responsible for all WASH activities in the District but more initiatives are based on the implementation of water supply projects leaving the sanitation and hygiene promotion services behind. This is evidenced by the low up-take of sanitation and use of improved latrines as compared to households accessing improved sources of water which has increased following the implementation of water projects under the World Bank support (RDC, 2012).

1.2 Problem Statement

Lack of clearly defined institutions to manage sanitation and hygiene sub-sector has been a major bottle neck to the effective implementation of sanitation and hygiene policies. This is due to the lack of proper organizational structures for effective management and coordination. Even where there are instituted bodies, weak coordination and low or no dialogue has been hindering the success of the sanitation sector. Furthermore, the institutions responsible for sanitation and hygiene such as LGAs and Community Based Organizations (CBOs), often lack necessary capacity, skills and resources to fulfill their governance responsibilities.

Implementation of sanitation and hygiene promotion services requires a broad spectrum of multidisciplinary actions. To gain good results from these actions, the responsible organs for direct delivery of sanitation and hygiene promotion services must practice good governance, which is a key factor in reducing the current burden of diseases caused by poor sanitation and hygiene practices.

In Tanzania, there have been efforts to ensure successful sanitation and hygiene programmes. These include hand washing programme by Water and Sanitation Programme (WSP) since 2007; school WASH programme by MoHSW, MoEVT and WSP, which started in 2008; Environmental Health and Sanitation Competition by MoHSW; National Environmental Health, Hygiene and Sanitation Strategy (NEHHASS) 2006-2015; Village Environmental Health Hygiene and Sanitation Programme. Other efforts include; study on sanitation mapping in Tanzania by WaterAid; Total Sanitation and Sanitation Marketing (TSSM) Project in Tanzania by WSP and the ongoing development of National Sanitation and Hygiene policy.

Despite all these efforts, the population accessing and using improved sanitation facilities and hygiene promotion services has remained low. The outcomes have been the increased burden of sanitation and hygiene related diseases which leaves the disadvantaged groups into vicious cycle of poverty. Therefore this study was an attempt to explore challenges facing local governance structures in the implementation of sanitation and hygiene promotion services among the district and community leaders so as to come up with policy and strategic recommendations that will help in improving the interventions aimed at fighting against diseases caused by poor sanitation and hygiene practices.

1.3 Rationale of the study

It has been noted that although water supply has, over the past two decades, increased in terms of coverage, sanitation facilities have lagged far behind. Nonetheless, there are some efforts being made to improve the situation. By exploring challenges facing local governance in the implementation of sanitation and hygiene promotion services, this study was set to provide valuable insights and recommendations to policy makers and programme managers on what should be done to improve the situation. Therefore the findings and the subsequent recommendations resulting from this study are useful for enhancing the formulation of strategies that are demand-driven by communities to improve sanitation and hygiene practices.

1.4 Research questions:

Main research question

What are the challenges facing local governance in the implementation of sanitation and hygiene promotion services?

Sub-questions

1. How are the existing governance structures organized at the district and lower levels responsible for the implementation of sanitation and hygiene promotion services?
2. What are the roles and responsibilities of the district and lower level governance structures in the implementation of sanitation and hygiene promotion services?
3. How does collaboration between departments influence the implementation of sanitation and hygiene promotion services?
4. How is planning conducted to facilitate implementation of sanitation and hygiene promotion services?
5. How does availability of financial and human resources influence the implementation of sanitation and hygiene promotion services?

1.5 Objectives

General objective

To explore the challenges facing local governance in the implementation of sanitation and hygiene promotion services in Rungwe District Council

Specific objectives

1. To identify the existing governance structures at the district and lower levels responsible for the implementation of sanitation and hygiene promotion services
2. To examine the roles and responsibilities of the district and lower level governance structures in the implementation of sanitation and hygiene promotion services

3. To find out how collaboration between departments influences the implementation of sanitation and hygiene promotion services
4. To assess how planning is conducted to facilitate implementation of sanitation and hygiene promotion services
5. To find out how availability of financial resources influences the implementation of sanitation and hygiene services

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

Clean water and adequate sanitation are essential for health and well-being. Unfortunately, because of poor governance of water and sanitation systems many peri-urban and rural areas lack services, and where they are available, the quality of service is unsatisfactory. The impacts of poor governance are many and easily identifiable (De Asís et al., 2009). These include priorities in development that do not reflect community needs, poor allocation of resources, and ineffective coordination of WASH services.

Nearly 40% of the world's population still lacks adequate sanitation. Developing access to sanitation services poses technical, institutional, financial and also social and cultural challenges. Major obstacles relate to governance deficiencies, especially the lack of adequate institutional framework. Other hindrances include the weak priority given to sanitation and the insufficiency of substantial investment in the sector. Besides investment, sustainable solutions should also adequately address the other dimensions, especially institutional and financial aspects. It is thus essential to implement sustainable institutional arrangements ensuring the setting up of a political anchor for the sanitation sector as well as responsiveness to the demand, transparency and accountability to users, financial sustainability, and the involvement of all the actors in their area of expertise (Hardoy et al., 2005).

2.1 Good governance

It is seen that there are two concepts that set the intellectual agenda for change in the public sector in the developing countries. These are good governance and new public management. The former can be considered as an opportunity for western donors to extend their activities beyond mere projects and policies. This aims at making fundamental changes in administrative structures, because changes are a prerequisite for development and multilateral agencies like the World Bank (WB), International Monetary Fund (IMF) and United Nations (UN) agencies are in favor of such arrangement. The World Bank, for instance, identifies four components of governance;

public sector management, accountability, a legal framework for development as well as information and transparency (Turner & Hume, 1997).

Good governance is taken to mean a condition when governance is effective, transparent and accountable and bad governance is associated with maladministration in discharging responsibilities. The aim of good governance entails the existence of efficient and accountable institutions and entrenched rules which, among other issues, ensure that people are free to participate in action of their administration. It has also been noted that good governance and better growth rates correlate positively. Good governance also aims to emancipate people from poverty as state legitimacy is recognized and entrenched. It is also at the heart of sustainable development and the alleviation of poverty (Hope 2003, UNECA, 2005).

Many institutions in Africa, including the public ones, have been regarded as a failure because many of these institutions have been captured by elite and serve their interests. The resulting effect has been a lack of ability of the state to provide an institutional framework to support the development of good governance (Hope, 2003).

The concerns addressed by the MDGs in relation to water and sanitation are not new. The 1980s were declared as the water and sanitation decade with the overall aim of water and sanitation for all. That decade saw the recognition of the right to basic services and of the need for legal systems to protect them (Nunan and Satterthwaite, 2001). Efforts failed to meet this ambitious target mainly due to a focus on purely technical and financial aspects. Nevertheless, more progress in this area was achieved than ever before. WHO estimates that during the 1980s an additional 1.3 billion people gained access to safe water and 960 million to basic sanitation (Jolly, 2003).

Access in urban areas increased from 75% to 95% in the case of water supply and from 53% to 82% in the case of sanitation. Following the realization that service improvements benefiting the poor would require more accountable and responsive political structures, towards the end of the 1980s, donors started to fund capacity building in water and sanitation (WATSAN) institutions. In the 1990s these efforts shifted towards structural reform, with an emphasis on privatization of publicly run water and sanitation services. However, many recipient governments were reluctant to

respond to external impositions from donors to adopt good governance and the privatization of services, thus, the implementation of the concept lagged behind.

The seventh MDG represents an attempt “to place deprived households at the centre of a new water and sanitation agenda, not only challenging the pro-poor credentials of existing reform efforts [such as those pursued throughout the 1990s], but demanding a more coherent and focused approach to addressing the water and sanitation problems of the poor” (McGranahan and Satterthwaite, 2006). Instead of aiming to serve the whole population as in the 1980s, the MDG sanitation target focuses on halving the population without access to basic sanitation by 2015. The challenge to meet this target is much greater than that for water supply, not only because more people need to gain access to sanitation, but also because more funding is needed for sanitation infrastructure. Although estimates show that an additional 1.2 billion people gained access to basic sanitation between 1990 and 2004, it is unlikely that the target will be met, with sub-Saharan Africa and South Asia being the regions where progress is the lowest (UN, 2006).

The emphasis of the seventh MDG is on improved access rather than adequate access, thus, the lack of access to adequate facilities is likely to be several times higher than the estimates for lack of improved water and sanitation (McGranahan and Satterthwaite, 2006). The difficulty of collecting information about adequate services might explain why official figures and statistics focus on improved services, despite the risk of excluding people who might have access to a facility that is not suitable (Allen et al., 2006). Public latrines/toilets are the most widely applied sanitation options in densely populated low-income areas and play an important role, but they do not necessarily fulfill the needs of poor individual households (SIGUS, 2003). While public toilets are important to serve public spaces and amenities, their adequacy as the only sanitation option is particularly questionable when it comes to meeting the hygiene needs of female household members and children. As a consequence, although facilities might be physically available, they currently do not meet the needs of the poor for reasons of overcrowding, lack of maintenance and user charges (Allen et al., 2008).

2.2 Coordination on the implementation of sanitation and hygiene activities

Effective delivery of water and sanitation services is usually best done at a local level. The strength and accountability of local government will therefore be a key determinant of the coverage and sustainability of those services, both in villages and in more urban settings.

In sanitation, the challenge for local government is to work with the existing providers (usually artisan latrine-builders who may have spent their lives avoiding government interference) on product development, demand stimulation, marketing, quality assurance, and co-ordination of the final disposal of wastes (Cairncross, 2004).

Coordination is important in ensuring that activities are well coordinated across departments within a local government, between levels of a local government, and among stakeholders at the district level. This function includes the existence of coordination mechanisms such as monthly meetings and the skills to use those mechanisms effectively.

For a long time, unclearly defined institutions for managing sanitation and hygiene have been hindering an effective implementation of sanitation and hygiene promotion services. This has been due to lack of proper organizational structures for effective management and coordination. Weak coordination and low or no dialogue has been hindering the success of the sanitation sector even where there are instituted bodies.

