

A review of the sanitation and hygiene status in 32 countries

Can Africa Afford to Miss the Sanitation MDG Target?

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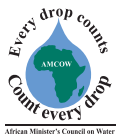


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A joint initiative by AMCOW, AfDB, the World Bank, and WSP
as a contribution to the International Year of Sanitation



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A joint initiative by:

African Ministers' Council on Water (AMCOW)

African Development Bank (AfDB)

The World Bank

Water and Sanitation Program (WSP)

as a contribution to the International Year of Sanitation

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Acknowledgements

This assessment was commissioned by the African Ministers' Council On Water (AMCOW) and developed as a joint AfDB / WSP initiative. The report was prepared by a team of AfDB and WSP staff supported by national and international consultants. Many thanks to all the persons involved in the preparation work for sharing their expertise and experience regarding sanitation in Africa, in spite of their workload. The Editorial Committee also expresses its most sincere gratitude to all the contributors for their dedication.

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Foreword



*His Excellency Bruno Jean
Richard ITOUA*

Can Africa afford to miss the Millennium Development Goal (MDG) for sanitation, which aims at reducing the number of people who do not have access to adequate sanitation by half? This question is even more pertinent given that only eight years from 2015, many African countries are far from reaching this target.

The United Nations (UN) has declared 2008 the “International Year of Sanitation”, and the African Ministers’ Council on Water (AMCOW), in collaboration with its regional partners organized the Second African Conference on Sanitation and Hygiene (AfricaSan 2008) in February 2008. AfricaSan 2008 examined the state of sanitation and hygiene in Africa, drew lessons from different experiences and adopted a political statement and an action plan for the implementation of strategies, policies and large-scale sustainable programs for reaching the sanitation MDG.

This report provides an overview of the state of sanitation and hygiene in 32 African countries. It has been prepared with the collaboration of the countries concerned. AfDB and WSP staff spared no effort in ensuring that the report was ready on time for the IYS and I would like to thank the teams from both institutions for their commitment.

The conclusions of this report give reason for serious concern. The institutional framework for sanitation is fragmented, the financing strategies are not sustainable, capacity is not sufficient, political commitment is limited and projects remain on the shelves of the institutions which are involved with the different aspects of sanitation.

To put Africa back on track towards meeting the sanitation MDG, it is urgent that the parties concerned at continental, sub-regional, national and local level engage in individual and collective efforts to speed up progress to access to sanitation. The situation is not hopeless yet, but it is critical that action be taken now.

Sanitation is not just vital for health. It is also an investment with economic returns. It contributes to social development and to the conservation of the environment. The experiences discussed in this report show that there is an abundance of good ideas, of good will and of underused capacity on the continent.

Africa cannot afford to miss the sanitation MDG. AMCOW subscribes to the messages of the International Year of Sanitation and commits itself to providing the political leadership for making sanitation and hygiene a top priority in the development agenda of the continent.

