Chapter 6   Roles and Responsibilities –
Restructuring Organisations

6.1   Who is going to deliver your Programme?

With the right skills and well organized arrangements the vision of an effective sanitation and hygiene promotion programme can become a reality on the ground. Working out which organisations should be involved, what they should do, and what support is needed to develop human resources is a critical and exciting part of programming for change.

New organizational arrangements need to be:
- consistent with your chosen vision and principles;
- designed to make best use of government, NGOs, the private sector, and grassroots organisations;
- organised in a way which supports rather than subverts community-level institutions and promotes household decision making;
- staffed and funded adequately to deliver the agreed programme; and
- consistent with the political organisation of the country, particularly the level of decentralization.

Building the right institutional arrangements is one of the most critical steps in programme development but it is usually the most difficult. Costly and difficult institutional reorganizations should only be undertaken as a last resort. Much of what you need probably already exists. Programmers need to ask themselves:

- are there front-line units who can deliver elements of the programme?; and
- are there agencies/organisations who can support these units and provide the needed enabling environment within which they can function?

The human resources you need may be found in a wide variety of places including:

- **government agencies:** including water and sanitation agencies, health departments, education departments, environmental agencies, rural development teams, urban planning departments, local government. Human resources may be available at *all levels of government from the national down to the local level*;
- **civil society:** households themselves, NGOs (working in water supply , sanitation, social development, health, education etc), community based groups, self-help groups, local/community government, micro-finance organisations etc; and
- **private sector** - small scale private providers, soap companies, building contractors, advertising agencies, media etc.

6.2   What will define successful organisations
in your Programme?

However, much of what exists may not be geared up to reflect the principles of good sanitation and hygiene promotion. Key aspects of many organisations may need to change; the challenge is to find effective ways to make this happen. Some of the characteristics of the new breed of organisations include:

A focus on equity
Organisations working locally, require specific skills and personnel to be able to focus on household needs and reach all segments of society (women and men, youth and the elderly, different ethnic groups, those with access to services and those without). One of the key and pressing needs in many organisations is to realign responsibilities and build capacity so that the currently excluded segments can become the focus of interventions.

This lack of local level skill, is mirrored *within* organisations, where ironically it is often staff with precisely the profile to address these concerns, who are marginalized because of their professional profile, or on the grounds of gender or age. It is crucial that the gendered nature of sanitation and hygiene promotion is acknowledged

and action is taken to change the orientation of traditional organisations, so that they can effectively work with the groups who most need their support.

A focus on working in partnership

It takes more than a single organisation to support sanitation and hygiene promotion. A huge number of people need to start to act in a different way, which requires a massive realignment of the incentives which drive them. This discussion is about more than "inter agency coordination", it is about creating an interlinked web of people all of whom are acting in response to the needs and demands of households.

Accountability and Performance

For this partnership to work the vision should be for institutions which have:

- clear and distinct organizational responsibilities;
- adequate accountability (checks and balances) to safeguard resources and ensure effectiveness; and
- incentives to perform.

6.3 Allocation of Responsibilities

Examples of novel arrangements that emphasize a role for a range of partners do exist although few have extended to national level. There is no "blue-print" solution but the following broad allocations of responsibility are currently a popular approach:

- **National government:** facilitation of programming, policy development, creation of facilitative laws and regulations, publication of verified national data on coverage and progress, financing for technical assistance to small scale providers, community groups etc;
- **Regional / local government:** management of hygiene promotion and community development activities (which may be carried out by in-house staff or outsourced), monitoring of technical issues, licensing of small scale providers, certification of community support organisations, coordination of local monitoring and collation of data for planning purposes, etc;
- **Urban government:** provision and management of trunk services and facilities in some cases (either directly or through a utility), management of wastes, licensing of small scale providers, oversight of credit providers, technical assistance to communities etc
- **NGOs:** technical support to communities, delivery of hygiene promotion and community development support, provision of credit services, oversight of progress through participatory monitoring and evaluation etc;
- **Small Scale Private Providers:** sale and delivery of sanitation goods and services, contribution to planning and programming activities, may also provide credit directly or through dedicated credit providers etc;
- **Communities;** participatory planning, identification of appropriate local institutions for management of resources and facilities, assessment and negotiation of local demands, management of internal cross subsidies if needed etc;
- **Households;** key investment decision making, financing and management of facilities, hygiene behaviours and outcomes.