2.3 Collaboration of district departments related to sanitation and hygiene

In order to institute a unique and sound implementation, collaboration of stakeholders of sanitation and hygiene is important. In the local government authorities it is important to identify the stakeholders to discuss the intended results. WASH governance project in Uganda was conducted to promote communication and collaboration among the three departments for more efficient sanitation service delivery. The results showed that one of the weaknesses was limited collaboration with the water departments in areas of monitoring and water quality testing, areas where the health practitioners felt were the key actors. To this effect, action plans of joint monitoring were proposed during the meetings. The cross-cutting nature of sanitation issues requires that the key departments

in the implementation of sanitation and hygiene promotion have joint meeting. However, this is less done and as a result the positive impact is still low as far as improved sanitation and hygiene practices are concerned (NETWAS Uganda, 2011).

Inadequate collaboration between departments has also been experienced in Tanzania. This is evidenced in the duplication of activities appearing to each department that even lack community needs. The sanitation managers from each department develop department plans without use of joint planning. It is from this weak collaboration, the joint Mid Term Review (MTR), carried out in April 2010 found that the sanitation results were not satisfactory during national rural water supply and sanitation (NRWSS) phase I due to the fact that the MOWI has a mandate to water supply while sanitation was a mandate of MOHSW (ADB, 2010).

2.4 Availability of resources for the implementation of sanitation and hygiene services

The sanitation programmes's failures can be attributed to poor demand for sanitation from communities, who are used to open defecation, and the non-responsive attitude of the government service delivery system in providing basic technical support, cost estimates and subsidy to the deserving poor families.

At the international level, water and sanitation are a low priority compared to other sectors such as health and education. Many donors, such as the United Kingdom and Norway, give water and sanitation just 1.5% of their total development budget. Moreover, aid for the sector is poorly targeted with only 24% of it going to the Least Developed Countries between 2002 and 2006, and there is no relationship between allocation of aid and the level of access to water and sanitation in a given country (UN – Water, 2008). In short, aid for the sector is not getting to where it is most badly needed. The success or failure in implementing sanitation and hygiene services has for a long time been associated with availability of funds. It has been found out that the impact of public spending on outcomes is higher when there is good governance (Rajkumar and Swaroop, 2008).

At the national level, policy and plans are weak or absent, and effective action is undermined by institutional fragmentation and poor coordination within and outside the government. Allocations within national budgets—particularly for sanitation—are low and largely financed by aid rather than by national revenue. In Zambia, for example, in 2008, 91% of the government allocation for sanitation was from external aid (WaterAid, 2008). Likewise in Tanzania, in the Ministry of Water, the development budget for the year 2010/2011 allocated for rural water supply and sanitation component was 18% local and the remaining was foreign (MoWI, 2010). At the local government level, responsibility for delivering these services has been decentralized without the necessary financing or requisite investment in local capacity. In addition, local resources for the sector are often off-budget for local government, leading to little in the way of capital budget for expanding infrastructure and poor targeting of investments (WaterAid, 2008). As it has been observed that in many countries, the financial resources allocated to sanitation improvements have been inadequate. The low profile of sanitation and hygiene results in budget allocations that are far below what is needed to address the scale of the problem. Of the total annual investment in the water supply and sanitation sector, only fifth appears to be directed towards sanitation improvements (WHO/UNICEF, 2000), although it is difficult to determine the actual figures, as few countries disaggregate the data. Those funds that were allocated to sanitation were often poorly utilized (Scott et al., 2003).

2.5 Planning for sanitation and hygiene

Improving sanitation services requires planning that entirely addresses the needs of users. Participatory planning and implementation of sanitation and hygiene services is a key role of the sanitation managers both at district and lower levels.

The problems facing planning process and provision of WASH services include lack of resources and capacity, unstable political will, incomplete decentralization, lack of clarity on roles and responsibilities, competing sectoral interests, lack of involvement of key players in decision making, over-reliance on donors, corruption, lack of cost recovery etc (WSP, 2010).

The planning process in Tanzania uses the Opportunities and Obstacles Development (O & OD) approach that encourages participation. The local government reform process in Tanzania aims to ensure that citizens at the grassroots level are involved in the planning and implementation of development programmes in their local areas. Through participatory planning and budgeting, the reforms envisage that development programmes are relevant to local needs and engender a sense of ownership to facilitate implementation. Propelled by the decentralization of responsibility and financial resources for delivering public services from central government to local government authorities (LGAs), O&OD planning approach was initiated in 2002. The methodology aimed to promote transparency and accountability in community development through the introduction of participatory processes to identify and prioritize community needs. By the end of 2009, the government had rolled out the O&OD planning framework in 105 of the 132 LGAs in Tanzania (Fjeldstad et al., 2010). Delay in receiving guidelines and budget ceilings, central government priorities determining community decisions, lack of interactions between council bureaucrats and communities, decisive role of the bureaucrats and communities failing to prioritize their needs were the challenges in planning process in LGAs. It is from this approach the implementation of sanitation and hygiene interventions can reflect community needs and hence increased awareness. The need for understanding the challenges that district managers face during planning process is of more importance to improve the situation.

2.6 Roles and responsibilities in the implementation of sanitation and hygiene promotion services

Many countries have embarked upon institutional reforms, decentralizing and tasking local authorities with service provision. Other countries have turned to privatization in an attempt to use the skills and resources of contractors. However, ill-planned reforms can result in services being handed to organizations without the resources to implement them, where responsibility is devolved but not funding.

The health system can be comprehensively strengthened, not just to provide health care but also to ensure that progress on improving health is not undermined by poor progress

on hygiene, sanitation, and water. In the districts, the roles that health sectors play in accelerating progress on hygiene, sanitation and water with inter-sectoral dimension include: advocacy (amplifying the importance of hygiene, sanitation, and water in inter-sectoral dialogue); regulation (ensuring adequate quality of service); and promotion (stimulating household and community action) (Rehfuess et al., 2009).

Local capacity is often weak and regulating the private sector to ensure that services reach vulnerable sectors of the community remains a challenge. When responsibilities for water and sanitation are unclear, it is difficult to track the flow of resources into the sector and measure the results. Progress monitoring remains weak and makes the sector vulnerable to corruption. Ineffective regulation, pollution and inadequate or poorly designed sanitation can lead to the destruction of valuable drinking water resources (UNDP, 2010).

Following misunderstandings in the implementation of sanitation and hygiene services, the key ministries (MoHSW, MoW, MoEVT & PMO-RALG), have signed a memorandum of understanding (MoU). The aim of developing MoU is to bring the main partners of the sanitation and hygiene sector together to facilitate their cooperation and coordination when carrying out their sanitation and hygiene responsibilities. Such areas include policy making, strategy development, planning, budgeting, implementation and monitoring thereby accelerating achievement of the MKUKUTA, MDGs, and Vision 2025 targets (URT, 2009).

2.7 Good governance for sustainable WASH services

Governance for suitable WASH services includes all the relationships, mechanisms, processes and institutions through which stakeholders can mediate their interests, exercise their rights and obligations and make decisions for the delivery and provision of services. According to De la Harpe (2007), in order for these processes to function, the following areas need attention:

- **Advocacy and communication** to promote water, sanitation and hygiene services, to win support for change, to give communities information to express demand and make choices, to build partnerships and alliances.

- Structures for **participatory strategic planning** where all stakeholders come together to make informed decisions about **service** provision options, including infrastructure, costs, service levels and institutional arrangements, and where every stakeholder is empowered to put forward views and choices
- Assembling, storing and sharing **knowledge and information** to empower local stakeholders to participate in problem solving, planning and strategic decision making and to improve their capacity to act
- **Financial mechanisms which include cost recovery and innovative methods of finance** where services are sustainable and users understand, support and can afford the charges
- **Capacity building** so that the capabilities, expertise and skills in local WASH institutions are retained and developed to improve the delivery of services. Capacity building also includes skills development and on-the-job training, access to resources and to financial and specialist expertise to put the right policies, plans, systems, structures, and procedures in place to ensure sustainability.
- Mechanisms to ensure access to **transparent, gender sensitive, and equitable** services
- Ensuring an **enabling environment for service provision**, so that, in particular service providers (such as community based organizations), have **access to support**, such as specialist / technical expertise, local supply chains, and resources such as systems, tools and guidelines, and that everyone understands and abides by the by-laws and regulations “the rules of the game”
- Systems and procedures for **accountability, monitoring, evaluation and reporting**, including information about the quality of services and gaps in services so that follow-up action can be taken.

2.8 Governance barriers in the implementation of sanitation and hygiene promotion services

The implementation of sanitation and hygiene promotion services have, for a long time, been constrained by community factors like behavior, culture, income, awareness, property ownership and land space; environmental factors like policies, political will, development partners and the economy. Within the organization, the practices associated with resources, commitment, leadership, inter-institutional relationship and priority influence decision making and have impact on the improvement of sanitation and hygiene in the district.

In summary, as shown in the literature reviewed, the implementation of sanitation and hygiene goes hand in hand with good governance. Various partners have committed resources towards improving sanitation and hygiene practices in the community. Most importantly, the Tanzania government has clearly shown its willingness by developing MoU that brings together various stakeholders in the planning and implementation of sanitation and hygiene services because of the cross-cutting nature of these services. Poor governance has largely been a barrier to improved sanitation. Employing good local governance in the implementation of sanitation services has a lot to do with ensuring sanitation and hygiene promotion services that are responsive. All the above stated studies show that good governance is the best way in the successful implementation of sanitation and hygiene promotion services particularly in rural areas. Unfortunately, the efforts to improve sanitation and hygiene practices have not resulted in increased availability of improved sanitation facilities and their use as well as improved hygienic practices. It is therefore important to identify the challenges facing governance structures in the implementation of sanitation and hygiene promotion services, hence the need for this research.