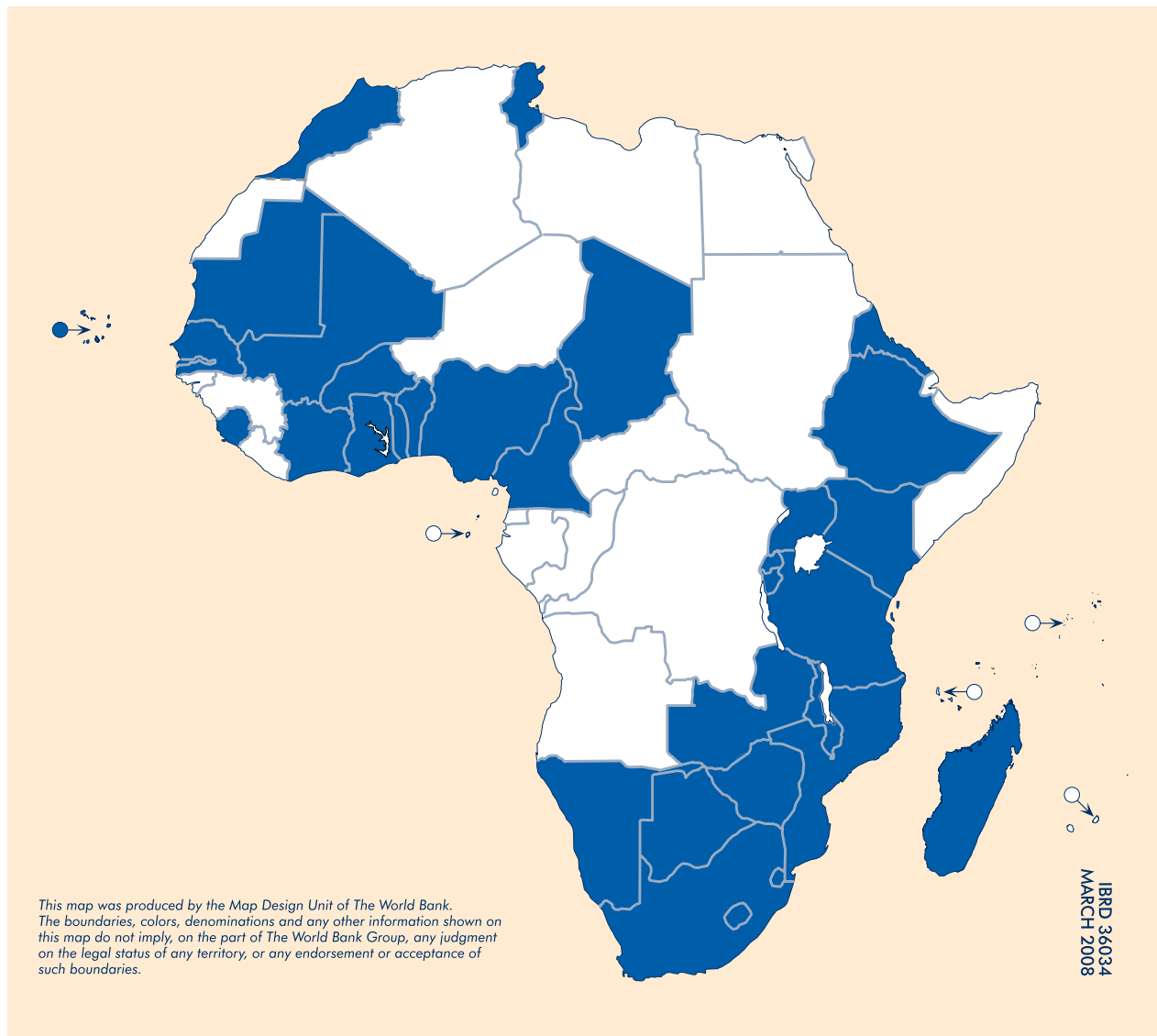
I wish you all an excellent International Year of Sanitation.



His Excellency Bruno Jean Richard ITOUA
Minister of Energy and Water of the Congo

Countries assessed

The 32 countries where the sanitation and hygiene situations have been assessed for the preparation of this report



Collecting information on sanitation and hygiene in African countries will be a permanent activity for WSP-Africa in 2008. The AfricaSan conference in February offered the first opportunity to present the results of this exercise. These results are still provisional, firstly because some countries are missing because of a lack of information, and secondly because some reports are still in the validation phase at country level. The methodology for collecting data and assessing the situation will be progressively improved and formalized. Country reports will also be associated with relevant background data at country level, using an interactive website hosted by WSP-Africa, AfDB and AMCOW.

Introduction



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“Access to sanitation is deeply connected to virtually all the Millennium Development Goals in particular those involving the environment, education, gender equality, the reduction of child mortality and poverty”
Ban Ki-moon, UN Secretary-General

Every hour, a hundred African children die from diarrhea – so stated the final statement of the 2002 AfricaSan conference. What has changed in the intervening 5 years? The 300 million Africans who did not have access to basic sanitation and hygiene in 2002 have increased, and if current trends continue, by 2015, Africa will end up with 91 million more unserved than in 2004. **For Africa to meet its Millennium Development Goals (MDGs) for water supply and sanitation (WSS), the number of persons served must more than double from 350 million in 2006 to 760 million by 2015. That still leaves almost 400 million unserved.**

It is a daunting task, but one for which the benefit is clear: improved sanitation is intrinsically linked to poverty reduction, and a measurable improvement in the health, social and economic status of populations.

For the African continent, the WSP-Africa Sanitation Framework indicates that annual benefits for meeting the sanitation MDG targets are as follows:

- Diarrhea cases avoided: 1,239,000
- Hours gained due to closer access to sanitation facilities: 38,616,000
- School days gained (5-14 age group): 1,700,000
- Health sector treatment costs avoided (water-borne diseases): \$1,130,000 US

Within the region, those without access to sanitation are among the poorest and most vulnerable, sanitation and poverty go hand-in-hand; the richest are four times more likely to use improved sanitation than the poorest.