6.4 Capacity Building Approaches

It has already been stated that capacity should be built in the process of organisational change. While some capacity building occurs because of structural changes to organisations themselves, specific support can be provided through two broad approaches. The first is training to build individual skills, and the second could be termed organizational capacity building and would include such interventions as strategic planning, management development, strengthening of systems and procedures (e.g. information and financial systems), development of technical approaches and methodologies, restructuring, and staff development[i].

Capacity building can be particularly challenging when responsibilities are decentralized. You may need to allocate a large percentage of resources and effort to strengthen the performance of front-line teams if you want the new vision of sanitation and hygiene promotion to become a reality.

6.5   Managing the Change Process

Organisational change can be costly, time consuming and, if handled badly, deeply dispiriting for staff and the general public alike. While managers in the private sector can take unilateral decisions and act rapidly, this is rarely possible in the public sector. Change may have to occur within the context of complex public- service rules and regulations. Organisational changes may only be possible once wider policy/ legal changes have been made. Most commentators agree that the best approach to organizational change involves eight broad steps: establishing a sense of urgency, forming a guiding coalition, creating a vision, empowering others to act on the vision, planning and creating short-term successes, consolidating improvements; and institutionalizing new approaches. This list echoes the programming process discussed in

Section Two and suggests that reshaping organisations should be seen as an integral part of the new sanitation and hygiene promotion programme.

Different countries and contexts will demand different approaches, but you may consider some of the following tools:

- formal working groups at the highest level which maintain transparency, ensure people feel represented and to lend legitimacy to the process;
- specialized sub-committees to represent specific interest groups (organized around services or interest groups); and
- wide consultation.

6.6   Applying the Principles

The principles of good programming can be used ot guide both the process and the outcome of organizational restructuring as shown in **Table 9.**

Table 9: Applying the Principles to Organisational Restructuring				
Maximising public and private benefits	**Achieving Equity**	**Building on what exists and is in demand**	**Making use of practical partnerships**	**Building capacity as part of the process**
Reflect the central importance of household decision making Invest in capacity building at local levels. Build capacity of regulators and others setting public policy	Build capacity within organisations to engage with all segments of society Change the orientation of traditional organisations to reflect the gendered nature of sanitation and hygiene promotion	Understand the existing institutional landscape Look at non-traditional actors (small scale independent providers, voluntary organisations etc) while analyzing organisations	Establish organisations which have: clear responsibilities; adequate accountability; and incentives to perform.	Invest in capacity building and managing the change process. Allocate resources for this up front

6.7   Programming Instruments

Organisational restructuring will rarely take place for sanitation and hygiene promotion alone. Ideally it should occur within a wider review of how social sector support in general is delivered. It may be appropriate to wait for a wider social development catalyst (such as the preparation of a Poverty Reduction Strategy Paper for example). Once it is clear that organizational restructuring is re-

quired a number of long term programming instruments could be brought to bear including:

- Restructuring of organizational profiles of public agencies, through proactive hiring and redundancies, to gradually shift the balance of skills;
- Realignment of resources and priorities in training or-

ganisations (schools and higher education) to change the balance of skills entering the workforce;

● Provision of incentives (usually financial) to encourage staff of public agencies to move into specific regions, or into the private sector, in response to programmatic priorities;

● Provision of incentives to encourage innovation and local level coordination between agencies;

● Hiring of specific management skills to support a shift in the approach to service provision;

● Financial and other technical support to build the capacity of potential programme partners (public sector, small scale private sector, NGOs etc);

● Explicit provision of funds (usually from central government) to support the above restructuring interventions;

● Capacity building of existing organisations specifically to increase their effectiveness in sanitation and hygiene promotion (for example, training water supply regulators to work more effectively in sanitation, twinning utilities in different regions of the country so that lessons learned in one region can be effectively passed on); and

● Linking as many staff as possible to participatory programming activities so that capacity can be built in a shared environment of learning and change.