CHAPTER THREE: STUDY METHODOLOGY

3.1 Study area

The study was conducted in May 2013 in Rungwe District, which is one of the eight districts in Mbeya region. The district was purposively selected as one of the rural districts with lower coverage of improved sanitation facilities as a case study. The district lies between longitudes 33⁰ and 34⁰ East of Greenwich. It is also situated between latitudes 08⁰ and 09⁰ South of Equator. It is bordered to the North by the Mbeya District, to the East by the Makete District (Njombe Region) to the South by the Kyela District, to the West by the Ileje District. It covers 2,211 square kilometers. According to the 2012 Tanzania National Census, the population of the Rungwe District was 339,157 with an estimated annual growth rate of 2.7 and the average household size of 4.1 people. The dominant ethnic group in the district is the Nyakyusa.

The District is mainly covered with Rungwe and Livingstone Mountains ranges rising from an altitude of 770 to 2265 meters above sea level. These mountains have a great influence on the climatic conditions making the area to experience long period of cold and rainy seasons. Average rainfall ranges from 900 mm to 2,700 mm and average temperature ranging from 18⁰C to 25⁰C.

Administratively, the district is divided into 3 divisions, 37 wards, 164 villages and 732 hamlets. The district has a total of 64 health facilities, 3 are hospitals, 5 being health centres and 56 being dispensaries

3.2 Study design

This was a descriptive cross-sectional exploratory study in which qualitative method of data collection was employed. A qualitative methodology was chosen in order to capture participants' views, experiences and challenges in local governance in the implementation of sanitation and hygiene promotion services in local government authorities. Qualitative methodology helps to understand life experiences and to reflect on the understandings and shared meaning of people's everyday social life and realities (Morse and Field, 1995)

3.3 Study population

The study involved district officials from the departments responsible for the implementation of sanitation and hygiene promotion activities. These are the members of the District Water and Sanitation Team (DWST) of Rungwe District Council namely District Executive Director (DED), District Planning Officer (DPLO), District Water Engineer (DWE), District Health Officer (DHO), District Education Officer (DEO), District Community Development Officer (DCDO) and District Treasurer (DT). These people were purposively selected since they hold the responsibility of coordinating development activities within the LGA that are related to water, sanitation and hygiene.

Another group of respondents who were included in the study were obtained from the ward development committees (Ward Executive Officer, Ward Councilor and Ward Health Officer) as community leaders who are involved in the implementation of sanitation and hygiene promotion services at ward level and the supervision of lower levels.

3.4 Sampling techniques and sample size

The non probability method was applied for which purposive sampling was used. Purposive sampling enabled the researcher to obtain study units (respondents) which are most representative and productive; in this case members of DWST at the district and members of WDC at ward levels were the study units. Three wards with environmental health experts out of 37 wards in the district were purposively selected. This was due to the fact that no new ideas emerged hence no further interview was needed.

The total sample size was 16 respondents, 7 key informants from the DWST and 9 informants from the ward. All key informants (KIs) agreed to be interviewed. The key informants are identified as KID 1-7 for KIs from district level and KIW 1-9 for KIs from ward level in the findings section.

3.5 Data collection

The interview focused on particular themes and therefore a *semi-structured interview guide* was used. Thus, it was neither strictly structured with standardized questions, nor entirely “non-directive.” Subsequent interviews introduced new questions (Kvale, 1996). Interview guides were used to obtain information from the respondents. The Key Informants interview guides were developed through open-ended questions based on the research questions, objectives of the study and information gained from the literature. Depending on the two groups of key- informants, two different key-informants interview guide were developed. One was for the district managers from DWST and one for the ward community leaders. A digital voice recorder and handwritten field notes were used to capture information during In-depth interviews. The interview guides were developed in English and translated into Kiswahili to facilitate communication during interviewing.

3.6 Data collection procedures

To explore the views of key-informants, the researcher applied the In-depth interview face-to-face methods of data collection which was found to be suitable for the study. It was conducted using semi-structured interview guide, as it allows for follow up of points. Prior to the beginning of each interview, the participants were asked for permission to be audio-recorded.

All targeted KIs were each interviewed by the researcher for 25 to 35 minutes. All interviews were audio-recorded, with the permission of the KIs being interviewed. After the interviews, the recordings were transcribed into computer files. Care was taken by the researcher to assure the respondents that they and the place of their work would not be identifiable in any subsequent report. Once the final research report was written, the audio files from the interviews were discarded.

3.7 Data processing and analysis

Qualitative data analysis is an ongoing process that is carried out simultaneously with data collection, interpretation and writing reports. The researcher analyzed data for

themes or perspectives (Creswell, 2008). For this study *content analysis approach* was employed to analyze data. This involves reading through the transcribed texts of each interview and identifying responses relevant to the main questions raised by the study (Graneheim and Lundman, 2004). Main steps followed in content analysis in the study were organizing and preparing the data for analysis, reading through the data, coding the data, generating themes and finally interpretation of the data.

All of the interview transcripts were read by the researcher and coded to data analysis. Five themes headings were generated from the data and under these all the data were accounted for. One independent researcher was asked to verify the seeming accuracy of the category system and after discussion with him; minor modifications were made to it. Below is the detailed process:

Organization and preparation for data analysis

The recorded audios were given specific code number as a label to facilitate the identification of interviewee. Transcription started concurrently with data collection and continued after the completion of data collection. Each transcribed data had identification information. The transcripts were then typed into computer files using Microsoft word 2007. The computer files were given serial numbers and location based on the dates of interviews.

Data analysis

The analytic process was based on reading and re-reading all transcripts several times so as to have a clear understanding and to get a preliminary sense of the data and interact with it. In this study the coding was done using computer software named open code version 3.6. Open Code 3.6 is a tool for coding qualitative data generated from interviews, observation or field notes. The whole interview was chosen as a unit of analysis. The transcripts were converted from Microsoft Word into plain text format then imported into the software programme. In this study the meaning unit or coding unit had similar meaning to what was described by Graneheim & Lundman, (2004) that meaning unit was regarded as words, sentences or paragraphs containing aspects related to each

other through their content and context. The codes were allowed to emerge during data analysis and the meaning units were coded throughout the transcripts.

The coding process was used to develop categories. Codes with similar concepts were grouped together to form a category. The researcher had to go through the transcribed data to obtain main themes from the respondents with regard to what the questions were about. The information concerning the categories was summarized and these provided the ground for writing results.

3.8 Ethical considerations

Ethical clearance was obtained from the Muhimbili University of Health and Allied Sciences (MUHAS) research and publication committee. Permission to conduct research was sought and granted from the District Authorities before starting data collection. All participants were informed about the purpose of the study and written informed consent to participate was obtained from all participants to be interviewed. All measures to maintain human rights including right to privacy and confidentiality and right to prevention from any type of harm were taken into consideration.

CHAPTER FOUR: FINDINGS

The study findings are organized according to emerged themes and sub-themes. The main emerging themes from the study findings include the following: organizational structure on coordination mechanism; roles and responsibilities; collaboration mechanisms; planning processes and resources availability.

Table 2: Participants' characteristics

Code	Profession	Work station	Age	Sex	Experience (Yrs)
KID-1	Community Development Officer	Community Development dept	57	Male	12
KID-2	Economist/Planning Officer	Planning Dept	40	Male	3
KID-3	Environmental Health Officer	Health Dept	40	Male	5
KID-4	Water Engineer	Water dept	37	Female	2
KID-5	Education Officer	Education dept	56	Male	30
KID-6	Accountant	Finance Dept	52	Male	21
KID-7	Environmental Health Officer	Administration dept	31	Male	3
KIW-1	Environmental Health Assistant	Ward health officer	55	Male	27
KIW-2	Ward Executive Officer	Secretary WDC	39	Male	5
KIW-3	Councilor	Chairman WDC	52	Male	13
KIW-4	Ward Executive Officer	Secretary WDC	41	Male	8
KIW-5	Environmental Health Assistant	Ward health officer	58	Male	32
KIW-6	Councilor	Chairman WDC	53	Female	8
KIW-7	Environmental Health Assistant	Ward health officer	54	Male	28
KIW-8	Councilor	Chairman WDC	45	Male	8
KIW-9	Ward Executive Officer	Secretary WDC	33	Female	3

KID - Key Informant at District; KIW - Key Informant at Ward; WDC - Ward Development Committee; Dept - Department

Table 3: Summary of important themes and sub-themes of findings

Organizational structure
Coordination mechanism
Weak coordination mechanisms
Low capacity of coordination
Roles and responsibilities
Unclear roles and responsibilities
Interference in execution of duties
Collaboration mechanism
Poor collaboration among stakeholders
Low stakeholder involvement
Lack of frequent meetings
Lack of joint meeting with various stakeholders
Planning process
Low stakeholder involvement in planning
Low skills in planning
Weak implementation of plans
Lack of funds to support planning sessions
Resources
<i>Financial resources</i>
Limited funds available for sanitation and hygiene services
Late disbursement of funds
Low priority given to sanitation
Low absorption capacity of funds
<i>Human resources</i>
Inadequate number of skilled staff
Low capacity/skills in the implementation of sanitation and hygiene services
Lack of reliable transport

4.1 Organizational structures

Weak Coordination mechanism

The majority of the KIs responded that at the district level, health department is the structure responsible for coordination of the sanitation and hygiene activities. Health officer, who is in charge of sanitation and hygiene activities in the district, coordinates these activities in collaboration with department of water as expressed by one of the KIs:

“Department of health coordinates, first to provide education to people, provide different schedules on sanitation, and then to mark the various festivals to mobilize people for sanitation events, issues of competition on sanitation in different sites and participation as well” [KID-5].

It was also reported that the coordination of sanitation and hygiene promotion in the district meets the expected results though it was mentioned to have obstacles like availability of financial resources as mentioned by most of the KIs.

“To a certain extent in my opinion it has met, I would say that it does not meet the expected results, it is due to various challenges. One of the biggest challenges that have been disturbing is the unavailability of adequate funds.....” [KID-7].