Few countries in Africa are expected to attain their MDGs for sanitation, and it has been argued that for many countries the figures are amplified due to an inadequate definition of basic sanitation. The African region continues to bring up the rear in the global race towards the Millennium Development Goals not just in

WSS but in all other sectors. This is not surprising when you examine the relationship that sanitation has to development across the board, as recalled above by the UN Secretary-General.

Thus the 2008 International Year of Sanitation (IYS) could not have come at a better time. It sheds the spotlight on the sanitation crisis faced in Africa, and provides an opportunity to galvanize all stakeholders to accelerate progress towards the MDG.

The central objective of the International Year of Sanitation is to put the global community on track to achieve the sanitation MDG. Progress requires broad cooperation through public and private partnerships, community involvement and public awareness so that everyone can profit from the multiple benefits that spring from better hygiene and sanitation.

Most countries in the region have taken an active approach to meeting their sanitation MDGs. In fact, the African region is one of the global leaders in finding innovative ways to provide sanitation services to the very poor. Examples include sanitation marketing approaches being implemented in Benin, Tanzania, Uganda and Malawi. In others, (Senegal, Kenya, Tanzania, Benin) the focus is not just on the provision of sanitation hardware but also on the appropriate use, maintenance and hygiene behaviors associated with improved sanitation. Innovation also extends to financing of sanitation (Burkina Faso surtax on water bills to finance sanitation in poor urban settlements and Mozambique joint sector finance and planning), monitoring and evaluation (Senegal's Sector Information Management System and Kenya's Citizen Report Cards) and national strategies (Uganda has included sanitation in the Poverty Eradication Plan). As much as it is therapeutic to list some of the highlights, the sad reality is that the list of problems remains much longer.

This report documents both the progress and barriers facing countries in their quest to achieve their sanitation MDG. Its purpose is to present an honest overview of the sanitation situation in the region based on 32 country assessments. The report identifies common challenges and issues across countries and discusses some possible solutions and options based on the innovations which are already taking place within the continent and elsewhere in the world. The lessons learned are important for replication and to help achieve scale and impact; these last two being crucial for MDG achievement in Africa.

This report is likely to be a valuable resource for anyone working in the sanitation sector. It provides up-to-date comparative data for the region as well as information on strategic areas such as the national policies and institutional frameworks for sanitation within each country; financing and resources; capacity and monitoring and evaluation.

But this report has one other important function: to raise awareness of the state of sanitation within countries, and at regional and global levels. International and national pressure is needed to succeed; armed with this document the evidence is irrefutable: the Africa region requires a mighty effort from all stakeholders to achieve the MDG on sanitation.

Figure 1.
**Sanitation is improving worldwide
...except for Sub-Saharan Africa.**