Reference Box 11: Organizational roles and responsibilities

For ideas on a range of approaches to organizing the sector and managing organizational change

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Get these references on the web from:
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6.8 Practical Examples from the Field: Who's going to deliver our programme?

Examples of root-and-branch restructuring are rare, largely because such changes are politically difficult, technically challenging and can also be expensive in the short term. Many governments would hesitate before instituting a complete overhaul of service delivery arrangements. However, such reforms can yield impressive results, and there have been successful examples. In Chile for example, the government carried out a complete overhaul of water supply and sanitation service delivery arrangements for urban areas which paved the way for privatization which occurred about ten years after the restructuring. In Nicaragua, reforms have also been made in the way both water supply and sanitation are overseen. There is a concensus that while Nicaragua did a very good job of addressing planning and regulatory functions, service delivery remains a problem.

For many countries, such complete reforms may seem too daunting. In many cases it seems unlikely that real progress can be made without some sort of reorganization, but some countries have managed to develop innovative organizational arrangements within the framework of existing formal structures.

In 1995 and 1996 USAID carried out an evaluation of an organisation which it had been supporting in Cambodia. The Program officer for USAID in Cambodia concluded that the organisation, whose name is "Partners for Development" "take their name…very seriously in working with villagers, NGOs and the government of Cambodia". The review noted that PFD had been instrumental in "revitalizing and stablising some of the most remote and under-served areas of Cambodia….using a demand responsive approach to rural community development." The role of PFD has been to introduce and promote technologies appropriate to the village communities. But PFD has gone beyond this, constantly working to improve the technologies and approaches and evolving their approach to fit with communities needs. Here it is possible to see that a flexible but highly professional non-governmental organisation has been able to influence the approach to rural community development within a government programme.

In the Swajal Project in Uttar Pradesh in India, the government of Uttar Pradesh developed a highly formalised approach to selecting, training and contracting with support organisations who then worked with communities to build their capacity to plan and implement rural water supply and sanitation projects. The approach developed in Swajal is now widely applied across India – almost any organisation is eligible to apply to become a support organisation – in Swajal the majority were NGOs but private sector and governmental organisations also participated. The arrangement was challenging; many NGOs were uncomfortable with the contractual relationship, while government was often uneasy with the outspoken views of the support organisations. Inherent in this experience is the challenge of finding ways to work together which safeguard public funds and agreed policies, while enabling the creativity and flexibility of non-governmental partners full play to influence the approach.

In Kerala, where the Dutch government supported the establishment of decentralized support organisations, known as Socio Economic Units as part of a long-term project, the SEUs were able to evolve into a permanent and effective support organisation for rural development in the State. Here the SEUs themselves were instrumental in devising approaches which then became part of a state wide programme.

Non-governmental organisations may also seek engage formal or government agencies in programmes they have developed but here too the experience is mixed. Perhaps the best known urban sanitation programme, the Orangi Pilot Project in Pakistan, has persistently struggled to get the utility in Karachi to recognize the investments already made by households in the Orangi neighbourhood in sanitation, and this experience has been replicated in many places across the country.

On the other hand, in West Bengal the experience of the Rama Krishna Mission, with support from UNICEF, has had a fundamental influence on State and ultimately national policy. The original project, which was launched in the early 1990s and continues to this day, shifted institutional responsibilities to the local level—successfully forging an action coalition between local NGOs, community-based organisations, and Panchayats (the lowest form of local government, usually covering three villages). Existing local youth groups and their cluster organisations, working together with local panchayats, were galvanized by an effective intermediary NGO, the Ramakrishna Mission Lokashiksha Parishad (RMLP). The youth clubs conducted much of the implementation in coordination with the panchayat, and a subcommittee called the "WATSAN committee" was responsible for community-level implementation. Cluster organisations of the youth clubs, at block level, backstopped with logistics and coordinated hardware inputs. They were, in turn, supported by RMLP. The role of the central and state governments and district officials was to provide financial and technical support and to help adjust appropriate supportive policies. UNICEF provided technical and financial assistance for the overall effort.