Low staff Capacity in coordination

The capacity of staff to implement sanitation and hygiene promotion services was reported to be low. The respondents for this study said that inability to coordinate the implementation of sanitation and hygiene promotion services was one of the main challenges in the district;

“The capacity of staff is low, they don’t implement these activities as we expected, though low capacity may be associated by weaknesses in the organization system” [KID-5]

The key informants mentioned several challenges facing the departments in delivering sanitation and hygiene services. The most reported challenges included inadequate funds, weak collaboration between departments, and low understanding of actors on sanitation and hygiene implementation, low community response with different

perceptions as reported by the KIs. And also, the occurrence of emergency and ad-hoc activities interrupted the implementation schedule of sanitation and hygiene promotion services. In this case one respondent said:

“Challenges exist; administratively, we need to engage other decision-makers on issues of sanitation and hygiene, but they do not understand these issues very well” [KID-3].

Another respondent commented as follows:

“The biggest challenge is lack of fund; the second is the community response. Many community members have a negative response. This happens especially when you go to sensitize rural communities on sanitation issues, they believe that there is money you (expert) receive for the activity and so they (community) also need that money for constructing latrines” [KID-4].

Responding on the question about challenges facing local governance in implementing sanitation and hygiene promotion, ad-hoc activities which come as directives were reported to interfere with the routine implementation of sanitation and hygiene activities, one KI reported that:

“.....there are many emergencies that interfere with district health officers’ plan, but once it is a political directive from the higher level, that has to be done” [KID-6].

4.2 Roles and Responsibilities

Unclear roles and responsibilities among managers

The KIs responded that roles and responsibilities of various district managers dealing with sanitation and hygiene activities existed though were not clear since the mentioned roles and responsibilities were based on their routine activities rather than those identified for inter-sectoral roles in implementing sanitation activities. One KI reported that:

“In general it is not possible to say that the roles and responsibilities for implementers are clearly defined but we implement sanitation and hygiene services as routine activities” [KID-3].

When KIs were asked to give their opinion on the implementation of their roles and responsibilities, one respondent mentioned lack of empowerment for the managers to carry out their roles and responsibilities as one of the limitations;

“Implementation can be good when there is empowerment for implementers. Similarly the implementation becomes better when it is consistent with the responsibilities and goals that we plan” [KID-4].

Availability of rules, guidelines and laws to support the implementation of roles and responsibilities among KIs was also mentioned as an important aspect.

“The law is taken as the last way to make someone obey what you want but if the community would understand then we could not reach there. Law helps us to make people understand that the issue of the environment and waste management is their daily responsibility. In addition, they are responsible to build toilets in their households....” [KID-7].

Obstacles facing execution of roles and responsibilities

Respondents from the ward level reported that they face obstacles in the implementation of their sanitation and hygiene roles and responsibilities. Some of the obstacles included political interference and low supervision by district officials. The district officials were expected to help in updating the various techniques in sanitation improvement as expressed by one of the KIs;

“..... cooperation between district officials and ward officials is low in the implementation of sanitation and hygiene services in the ward. Political interference also affects the performance in implementing sanitation and hygiene services” [KIW-4].

Another respondent said;

“Politicians also form part of the challenge. They are people from different political parties; politicians from certain parties represent the

interests of the majority while other politicians represent the interests of minorities. Sometimes they ensure that during the execution of public sanitation and hygiene activities, their personal interests override that of the public” [KIW-6].

4.3 Collaboration among stakeholders

Poor collaboration among stakeholders

The respondents interviewed reported that there was poor collaboration between departments in the district and lower levels. A team called district water and sanitation team (DWST) has been established to deal with all issues on water supply and sanitation in the district and in the lower level there was primary health care (PHC) committee responsible for supervising sanitation and hygiene services from ward level up to household level. However, key- informants for this study reported that there was poor collaboration between district and lower level stakeholders in promoting sanitation and hygiene practices.

“We do not meet the goals, there are challenges that we have especially the collaboration between district and ward levels is not good in terms of implementation of sanitation and hygiene services” [KIW-4].

At the ward level, there is an established committee responsible for coordinating sanitation activities in their respective areas as reported by one of the KIs;

“The committee does not fulfill its responsibilities as it should be. The big problem is that sanitation and hygiene activities require good collaboration among responsible organs, however, collaboration is not only for leaders at the ward level only but it also involves partnership with citizens and elected village leaders whose responsibility include among others to manage sanitation and hygiene promotion activities. But this is not the case for the PHC committee as it faces poor collaboration from community leaders” [KIW-9].

Study participants also reported that there are stakeholders' meetings on sanitation, which are occasionally conducted though they were not conducted as scheduled, i.e. quarterly due to lack of sufficient financial support and other commitments among the actors as one KI said;

“Yes, we are holding meetings though not very often due to lack of funds; the meetings have been taking place at the district level and regional level as well. However, currently, we don't conduct regular meeting due to the financial crisis” [KID-5].

4.4 The planning process on sanitation and hygiene promotion services

Lack of adequate budget to implement sanitation and hygiene plans

The KIs responded that there are plans for sanitation and hygiene promotion services in the district though they were not very specific to sanitation and hygiene promotion issues but regarded and/or treated as additional plans to water projects.

“.....as I explained earlier planning sessions need funds that could support the involvement of all important stakeholders. However, this is not possible due to lack of money to conduct joint planning except for department at the district level where we have some funds to enable us conduct planning sessions” [KID-3].

Lack of planning skills among staff

The planning skills of staff working on sanitation including members of the DWST were reported to be poor. This has resulted in the development of plans that are not community-driven and/or community- oriented. This situation leads to poor response from the community members during the implementation of various plans. The problem of lack of planning skills among sanitation staff was reported by one of the KIs;

“... I admit that planning skills are limited in this department.when they are given responsibilities to perform, they fail to come up with an action plan to lead the implementation of responsibilities assigned. So I

think one area that has limitations is how to prepare plans, this is very challenging” [KID-3].

Less involvement in planning

The KIs were asked to state on how the planning is done in terms of who is involved in the process. Most of them mentioned interdepartmental involvement but external stakeholders’ involvement in the planning process was low. This has led to the low stakeholder participation in promoting sanitation in the public as narrated by one of the district KIs;

“The members of district water and sanitation team are supposed to be involved but implementation of the planning sessions is weak” [KID-1].

Another respondent reported that;

“This plan is prepared by the leaders of the health department (Council Health Management Team members), the head of the departments and passed in a full council” [KID-5].

The respondents interviewed suggested there is a need for joint planning and implementation of activities between the district water office, district environmental health office (health department) and district education office in order to enhance effective utilization of resources in the sanitation sector. Without joint meeting, it is difficult for the stakeholders to participate fully in the implementation as commented on by one of the respondents;

“The members of district water and sanitation team should be involved in the preparation and implementation of sanitation and hygiene services plans in the district” [KID-1].

Implementation of sanitation and hygiene promotion services is not done as initially planned.

Most of the KIs, both at district and ward levels, reported that activities for sanitation and hygiene were not implemented as planned. Respondents mentioned several barriers constraining the implementation of sanitation and hygiene plans. They included lack of

funds to support the planned activities, lack of action plans and poor adherence to work schedules.

“As I said the original plans have not been achieved by a hundred percent and this is because of inadequate resources that we have. As I mentioned earlier if we had enough resources we could implement all activities as planned” [KID-2].

4.5 Availability of resources

Financial resources

Inadequate resources to support implementation of sanitation and hygiene services

Most of the KIs said that funds allocated to support the implementation of sanitation and hygiene was inadequate compared to the need. The major issue reported was inability of the actors to understand and define the needs of sanitation activities/interventions based on priorities.

“...No the funds we get can not meet the expected sanitation and hygiene promotion outcomes because the demand is greater than the money that is allocated in implementing the promotion of sanitation and hygiene services” [KID-7].

Furthermore they reported that more funds have been allocated to water department than health department, which deals with implementation of sanitation and hygiene related activities or interventions. This arrangement undermines the possibilities of achieving the expected results of sanitation and hygiene programmes as expressed by one of the KIs;

“First thing is knowledge on awareness that sanitation is an important aspect, ...Right now you look at how different stakeholders including ourselves, understand the issues of sanitation and hygiene, the emphasis is given more on water supply and less on sanitation component. This type of mindset has led to giving low priority to sanitation issues” [KID-1].

The district environmental health office had been planning on sanitation issues but the allocated funds were not adequate as more funds were allocated to curative services rather than environmental sanitation as expressed by one of the KIs;

“We did not plan very effectively in the previous financial year, we implemented only one plan, which was house to house visits and inspect cleanliness. In our work schedule we also planned to visit other places such as Kiwira ward but unfortunately because we had no budget we were not able to do this” [KID-3].

Unreliable sources of funds

The KIs were asked to identify the major sources of funds used to support the implementation of sanitation and hygiene services. Most of the KIs responded that council own source was the major source of funds for running sanitation and hygiene activities. However, respondents further reported that this source was not reliable source of generating funds since it depends on revenue collections from service users. One respondent said that there was weak system of revenue collection in the district, which contributes to reduction of the expected budget for sanitation promotion interventions;

“The problem is when we fail to collect a hundred percent of targeted revenues. We may allocate one million shillings for supporting sanitation activities but at the end the collection is only fifty percent. Such kind of problem leads to inability to achieve the goals we set for ourselves in sanitation” [KID-6].

Late disbursement or release of funds from central government

The KIs Interviewed reported other sources of funds for supporting the implementation of sanitation programmes in the district. These included funds from central government and development partners. However, there was late disbursement of these funds especially from the central government and in some years allocated funds are not released as planned. This was reported in one of the KI interviews;

“... budget for implementation of sanitation activities is allocated but we often find that money is not released” [KID-4].

The study participants also underscored that it was not possible to utilize funds released for carrying out sanitation and hygiene services within the same financial year due to delay in the release of funds from the central government as well as delay in the expenditure associated with bureaucracies in payment system.