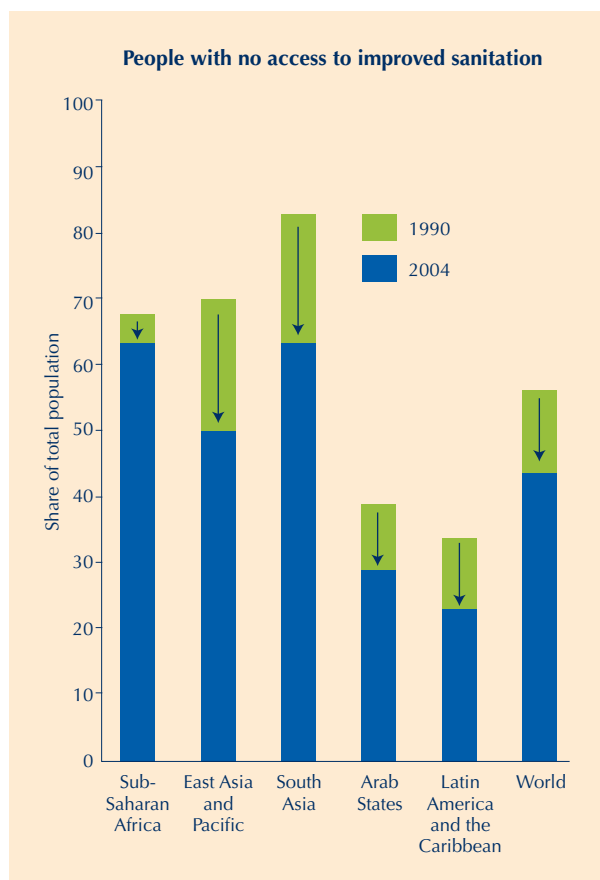


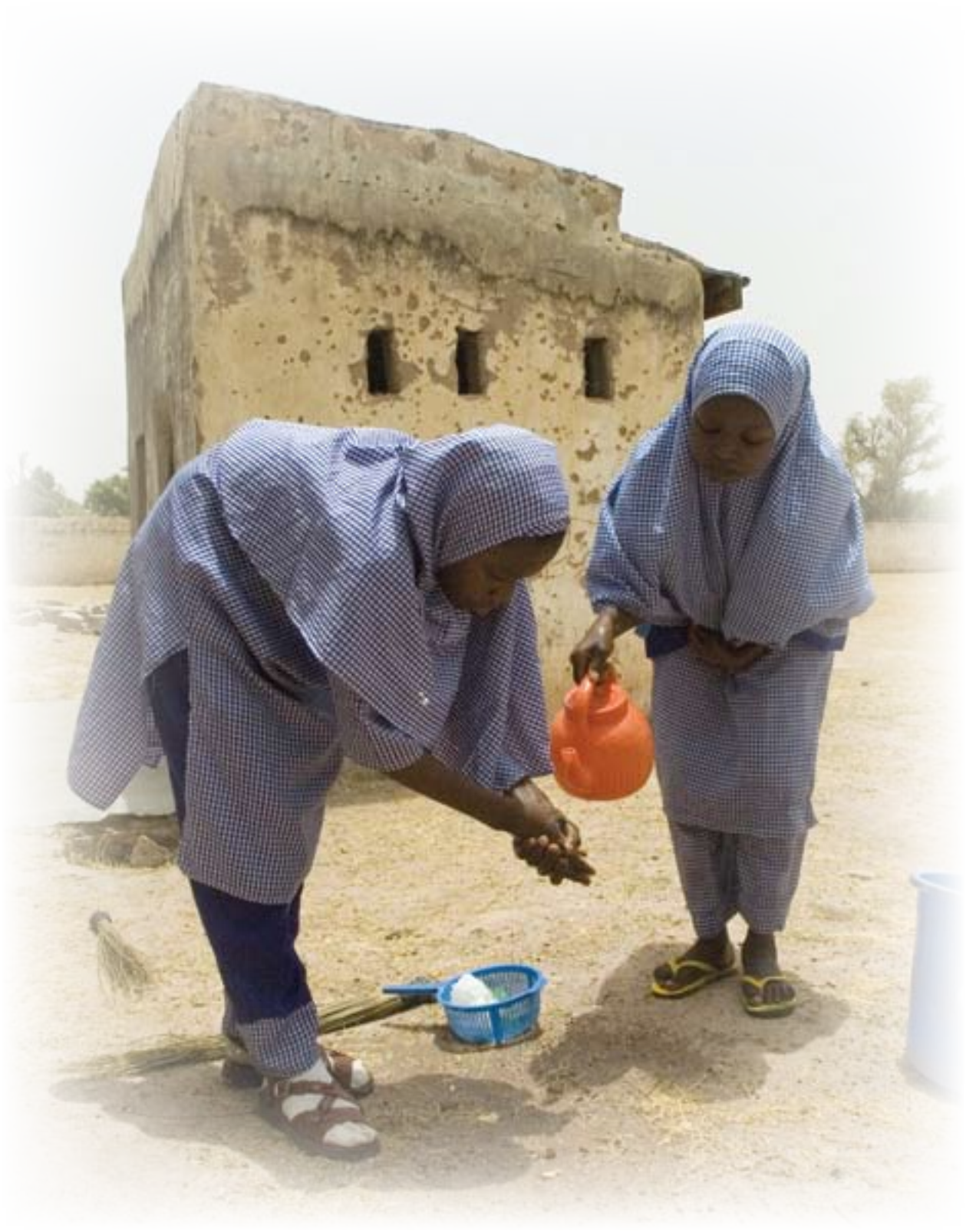
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Acronyms