Formal partnerships for specific hygiene activities, which involve both government, non-governmental and private bodies, are gaining prominence. In Central America, USAID, UNICEF and the World Bank supported an innovative partnership between private soap manufacturers and the public sector to promote handwashing with soap. A 2001 evaluation of the partnership concluded that the public and private benefits had been high compared with costs. The evaluation also listed the following critical factors in the success of the partnership; pres-

ence of an experienced and neutral catalyst; a good cause; a clear road map; solid market research; public health backing; clear allocation of roles, responsibilities and expectations; joint decision making; sequencing which enabled timely progress to be made.

Working with private sector providers of goods and services is challenging however. The main problems seem to revolve around finding mechanisms to support private providers (for example, masons, pit emptying contractors, vendors of soap and other hardware) which do not stifle the private sector market. A 2000 evaluation of UNICEF's water supply and sanitation programmes in India noted that support to the Rural Sanitary Marts (a "one-stop" retail outlet which sells sanitation construction materials and hygiene products) was "an intuitively attractive idea" as it linked service provision to a revenue stream and would seem to reduce the need for public subsidy. However, progress in setting up RSMs was slow (between 1994 and 1999 UNICEF established only 558 RSMs in various states). Many of these subsequently went out of business or barely managed to break–even. The problem seems to have been that early successes with the approach were not analysed in sufficient detail to determine the critical features of success. UNICEF's experience with RSMs globally is extremely important for coun-

tries seeking ways to work with and support small scale entrepreneurs in the hygiene improvement business.

In Honduras the government decided to reorganize the public utility to develop a flexible and responsive approach to supporting rural water supply and sanitation at community level. The "TOM" program established mobile "Technician in Operation and Maintenance" positions, based in regional offices of the national utility. These regional offices have substantial authority to make decisions. Based on the "circuit rider" model of the USA, the mobile technicians have been able to provide consistent support to communities seeking to manage their own systems and the arrangement has been operating successfully since 1995. The arrangement was first piloted for two years in one department, and this is a useful lesson in how to test and then roll out innovative organizational arrangements.

Most of these experiences show us that in any programme which relies on multiple organisations to deliver a coordinated array of goods and services, the quality of the partnerships between them may be at least as important as their individual performance in determining the outcome.

Case Study Box 4: Who's Going to Deliver our Program?

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The reforms in Nicaragua are described in Walker, I. and Velásquez, M. (1999) *Regional Analysis of Decentralisation of Water Supply and Sanitation Services in Central America and the Dominican Republic* Environmental Health Project Activity Report No. 65, Washington D.C.

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The Midnapore experience has been written up in many places, but an interesting perspective from the mid 1990s can be found in UNICEF (1994) *Sanitation, the Medinipur Story*, Intensive Sanitation Project, UNICEF-Calcutta, India, and Ramasubban, K.S., and B.B. Samanta (1994) *Integrated Sanitation Project, Medinipur*, UNICEF, India.

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Notes for Chapter 6

i Training approaches might include:

- Formation and strengthening of training networks – these might involve numerous disciplines and attract participation from public, private and civil society organisations, or alternatively they may be more focused, providing a "safe space" for colleagues to work together to build internal capacity;
- Twinning and/or secondment of staff – to facilitate practical sharing of experience and build up mutual understanding of how different partners work; and
- Formal in-service and continuing education – one of the real constraints in many public sector agencies and in NGOs is that staff are so focused on working at field level that they are not able to keep up with new ideas and find time to think about how they might undertake their jobs more effectively. Creating a culture of inquiry is challenging, particularly where organisations have a tradition of top-down command and control, but the capacity to question how things are done can be built. It may be best to launch efforts at a formal level – responding to the prevailing culture of the organisation, if successful, the process can move on to become more acquisitive over time.