“In general funds from central government do not arrive on time. You find that funds for the first and second quarters have not yet been released. So all the planned activities for these quarters have not been implemented, so we usually receive them very late, thus, we cannot perform effectively as planned. So effectiveness has also been affected by flow of funds because they are not released at the right time” [KID-3].

Human resources

Inadequate number of skilled staff

In the studied area, most of the KIs pointed out that there was inadequate number of staff to undertake these duties. According to establishment of sanitation section, the required number for instance of health officers was supposed to be 37 in the district but only nine officers (24%), were available out of these, six health officers are environmental health assistants whose qualification allows them to work at village level;

“... we have a huge deficit of health officers because under normal conditions in accordance with establishment we are supposed to have health officer from the district to the ward level but currently we have three health officers and six environmental health assistants and most of them perform management responsibilities at district level” [KID-2].

The respondents said that the department suffers from not only having inadequate number of staff but also the available staffs were not skilled enough to effectively provide sanitation and hygiene services to the communities. The worse situation was attributed by the shortage of staff to the extent that even a few available skilled personnel could not work effectively due to excessive work performed.

“...the available human capacity is not only inadequate but they also lack wide scope of considering even the basic sanitation issues which are important for survival of human being” [KID-7].

Lack of adequate working equipments and tools

Most of the KIs reported that lack of adequate equipments and tools has constrained the performance of staff. Respondents mentioned lack of reliable transportation to reach remote areas (hard to reach areas) as one of the major material resources constraints. Respondents from ward level underscored that lack of transport facilities has tremendously hindered the implementation of sanitation and hygiene promotion services up to household level;

“... from the district office to the ward, the biggest challenge you find is transportation, transportation to get to that locality becomes a constraint” [KIW-7].

KIs reported that some villages are located in hard to reach areas. Thus, they urged the government to allocate funds for providing transport facilities in order to facilitate the implementation of promotion of sanitation and environmental hygiene interventions in the communities. One KI emphasized the following;

“.... Environmental health officers like me operate in a difficult working environment. Given the complicated geography of my ward, it is difficult to reach every household in my ward. Villages are sparsely located and we have no means of transport apart from walking from one point to another. In fact takes a very long time to reach the community” [KIW-8].

4.6 Recommended ways in improving implementation of sanitation and hygiene services

Organizational structures

One question was posed to KIs to seek their recommendations on how to improve the implementation of sanitation and hygiene activities. The recommendations given can be categorized into three main groups; improving coordination mechanisms, ensure

community participate in the planning process and ensure adequate availability of resources.

Improved coordination mechanism

KIs recommended that there is a need to improve mechanisms for coordination of sanitation and hygiene resources and activities in order to improve sanitation in rural areas. For instance, coordination among departments responsible for sanitation and hygiene services as well as lower levels in the district including wards.

“There should be coordination necessary to ensure that each one does his/her obligations on time and address all the challenges occurring in his/her section” [KID-1]

Involve community members in planning processes

As a way to improving community participation, the respondents suggested that community members should be involved in the planning process of interventions that affect their daily lives. In this case, one respondent explained the importance of community participation;

“Planners should be aware that community members need to be involved in planning since at the end of the day they are responsible for implementing everything and one can not use the law to enforce. People will execute various activities if they understand of what to do, through community participation, interventions will last longer and there will be sustainability of such interventions” [KID-1].

Ensure adequate availability of Resources

In ensuring successful implementation of sanitation and hygiene services, respondents recommended that there should be adequate and effective use of resources. Specifically most of the KIs commented on increasing the proportion of financial resources allocated for sanitation and hygiene promotion services as expressed by one of the respondents;

“...the budget should be very specific, i.e. how much funds will be received including how and when the funds will be spent on sanitation and hygiene activities. So when it comes to assessment we can be able to identify others barriers facing implementation of sanitation and hygiene services apart from unavailability of funds” [KID-1].

CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore the key challenges of local governance in the implementation of sanitation and hygiene promotion services. The exploration was done through conducting in-depth interviews from key-informants who are implementers of sanitation and hygiene activities at the district and ward levels. Therefore the views expressed in this study are reflective of “real world” experience of officials dealing with implementation of sanitation and hygiene services. The presentation of this chapter is based on the five main themes emerged from this study that describe challenges of local governance in the course of implementing sanitation and hygiene services in Rungwe district in Tanzania. These themes include: organizational structure in coordinating sanitation and hygiene services; collaboration among departments and other agencies in the district; clarity and execution of roles and responsibilities among actors; planning processes for sanitation and hygiene services and adequacy of available resources.

5.1 Organizational structure

Unclear coordination mechanism of sanitation and hygiene services

This study revealed that there was no clear coordination mechanism of various sanitation and hygiene activities in the district. The little coordination role that was played by the health department did not meet the expected outcome. This was attributed to the lack of clearly established unit with clear roles and responsibilities. Furthermore, there was fragmentation of duties as several departments were involved in sanitation and hygiene activities including water, health and education departments. The study found out that coordination of multiple institutions or departments in sanitation and hygiene provision is often problematic due to, as already identified elsewhere, jealousies, misunderstandings and different priorities among different institutions and departments (Mulenga & Fawcett, 2003). Sanitation provision extend to various sectors, thus if there is no key brokering or coordinating institutions, it will lead to serious service provision problems (Cumming, 2009).

It has been suggested elsewhere that the most common modality to improve sanitation is through the creation of coordination mechanisms and an anchor institution (UNESCAP,

2008). According to Egger & Ollier (2007), any successful implementation of the programme requires organization to have capacity in terms of finance, material and managerial issues including coordination as well as human resources who can demonstrate skills and knowledge in public health promotion.

5.2 Clarity and execution of roles and responsibilities

Implementing strategies that are involving various actors to reach the same goal requires a clear description of roles and responsibilities. It is difficult for one actor to deliver joint activities if no roles and responsibilities have been defined and known to implementers. The institutional arrangements have to define roles and responsibilities among implementers (Scott et al., 2003). In this study, it was found that the DWST members in the council were the major decision makers on sanitation and hygiene related issues, however, they were not clear on their roles and responsibilities regarding implementation of sanitation and hygiene promotion services. On the other hand, ward leaders who are close to community have no support in ensuring that they have clear roles and responsibilities with regards to implementation of sanitation and hygiene promotion services. As Scott et al (2003) commented, clearly defined roles and responsibilities across government departments are necessary for good coordination of sanitation strategies. Lack of clear roles and responsibilities among implementers of sanitation and hygiene services has resulted in the execution of duties as usual rather than in a strategic way. It is from this view, that reaching successful implementation for improved sanitation and raised awareness on the need for hygienic practices is becoming a big challenge in local governance. Clear definition of roles and responsibilities is not only important at the district level but it is also suggested that the stipulated roles and responsibilities for carrying out sanitation and hygiene activities at the national level in the memorandum of understanding should also be defined in the local government authorities for each department performing sanitation responsibility (URT, 2009).

5.3 Weak Collaboration

Collaboration among stakeholders is important in order to meet expected results. The reported weak coordination in the study area led to poor collaboration between the council officials with community, religious leaders, private firms and other stakeholders with interest in promoting hygiene and sanitation.

To maximize the impact and sustainability of sanitation programmes, institutional aspects need to be addressed comprehensively, as part of a collaborative approach with collaborative partners (DFID, 1998). The use of collaborative mechanisms in executing sanitation and hygiene services has a great contribution to successful implementation of the programmes. The collaborating agencies need to have forums for presenting and discussing means to support the implementation of sanitation promotion activities. Clear and agreed institutional frameworks are required to support effective collaboration between governments sectors (Scott et al., 2003).

The WASH governance project done in Uganda showed that improved collaboration, coordination and harmonization on sanitation and hygiene would yield increased efficiency and effectiveness (NETWAS Uganda, 2011). This is important in view of the small budget allocated for sanitation and hygiene.

5.4 Low stakeholders' participation in planning processes

Success to any goal and objectives is based on developed plan that has features of participation. This study found out that the planning system on sanitation and hygiene promotion issues was not participatory as each department had its own plan. Joint planning is cost effective especially in councils with scarce resources. One of the principles for successful sanitation planning is participation (McConville, 2008). Participatory planning requires recognition of different groups of stakeholders, each with unique set of priorities and drivers for sanitation improvement (IWA, 2006). The planning process in the study area had an idea of Opportunities and Obstacles to Development (O & OD) approach but the compilation and prioritization done at ward and district levels and allocation of funds has not reflected the community needs. This implies maladministration which limits the chances of ensuring advocacy and promotion

to improve sanitation practices. The key-informants admitted to be aware on the required means for preparing strategic and operational plans but directives from higher level and within councils interferes the whole process of planning.

5.5 Inadequate availability of resources

Investment in sanitation and hygiene has shown to be low in the study area. However, the need for improved sanitation is higher as reported by key informants. Inadequate financial resources often explain poor services outcomes. Also in order to ensure smooth implementation of sanitation services, then there must be skilled personnel to undertake the activities.

Unavailability of adequate resources, (financial and human resources) was mentioned as one of the major hindering factors to the successful implementation of sanitation and hygiene services in the district. Significant challenges remain, particularly relating to financing arrangements at both community and institutional levels. In many developing countries responsibility of delivering sanitation has been decentralized to local government without the necessary financing or requisite investments in local capacity (WaterAid, 2008). A major barrier to the implementation of sanitation and hygiene strategies is the need to balance financial sustainability and its role in poverty reduction. In most cases, revenues generated from sanitation are, firstly insufficient to cover costs, and secondly used for non-related sanitation services and therefore worsening the financing capacity of sanitation services. It is also not uncommon that most government agencies allocate a small percentage of their budgetary for sanitation service delivery indicating the low priority attached to sanitation services. In addition, financing in most policies are delegated to local governments, which has consequently affected the expansion of sanitation and hygiene services due to lack of integrity and motivation (IWA, 2006). Again lack of technical capacity at the local government level and lack of effective financial transfer mechanisms from central to local government levels could affect sustainable financial systems.