AFD	Agence Française de Développement
AfDB	African Development Bank
AMCOW	African Ministers' Council On Water
AMCOW-TAC	African Ministers' Council On Water – Technical Advisory Committee
AWG	Africa Working Group
CLTS	Community-Led Total Sanitation
CWSA	Community Water and Sanitation Agency (Ghana)
DGHER	Direction Générale de l'Hydraulique et des Energies Rurales (Burundi)
DHAB	Direction de l'Hygiène et de l'Assainissement de Base (Benin)
DNACPN	Direction Nationale de l'Assainissement, du Contrôle des Pollutions et des Nuisances (Mali)
DRC	Democratic Republic of Congo
DWMPC	Department of Waste Management and Pollution Control (Botswana)
EUWI	European Union Water Initiative
HDR	Human Development Report
HDS	Health and Demography Survey
ISO	International Standard Organization
IYS	International Year of Sanitation
JMP	Joint Monitoring Program
MDG	Millennium Development Goals
MAHRH	Ministère de l'Agriculture, de l'Hydraulique et des Ressources Halieutiques (Burkina Faso)
MDUH	Ministère du Développement Urbain et de l'Habitat (Cameroun)
MEWT	Ministry of Environment, Wildlife and Tourism (Botswana)
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OBA	Output-Based Aid
ODA	Official Development Assistance
ONAS	Office National de l'Assainissement du Sénégal
ONEA	Office National de l'Eau et de l'Assainissement
PPP	Public-Private Partnership
PSAO	Plan Stratégique d'Assainissement de Ougadougou
R&D	Research and Development
RSA	Republic of South Africa
RTL	Regional Team Leader
SDC	Swiss Agency for Development and Cooperation
UN	United Nations
UNICEF	United Nations International Children and Education Fund
WASH	Water Sanitation and Hygiene
WEDC	Water Engineering and Development Center
WHO	World Health Organization
WSP	Water and Sanitation Program
WSS	Water Supply and Sanitation
WSSCC	Water Supply and Sanitation Collaborative Council
ZINWA	Zimbabwe National Water Authority (Zimbabwe)



Source: UNICEF/HQ07-0531/Christine Nesbitt

Executive Summary

With 8 years to go, it is clear that most African countries are unlikely to reach their sanitation MDG targets unless approaches to sanitation change. This report is a synthesis of information collected from 32 African countries on the current status of their progress towards the sanitation MDG. The report has been prepared with the collaboration of the countries concerned, the African Development Bank (AfDB) and the Water and Sanitation Program (WSP), as AMCOW's contribution to the International Year of Sanitation.

For Africa to meet its Millennium Development Goals (MDGs) for water supply and sanitation (WSS) the number of persons served must double from 350 million to 700 million by 2015 and that still leaves 200 million unserved. Africa not only lags behind other regions in achieving its Sanitation MDG but lags behind in many of the other MDG targets. There should be no surprise about this; sanitation is a key building block for health, the environment, education and gender equality. Improved sanitation offers a clear route to poverty reduction and the improved health and economic status of populations.

So why is sanitation not further up the priority list?

This report identifies a range of problems contributing to the sanitation crisis faced by most African countries. Africa is by no means 'one' place, but the country profiles show some similarities in the issues faced by the majority of sub-Saharan countries. One of the biggest problems is the overwhelming weight of on-site sanitation, which places the emphasis for sanitation on households rather than service or utility providers. Other issues arise from the pace of demographic growth and rapid urbanization and growth of informal settlements; the sector has to run hard just to stay still in terms of the proportion of people it covers.

All these elements (urbanization, population growth, on-site sanitation) are aggravated further by the extent of poverty across the continent. The irony is that sanitation can considerably alleviate poverty, but because of poverty and competing priorities such as education and health, sanitation is too far down the priority list not only for households, but for local, regional and national governments. Consequently, only about one third of Africa's inhabitants have access to improved sanitation.

Contributing factors to the sanitation crisis

Within the sector, there is fragmentation within and between institutions; for example few countries have a ministry or department solely responsible for sanitation. Usually sanitation is split between water, health and education ministries who take responsibility for small pieces of the overall puzzle, but rarely is there a lead organization coordinating the different roles. Thus the sector is characterized not only by a complex chain of actors but also a complex chain of operations from the disposal and collection of waste through to its treatment. Different players are involved at different stages of the chain, and there is little or no coordination between them.



Source: © UNICEF/HQ07-1010/Olivier Asselin

The report also highlights that there is still little agreement on what constitutes 'improved sanitation'; this continues to create problems from financing through to monitoring and evaluation. This ought to be a simple problem to solve. However, the lack of political commitment given to sanitation globally, regionally and nationally, coupled with the lack of attractiveness of the sector, generally means that many of these 'simple' problems continue.

Another example is the need for national policies and strategies; one of the key recommendations of AfricaSan 2002. Five years on, and although some progress has been made (as more countries have begun this process) it is taking too long, and the quality of many of the documents is too low to adequately lead the sector. In addition, where policies are separated from budgeting and financing, they are almost impossible to implement.

The profiles show that many countries have embarked on the process of devolving responsibilities for sanitation to local authorities. However, this has often taken place without the necessary associated development of local capacity and technical support. Capacity is not just a problem at local government level but one which cripples the sector at every stage and even if all the other problems could be solved immediately, the capacity issue will hold the sector back because of the time that is needed to train the required human resources.

As would be expected, it is not only human resources which are problematic. Adequate financing of the sector is not reflected in national budgets. Results suggest that approximately 26 billion USD is needed to achieve the national sanitation goals in Africa which means the investment pace needs to double. Although studies have repeatedly shown return on investment is high for sanitation, since most investment happens at the household level (because of on-site sanitation) it is hard to convince individuals of the benefits.

Another issue identified in this report is the need to mobilize greater private sector involvement, and to plan for this involvement in policies and strategies. In particular, small scale private businesses could play a greater role in the sector if they were given more organizational and marketing assistance and had access to legal security and credit.

Although the predominant focus of sanitation is on the hardware, the evidence suggests that hygiene and behavior change programs are essential to promoting proper use and maintenance of hardware as well as improved hygiene and health behaviors. Countries do not have the capacity or skills to implement behavior change programs which are given even less priority than sanitation hardware, and yet for which the evidence is unequivocal in terms of the impact they can have on the sanitation disease burden.

The final problem highlighted in this report is the problem of monitoring and evaluation. Universally the country reports point to an absence of adequate monitoring and evaluation systems. The lack of M&E is a reflection of the institutional fragmentation and the lack of capacity and resources especially at the local level.

The challenges Africa faces

Although the emphasis of the first part of this report is on painting an honest and clear picture of the situation, the report does shape these problems into a list of challenges that can potentially reverse the situation that Africa finds itself in.

The collation of the country reports not only allows for the identification of problems and issues but also enables promising and innovative approaches to solving these problems to be shared. Thus, this report is not only a list of problems and challenges but does provide hope by sharing concrete country experiences and examples on topics ranging from institutional arrangements, and policies and strategies through to financing, and innovation.

Using this report

It is hoped that this report will become an important resource for those working in the sanitation sector in Africa. It provides up-to-date comparative regional data as well as information on the strategic areas of policies, institutional frameworks, financing and resources; capacity and M&E. Most importantly this report advocates for international and national pressure to commit resources and support for the sanitation sector across Africa. Sanitation in Africa is everybody's business and requires us all to make a mighty effort if we are to achieve the sanitation MDG.

The 10 Challenges to meet the sanitation MDG target

1. Push sanitation higher up the political agenda
2. Develop sound policies and strategies
3. Prepare sustainable action and investment plans
4. Put local authorities in the driving seat
5. Build sector capacity with a focus on local players
6. Integrate hygiene and sanitation behavior change
7. Develop sustainable financing strategies
8. Initiate partnerships with the private sector
9. Encourage innovation, cooperation and R&D
10. Monitor progress and evaluate impact



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1 An overall worrying situation



How can 'sanitation' be defined? What are the external factors influencing sanitation in Africa? What are the main facts and lessons that emerge from the country assessments regarding institutions, access, financing, capacity and monitoring? This first chapter gives an overview of the situation – and reasons to be worried.

What are we talking about?

Sanitation has many dimensions

The definition of what is considered as 'sanitation' can vary substantially from one country to another. Sanitation can include excreta disposal, wastewater management, industrial pollution, solid waste, rain and stormwater management, drainage as well as hygiene and behavior change. MDGs focus primarily on two dimensions of sanitation that are directly related to public health; the safe disposal of excreta and domestic wastewater management. These two aspects are therefore the major focus of this report.