Human and financial resources requires that there is dedicated national budget for sanitation and hygiene that allows for implementation of activities but also training and

institutional capacity building but if not then it will be an unfunded mandate and expected goals will not be met (Kariuki, 2011).

5.6 Study limitations

This study has two major limitations;

- **Generality.** The result of this study reflects views of a few managers working in sanitation and hygiene in only one district. The results may not be representative of all sanitation and hygiene stakeholders hence failure to generalize to all districts which might have different context. It was not possible to include representative districts given limited resources that we have in terms of budget and time allocated for conducting this study.
- **Interview bias** - it is possible that the views that were provided by the respondents were shaped by social desirability bias and the responses given in the interviews might not correspond to what their organization actually does. However, to reduce social desirability bias, efforts were made to ensure that the objective of the study was clear to all respondents before giving their response on their experiences, views and perceptions on the topic.

Nevertheless, the findings from the study provide important insights that will inform policy, planning and advocacy efforts to address local governance challenges in the implementation of sanitation and hygiene services.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Sanitation and hygiene governance is about how countries at national and district level organize themselves to ensuring that all people have access to sanitation and hygiene services. A good organizing function for sanitation and hygiene services at the local level should include coordination, collaboration, pooling resources, joint planning and clear roles and responsibilities of various department and units involved in this field.

This study has identified five major challenges facing local governance in the implementation of sanitation and hygiene services. These include weak coordination mechanism in the organizational structure, lack of clarity on roles and responsibilities, weak collaboration among stakeholders, planning with low participation among stakeholders and inadequate financial and human resources in supporting the implementation of sanitation and hygiene promotion services in the district.

Policy implications

It has been seen from this study that institutional arrangement regarding organizational structures, planning and financing mechanisms need more attention for successful sanitation and hygienic practices. Meeting the targets for sanitation and hygiene promotion services will require strengthened and committed institutional arrangement to address these challenges.

Based on these findings, policy makers, planners and advocacy entities should develop policy and strategies that will facilitate local governance structures to implement successful sanitation and hygiene services both at the district as well as community levels.

6.2 Recommendations

- The identified challenges should be considered as opportunities for improving the sanitation and hygiene situation in local government authorities. Therefore implementers, council leaders and executives at the district and ward levels should

take these challenges as opportunity window to rectify and improve the sanitation services, people's health and ultimately development of the society.

- The local government authorities should create enabling environment that has better coordination and collaboration between different sectors that have responsibility for sanitation and hygiene such as health, education and water.
- Local government authorities should utilize the recently established fully fledged department i.e. sanitation and environment department, in the council as an opportunity for improving the implementation of sanitation and hygiene services in the council.
- The council should try to increase the allocation of resources for sanitation and hygiene services in terms of what percentage should be allocated out of the own source of revenues.
- The central government in general and local government authorities in particular, should ensure that there are clear definitions of roles and responsibilities for each involved party in the implementation of sanitation and hygiene services as this will not only increase accountability mechanism but it will also improve the performance of governance structures.
- The local government authorities should encourage participatory planning/joint planning approach among departments as well as between departments and community members as this approach is a key to successful implementation of sanitation ad hygiene services at the district level.

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APPENDICES

Appendix 1: Informed consent form (English version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)



INFORMED CONSENT FORM

ID NO.

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Consent to participate in research

Greetings! My name is **Green Sadru**, a student from Muhimbili University of Health and Allied Sciences, Dar es Salaam. I would like to talk to you about local governance and sanitation. At the moment we are carrying out a study to identify challenges facing local governance in the implementation of sanitation and hygiene promotion services in Local Government Authorities: A case study of Rungwe District”.

Purpose of this study

The aim is to explore challenges facing local governance in the implementation of sanitation and hygiene promotion services and be able to inform design and interventions that can help to improve sanitation status.

Participation

You will sit with trained interviewer and asked questions about challenges facing local governance in the implementation of sanitation and hygiene promotion services. Your responses will be recorded. An interview will take about 45 minutes and I will be taping the session because I can't write fast enough to get it all done. However participation in this study is voluntary and that you can withdraw at any time with no negative repercussions.

Confidentiality

All issues pertaining to your information will be kept confidential and no any unauthorized person will have access to this information except research team members.

Risks

There may be risks associated with this research and enough control will be undertaken to avoid the possible risks. For instance, some of the questions we may ask may be of a sensitive nature. You should not feel pressured to answer these and I hope that you will feel comfortable to ask me about any questions or concerns you might have any point during the survey process. The risks to you are your time and privacy” but perhaps privacy may be a major risk here.

Benefits

Participating in this study allows understanding the experiences, beliefs and practices of local governance for improving techniques and approaches to improve the implementation of sanitation and hygiene promotion in local government authorities.

Who to Contact

In case you encounter problems or you have questions, you may contact me through this address: **Green Sadru, MUHAS, P. O BOX 65015 Dar es Salaam, Phone number: 0713 417076/ 0752869689**; Or if you have serious issues about your rights as a participant you may contact....., **Chairman of the Science and Publications Committee, MUHAS P.O.BOX 65001. Dar es Salaam. Tel: 2150302-6, 2152489.**

Agreement part

May I have your consent to continue with the interview?

Do you agree? YES: NO: (Tick appropriately)

I, _____ have read the consents in this form.

My questions have been answered. I agree to participate in this study.

Signature for the interviewee: Date

Witness sign (If an interviewee can't read and write)..... Date.....

Data collector signature:

Date

Appendix 2: Informed Consent form, Swahili Version**CHUO KIKUU CHA SAYANSI YA AFYA NA SAYANSI SHIRIKISHI****MUHIMBILI****FOMU YA RIDHAA****Namba ya utambulisho:**

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Habari! Mimi naitwa **Green Sadru**, mwanafunzi wa Chuo Kikuu cha Sayansi za Afya na Sayansi Shirikishi Muhimbili. Ningependa nizungumze nawe kuhusu utawala bora na usafi wa mazingira na usafi binafsi. Kwa sasa nafanya tafiti kuainisha changamoto za utawala bora katika kutekeleza shughuli za usafi wa mazingira na usafi binafsi katika wilaya ya Rungwe.

Dhumuni kuu

Dhumuni la kufanya utafiti huu ni kuainisha changamoto za utawala bora katika mamlaka za serikali za mitaa zinavyoweza kuathiri utekelezaji wa shughuli za usafi wa mazingira na usafi binafsi ili kuweza kutengeneza njia bora za kuinua hali ya usafi wa mazingira

Ushiriki

Utakuwa na mtafiti atakayekuuliza maswali juu ya changamoto za utawala bora katika utekelezaji wa huduma za usafi wa mazingira na uhamasishaji wa usafi binafsi. Mahojiano haya yatarekodiwa. Mahojiano yatachukua kama dakika 45 na muda wote huu mahojiano yatakuwa yakirekodiwa ili kuweza kupata maelezo yako yote.

Usiri

Taarifa zako zote kama mshiriki zitatunzwa kwa usiri na kamwe hazitatolewa kwa mtu yeyote asiyehusika isipokuwa kwa mtafiti na wasaidizi wake tu.

Hasara

Kunaweza kukawa na hasara kadhaa wakati wa mahojiano hivyo nakuhakikishia kuwa jitihada zitafanyika ili kudhibiti tatizo hili lisijitokeze. Kwa mfano unaweza ukaulizwa maswali ambayo ni ya usiri. Ujisikie huru kujibu maswali utakayoulizwa na ni matumaini yangu kuwa ukihisi kuna sehemu ungependa kuuliza, basi uliza wakati wowote mahojiano yakiendelea. Kwa kutaja baadhi ya hasara ni muda na usiri wa taarifa utakazozitoa lakini kama nilivyosema, usiri ni kipaumbele katika utafiti huu.

Faida

Ushiriki wako katika utafiti huu utasaidia kuelewa uzoefu, imani na utendaji katika masuala ya utawala bora ili kuweza kuboresha njia na mbinu mbalimbali za utekelezaji wa huduma za usafi wa mazingira na uhamasishaji wa usafi katika mamlaka za serikali za mitaa

Mawasiliano

Kama utataka kujua zaidi au ukipata tatizo kutokana na utafiti huu unaweza kuwasiliana nami kwa barua, ukiniandikia kupitia anuani hii: **Green Sadru, MUHAS, S.L.P 65015 Dar es Salaam. Simu: 0713417076 or 0752869689.** Au unaweza kufanya mawasiliano na, Mwenyekiti wa kamati ya bodi ya chuo ya utafiti na uchapishaji, **S.L.P 65001, Dar es Salaam. Simu: 2150302-6, 2152489.**

Kipengele cha Makubaliano

Baada ya maelezo hapo juu, nakuomba tuanze majadiliano

Je Unakubali? Ndiyo: Hapana: (Weka tiki panapostahili)

Mimi _____ nimesoma maelezo ya fomu hii.

Maswali yangu yote yamejibiwa na ninakubali kwa hiyari yangu mwenyewe kushiriki kwenye utafiti huu.

Saini ya mshiriki: Tarehe.....

Saini ya shuhuda (Kama mshiriki hawezi kuandika) Tarehe.....

Saini ya mtafiti: Tarehe

Appendix 3: Key informant Interview Guide English Version

KEY- INFORMANT INTERVIEW GUIDE FOR DISTRICT MANAGERS

Part I: Identification particulars of the interviewee and socio-demographic data:

- a. Name of the Council
- b. Profession
- c. Position
- d. Department
- e. Age Sex: Female/Male
- f. How long have you been in this position? Years Month
- g. Who were you prior to this position?