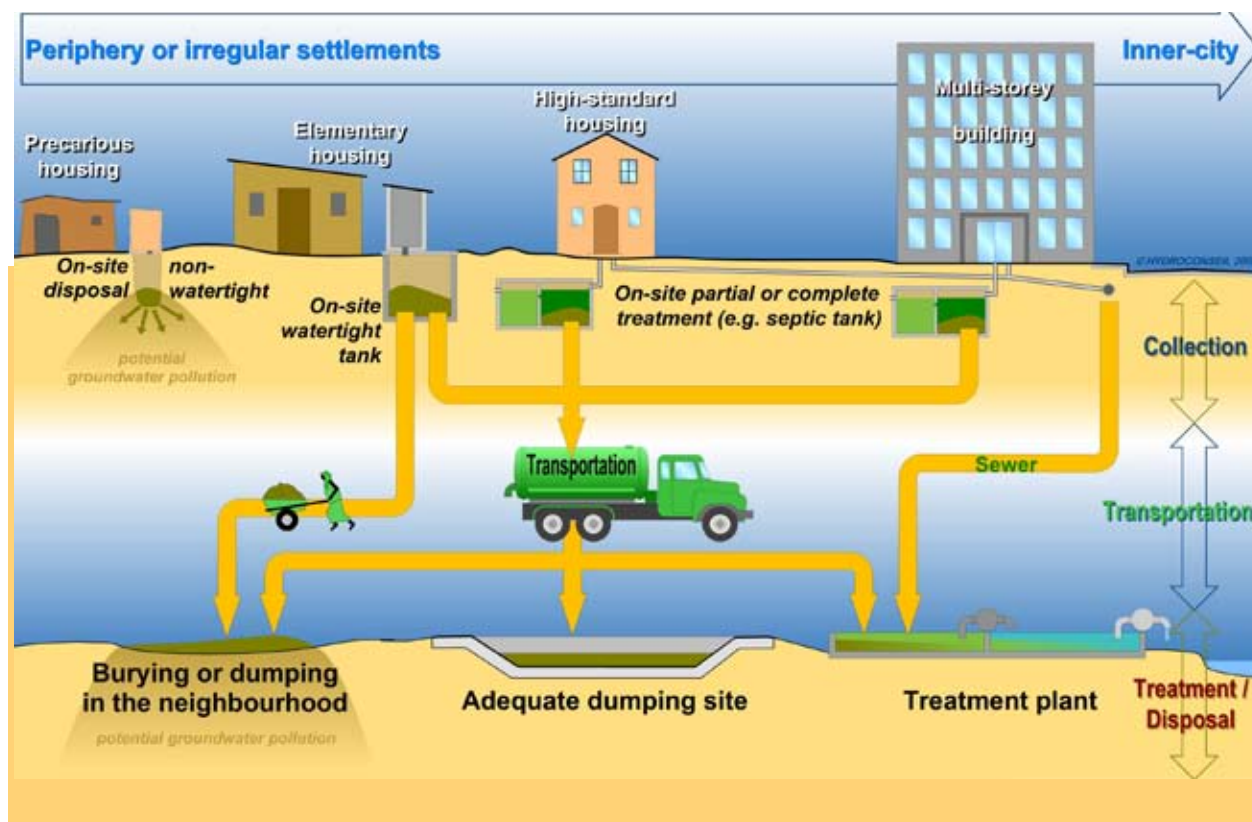
Sanitation is a complex chain of actors and operations

Facilities and standards are not the same in rural areas and cities; and even within the same urban

territory, the standards can be very different in the formal and planned city centre and in the periphery where the informal settlements are usually located, as illustrated below.

There is a large range of technical options for sanitation. In all cases, the sanitation 'chain' can also be divided into three inter-related sub-chains: the disposal and collection sub-chain; the transportation sub-chain (vacuum trucks, sewer lines) and finally, the disposal and treatment sub-chain. In this respect, sanitation offers more similarities to solid waste than to water supply. Projects, policies and funds tend to focus more on the first sub-chain (the upstream part), but it is usually the whole chain that needs to be considered and improved, and especially disposal and treatment (the downstream part of the chain).

Figure 2.
The sanitation chain



Sanitation is a business

When you consider only the hardware aspects of sanitation – construction of latrines and sewer systems, transportation of sludge out of the city, wastewater and sludge treatment – all these tasks in Africa are undertaken by a myriad of small scale entrepreneurs. Urban households consider sanitation as a service; they are globally ready to pay for it and want to find sound and reliable providers. Despite their role, private operators usually remain in the ‘shadow’ of sanitation policies, and are not given enough attention by policy makers. Sanitation is a business¹, but unlike many other businesses, it is a very underdeveloped field.