Part II: Governance structures in coordinating the implementation of sanitation and hygiene activities in the district

- a. Are the coordination mechanisms for WASH activities in place?
- b. Who is responsible for coordinating WASH activities in the district?
Probe existing governance structures for coordination
- c. In your opinion how is the coordination done to meet the expected results of improving sanitation and hygiene practices? *Explain*
- d. What is the strength of staff in coordinating sanitation and hygiene services within your department?
- e. What is the relationship between your department and other departments/units in sanitation and hygiene services delivery?
- f. What are the challenges of your department/unit in playing its role in sanitation and hygiene services delivery?
- g. What do you think can be done by the District Council to enhance the department's/unit's performance?

Part III: Roles and responsibilities among district officials

- a. Are the roles and responsibilities on implementing WASH activities identified? *If yes, what are they?*
- b. How can you explain the implementation of the roles and responsibilities mentioned above?
- c. What are the major roles played by your department in implementing sanitation and hygiene services in the council?
- d. What are the role of laws and regulations in supporting the implementation of sanitation and hygiene services?

Part IV: Collaboration of district departments related to sanitation and hygiene (water, health and education)

- a. Who are the stakeholders involved in the implementation of sanitation and hygiene in the district? *If yes, who are the members of the team?*
- b. Do you have joint meeting between departments and other stakeholders on WASH?
- c. How often do you meet to discuss sanitation and hygiene issues?
- d. Are the meetings conducted as scheduled? *If not why?*
- e. What are the main challenges facing such joint meetings? *Probe on how are the challenges addressed*

Part V: Planning for sanitation and hygiene in the district

- a. Do you have the sanitation and hygiene services plan? *If yes what is it?*
- b. Who are the key actors involved in the planning process?
- c. Do you think the plans are implemented as expected?
- d. If not, what do you think are the barriers/challenges for the successful implementation?
 - i. *Probe for planning skills/competent personnel*
 - ii. *Availability of resources for planning*

Part VI: Availability of financial resources for the implementation of sanitation and hygiene promotion services in the district

- a. Are there funds allocated for sanitation for WASH activities?
- b. How much was allocated for sanitation and hygiene promotion, in the past 3 years?
- c. What is the annual budget allocated for sanitation at the district level in the next financial year? *Probe if it is adequate*
- d. How is sanitation and hygiene activities financed in the district?
Probe different sources of funds: central government, LGA, development partners with vertical programmes
- e. Do you think the funds allocated were enough to improve sanitation and hygiene practices in the district? *If not why?*
- f. How is the flow of funds allocated for WASH activities in the district?
- g. What is your opinion on availability of funds on the implementation of sanitation and hygiene activities?

Part VII: Institutional arrangement

- a. Are there working tools for implementing sanitation and hygiene promotion services?
- b. How does availability and use of these tools influence local governance in the implementation of sanitation and hygiene services?

Part VIII: Conclusion and Way forward

- a. What do you think LGAs should do to improve the implementation of sanitation and hygiene activities?
- b. What other issues would you like to add on local governance in the implementation of sanitation and hygiene services?

“THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION”

INTERVIEW GUIDE FOR COMMUNITY LEADERS AT WARD

Part I: Identification particulars of the interviewee and socio-demographic data:

- a. Name of the ward Date
- b. Population of the ward
- c. Respondent code No Sex
- d. Title of respondent

Part II: Governance structures in coordinating the implementation of sanitation and hygiene activities in the district

- a. Do you have any coordinating mechanism or ward committee responsible for promoting sanitation and hygiene?
- b. If yes, probe on:
 - i. what is such a committee,*
 - ii. who are the members forming the committee,*
 - iii. what are the roles and responsibilities of such committee,*
 - iv. what is the frequency of meeting,*
 - v. to whom the committee is accountable*

Part III: Clarity on roles and responsibilities among district officials

- a. What are the roles and responsibilities of ward development committee in the implementation of sanitation and hygiene services?
- b. How can you explain the implementation of roles and responsibilities in improving sanitation and hygiene services in the ward?

Part IV: Collaboration of district departments related to sanitation and hygiene (water, health and education)

- a. Who are the stakeholders involved in the implementation of sanitation and hygiene services in the ward?
- b. What challenges do you face while implementing the collaborative activities with various stakeholders?

Part V: Planning for sanitation and hygiene in the district

- a. Does the ward have plans for sanitation and hygiene promotion? *If yes, Probe on;*
 - vi. *What are the short term plans they have?*
 - vii. *What are the long term plans they have?*
- b. Do you have planning and budgeting team for the ward? *If yes, Probe on the:*
 - i. *composition of the team,*
 - ii. *skill in planning/budgeting*
- c. Do you have budget for implementing sanitation and hygiene promotion in your ward? *If yes, probe on financing the programmes*
 - i. *What are the sources of funds?*
 - ii. *What is the situation in releasing funds?*

Part VII: Availability and use of policy, laws and guidelines

- a. What document do you have to support the implementation of sanitation and hygiene promotion (guidelines, by-laws, act?)
- b. Are the contents of such documents clear or understandable to you?
- c. In your opinion, what improvement should be made to those documents to make them more useful in improving sanitation and hygiene?

Part VIII: Conclusion and recommendations

- a. What do you think LGAs should do to improve the implementation of sanitation and hygiene activities?
- b. What other issues would you like to add on local governance in the implementation of sanitation and hygiene services?

“THANK YOU VERY MUCH FOR YOUR COOPERATION”

Appendix 4: Key informant Interview Guide (Kiswahili Version)

MWONGOZO WA MASWALI KWA WAJUMBE WA TIMU YA MAJI NA
USAFI WA MAZINGIRA NGAZI YA WILAYA

Sehemu ya I: Taarifa za msailiwa

- a. Jina la Halmashauri
- b. Taaluma
- c. Cheo
- d. Idara
- e. Umri (Miaka) Jinsi: Ke/Me
- f. Muda katika cheo cha sasa: Miaka Miezi
- g. Nafasi uliyokuwa nayo kabla ya cheo cha sasa:

Sehemu ya II: Uwepo wa muundo wa utawala katika kutekeleza huduma za usafi wa mazingira na usafi binafsi

- a. Je, kuna uratibu wa utekelezaji wa shughuli za maji, usafi wa mazingira na usafi binafsi katika wilaya?
- b. Nani anaratibu shughuli za maji na usafi wa mazingira na usafi binafsi katika wilaya? *Dadisi, juu ya muundo wa kiutawala katika kuratibu shughuli za maji, usafi wa mazingira na usafi binafsi;*
- c. Kwa maoni yako unafikiri uratibu wa huduma za usafi wa mazingira na usafi binafsi unakidhi kufikia matokeo tarajiwa? *Elezea*
- d. Uwezo wa watumishi katika utekelezaji wa shughuli za usafi wa mazingira na usafi binafsi ukoje?
- e. Ni mahusiano gani yaliyopo kati ya idara yako na idara zingine katika kutekeleza shughuli za usafi wa mazingira na usafi binafsi?
- f. Ni changamoto gani za kiutawala ambazo idara yako inakumbana nazo katika utekelezaji wa usafi wa mazingira na usafi binafsi?

- g. Unafikiri nini kifanyike ili kuimarisha utendaji wa idara kwenye shughuli za usafi wa mazingira na usafi binafsi?

Sehemu ya III: Kazi na majukumu ya wajumbe wa timu ya maji na usafi wa mazingira

- a. Je, kuna kazi na majukumu ya idara yako yalioainishwa katika kutekeleza shughuli za usafi wa mazingira na usafi binafsi? *Kama ndiyo, ni yapi hayo?*
- b. Unaweza ukaelezeaje juu ya utekelezaji wa kazi na majukumu hayo?
- c. Unafikiri ni majukumu gani makubwa ambayo idara yako inahusika zaidi kutekeleza shughuli za usafi wa mazingira?
- d. Je, unaweza ukaelezeaje juu ya uwepo wa sheria na kanuni kusaidia utekelezaji wa kazi na majukumu kwa wataalam?

Sehemu ya IV: Ushirikiano wa idara katika kutekeleza huduma za usafi wa mazingira na usafi binafsi

- a. Ni wadau gani haswa wanashiriki katika kutekeleza huduma za usafi wa mazingira katika wilaya? *Kama kuna timu, Dadisi, kuhusu wajumbe wanaounda timu, wanakutana kila baada kipindi gani*
- b. Je, kuna mikutano ya pamoja kati ya idara na wadau wengine wanaohusika na utekelezaji wa huduma za usafi wa mazingira na usafi binafsi?
- c. Ni wakati gani timu inayohusika na usafi wa mazingira na binafsi inakutana?
- d. Je mikutano hiyo inafanyika kama ilivyopangwa? *Kama siyo, ni kwa nini? Dadisi, kama ratiba ya vikao inafuatwa*
- e. Unafikiri ni changamoto gani kubwa za ushirikiano zinazoikabili timu hii katika kutekeleza shughuli? *Dadisi, juu ya utatuzi wa changamoto hizo*

Sehemu ya V: Mipango ya usafi wa mazingira na usafi binafsi

- a. Je, kuna mipango wa usafi wa mazingira na usafi binafsi wa wilaya? *Kama siyo, kwa nini? Kama mipango ipo;*

- b. Ni wadau gani wakubwa wanaohusika katika hatua mbalimbali za uandaaji wa mipango hiyo?
- c. Unafikiri mipango inatekelezwa kama ilivyopangwa?
- d. Kama sivyo, unafikiri ni vitu/changamoto gani mnazokabiliana nazo kufikia mafanikio? *Dadisi, kuhusu uwezo wa kupanga – ujuzi na watu na uwepo wa rasilimali za kufanikisha mipango*

Sehemu ya VI: Uwepo wa rasilimali fedha za shughuli za usafi wa mazingira na usafi binafsi

- a. Je, kuna fedha zinazotengwa kwa ajili ya shughuli za maji na usafi wa mazingira? Kama siyo, kwanini?
- b. Ni kiasi gani kilitengwa kwa ajili ya usafi wa mazingira na usafi binafsi kwa miaka mitatu iliyopita?
- c. Ni kiasi gani kimetengwa kwa ajili ya kutekeleza shughuli za usafi wa mazingira kwa mwaka ujao wa fedha? *Je kiasi hiki kinakidhi malengo tarajiwa?*
- d. Nini chanzo cha fedha za kutekeleza shughuli za usafi wa mazingira katika halmashauri ya wilaya hii? *Dadisi, kuhusu vyanzo mbalimbali: Serikali kuu, vyanzo vya ndani, wafadhili na programme mtambuko*
- e. Je, Unafikiri kiwango kilichotengwa kinakidhi kuimarisha mipango iliyopo? Kama siyo, *Kwa nini?*
- f. Je, unaweza kuzungumziaje juu ya mapokezi ya fedha kutoka vyanzo mlivyonavyo?
- g. Nini maoni yako kuhusiana na uwepo wa rasilimali fedha kwa ajili ya kutekeleza huduma za usafi wa mazingira na usafi binafsi?

Sehemu ya VII: Uwepo na matumizi ya vitendea kazi

Unaweza ukaelezeaje juu ya uwepo na matumizi ya vitendea kazi za usafi wa mazingira na binafsi katika wilaya? *Dadisi kuhusu sera, sheria na miongozo*

Sehemu ya VIII: Hitimisho na Mapendekezo

- a. Ushauri gani unaweza kutoa kuhusu utawala katika utekelezaji wa huduma za usafi wa mazingira na usafi binafsi?
- b. Je, ungependa kuongeza lolote kuhusu changamoto za kiutawala katika utekelezaji wa huduma za usafi wa mazingira na usafi binafsi?

“NAKUSHUKURU SANA KWA MUDA NA USHIRIKIANO WAKO”

MWONGOZO WA MASWALI KWA VIONGOZI WA JAMII NGAZI YA KATA

Sehemu ya I: Taarifa za msailiwa

- a. Jina la kata Tarehe
- b. Idadi ya watu katika kata
- c. Namba ya msailiwa Jinsi: Me/Ke
- d. Cheo cha msailiwa

Sehemu ya II: Muundo wa utawala katika kutekeleza shughuli za usafi wa mazingira na usafi binafsi

- a. Je, kuna uratibu wa utekelezaji wa shughuli za usafi wa mazingira na usafi binafsi katika kata?
- b. Nani anaratibu shughuli za usafi wa mazingira na usafi binafsi katika kata?
Dadisi, juu ya muundo wa kiutawala katika kuratibu shughuli za usafi wa mazingira na usafi binafsi;
- c. Kwa maoni yako unafikiri uratibu wa huduma za usafi wa mazingira na usafi binafsi unakidhi kufikia matokeo tarajiwa? *Elezea*
- d. Je, mnayo kamati au timu inayojihusisha na shughuli za usafi wa mazingira na usafi binafsi? *kama ndiyo, Dadisi kuhusu*
 - i. kamati iliyopo,
 - ii. wajumbe,
 - iii. kazi na majukumu ya kamati,
 - iv. zinakutana kila baada ya muda gani, na
 - v. zinawajibika kwa nani
- e. Je, kamati/timu hizi zinashirikanaje na wadau wengine katika kata na ngazi ya chini kama kijiji?

Sehemu ya III: Kazi na majukumu ya viongozi wa jamii katika kutekeleza shughuli za usafi wa mazingira

- a. Nini kazi na majukumu yako katika kutekeleza huduma za usafi wa mazingira na usafi binafsi?
- b. Je, unaweza ukaelezeaje juu ya utekelezaji wa kazi na majukumu hayo katika kuinua kiwango cha usafi wa mazingira katika kata?
- c. Changamoto gani unakabiliana nazo katika kutekeleza kazi na majukumu yako hasa za usafi wa mazingira na usafi binafsi?

Sehemu ya IV: Ushirikiano katika kutekeleza huduma za usafi wa mazingira na usafi binafsi

- a. Ni wadau gani haswa wanashiriki katika kutekeleza huduma za usafi wa mazingira katika kata? *Kama kuna timu, Dadisi, kuhusu wajumbe wanaounda timu, wanakutana kila baada kipindi gani*
- b. Ni changamoto gani mnazokumbana nazo wakati wa kutekeleza shughuli za usafi wa mazingira na binafsi

Sehemu ya V: Uwepo wa mipango ya utekelezaji wa shughuli za usafi wa mazingira na usafi binafsi katika kata

- a. Je, kata ina mipango yoyote ya usafi wa mazingira na usafi binafsi? *Kama ndiyo, Dadisi kuhusu:*
 - i. *mipango ya muda mfupi,*
 - ii. *mipango ya muda mrefu,*
 - iii. *kutengwa kwa fedha*
- b. Je kuna kamati ya mipango na bajeti ya kata? *Kama ndiyo, Dadisi kuhusu;*
 - i. *wajumbe kamati,*
 - ii. *ujuzi wa wanakamati katika mipango au bajeti*
- c. Je, kuna bajeti kwa ajili ya kutekeleza mipango ya utekelezaji wa uhamasishaji wa usafi wa mazingira na usafi binafsi? *Kama ndiyo, dadisi:*
 - i. *ni namna gani fedha zinapatikana na*
 - ii. *vyanzo vya fedha*

- d. Ni namna gani upatikanaji wa rasilimali fedha zinaathiri utekelezaji wa huduma za usafi wa mazingira na usafi binafsi katika kata?

Sehemu ya V: Uwepo na matumizi ya miongozo ya usafi wa mazingira na usafi binafsi

- a. Je kuna miongozo kama vile sera ya usafi, mwongozo, au mswada wa afya ya mazingira na usafi ili kuwaongoza katika suala zima la kuinua kiwango cha usafi wa mazingira na usafi binafsi katika kata?
- b. Je, yaliyomo kwenye miongozo yanaeleweka?
- c. Kwa maoni yako, unafikiri nini kifanyike ili kuweza kufanya miongozo hiyo iwe bora zaidi?

Sehemu ya VI: Hitimisho na mapendekezo

- a. Ushauri gani unaotoa kwa viongozi wa kata kukabiliana na changamoto za kiutawala katika utekelezaji huduma za usafi wa mazingira na usafi binafsi katika kata yako?
- b. Je, ungependa kuongeza lolote kuhusu changamoto za kiutawala katika utekelezaji wa huduma za usafi wa mazingira na usafi binafsi?

“NAKUSHUKURU SANA KWA MUDA NA USHIRIKIANO WAKO”

Appendix 5: Ethical clearance letter

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

Directorate of Postgraduate Studies

P.O. BOX 65001
DARES SALAAM
TANZANIA.

Website: <http://www.muhas.ac.tz>



Tel: +255-(0)22-2150302 Ext 207.
Tel (Direct): +255-(0)22-2151378
Telefax: 255-(0)22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. MU/PGS/SAEC/Vol. VI/

17th April, 2013

Mr. Sadru Green,
MA-Health Policy and Management,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED "CHALLENGES FACING LOCAL GOVERNANCE IN THE IMPLEMENTATION OF SANITATION AND HYGIENE PROMOTION SERVICES: A CASE STUDY OF RUNGWE DISTRICT"

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has on behalf of the Senate approved ethical clearance for the above-mentioned study.

Thus ethical clearance is granted and you may proceed with the planned study.

Prof. O. Ngassapa
DIRECTOR, POSTGRADUATE STUDIES

/emm

cc Vice Chancellor, MUHAS
cc Deputy Vice Chancellor – ARC, MUHAS
cc Dean, School of Public Health and Sciences - MUHAS

Appendix 6: Introduction letter**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES***Directorate of Postgraduate Studies*

P.O. BOX 65001
DAR ES SALAAM
TANZANIA.



Tel: +255-(0)22-2150302 Ext 207.
Tel (Direct): +255-(0)22-2151378
Telefax: 255-(0)22-2150465
E-mail: dpgs@muhas.ac.tz

Website: <http://www.muhas.ac.tz>

Ref. No. HD/MUH/T.82/2011

22nd April, 2013

Mr. Sadru Green
MA-Health Policy and Management,
DAR ES SALAAM.

Re: INTRODUCTION LETTER

The bearer of this letter Mr. Sadru Green is a student at Muhimbili University of Health and Allied Sciences (MUHAS) pursuing a MA-Health Policy Management) programme.

As part of his studies he intends to do a study titled: "***Challenges facing local governance in the Implementation of Sanitation and Hygiene Promotion Services: A case study of Rungwe District***"

The research has been approved by the Chairman of our Muhimbili University Senate.

Kindly provide him the necessary assistance to facilitate the conduct of his research.

We thank you for your cooperation.

A. Ndyekiza

For: DIRECTOR, POSTGRADUATE STUDIES

cc: Mr. Sadru Green
cc: Dean, School of Public Health and Social Sciences

Appendix 7: Letter of acceptance**RUNGWE DISTRICT COUNCIL**

Phone: 2552225/2552082
 Fax: 2552586

E-Mail .ded.rungwe@iwayafrica.com

For any reply:

Ref. No. RDC/S.5/5/156

District Executive Directors' office
 P.O. Box 148
 TUKUYU.



30/04/2013

DIRECTOR,
 POSTGRADUATE STUDIES,
 MUHIMBILI UNIVERSITY,
 P. O. Box 65001,
DAR – ES – SALAAM.

**RE: ACCEPTANCE OF SADRU GREEN FOR RESEARCH WORK
 ATTACHMENT**

The heading above refers.

Reference is made from your letter with Ref No.HD/MUH/T.82/2011 dated on 22nd April, 2013 for research attachment for your Student.

With this letter I would like to inform you that the request for the aforementioned Student has been accepted to conduct his research work on challenges facing local governance in the Implementation of Sanitation and Hygiene Promotion Services at Rungwe District Council.

A Student has to report on time as per request.

Thank you for your Cooperation.

Nyambaza C.

**For: DISTRICT EXECUTIVE DIRECTOR
 RUNGWE**

Copy: District Executive Director,
RUNGWE

“ Sadru Green – *Researcher..*