The overwhelming weight of on-site sanitation in Africa

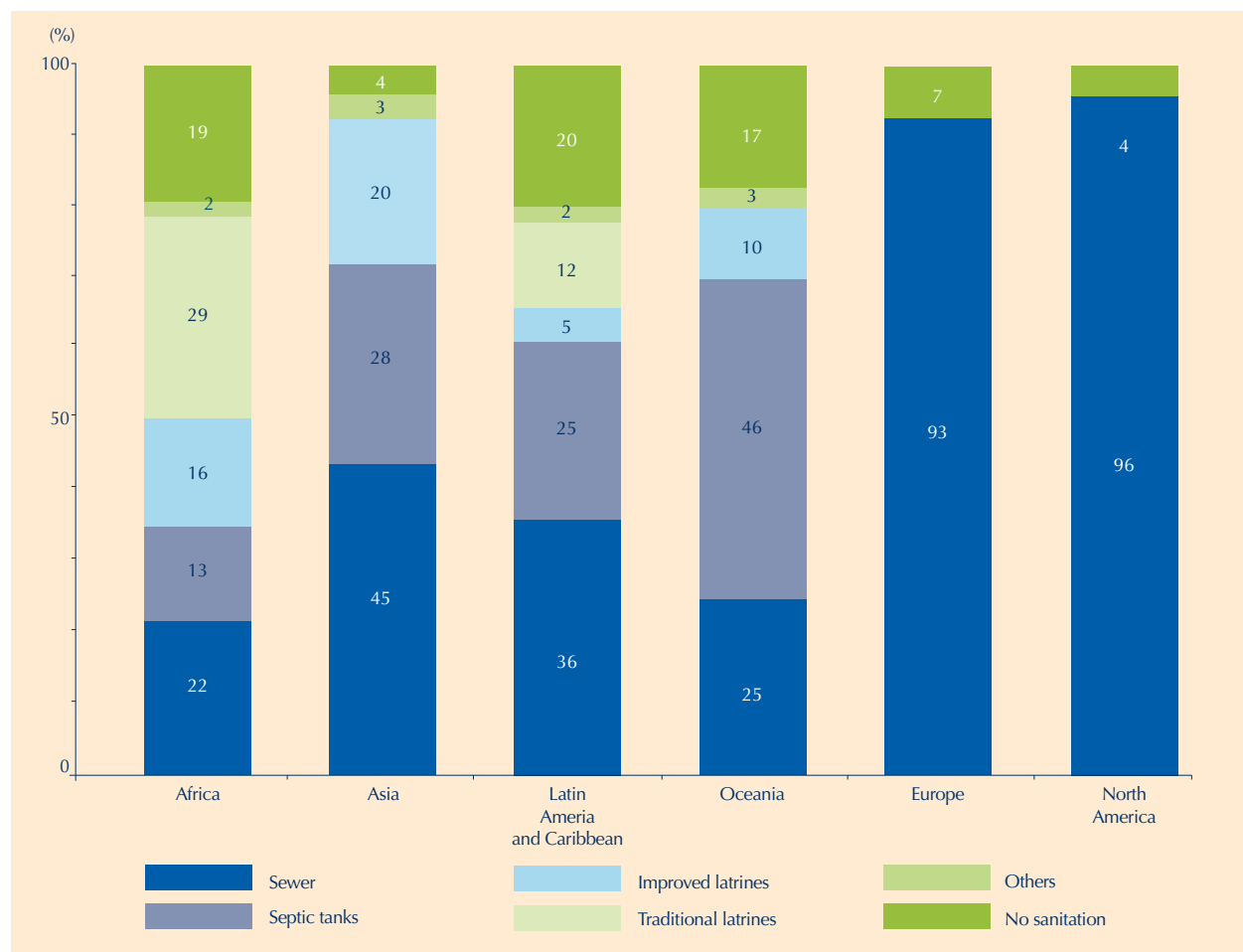
When comparing Africa with other continents, a striking characteristic is the predominance of on-

site sanitation (see chart above). Throughout the continent, the large majority of households rely on on-site sanitation facilities. On-site sanitation is usually the only available technology in rural areas and small towns; this is actually not the result of a choice, but there are many good reasons to explain it: low water consumption (that makes sewer systems non-viable from an engineering perspective), financial unsustainability and lack of capacity.

With the notable exception of Northern and Southern Africa, even in capital cities, on-site sanitation remains the dominant technology, connection to a sewer network being a luxury reserved to a few families living in the city centre or in compounds benefiting from an independent sewer system (such as industries, hotels and hospitals). This African feature has very important consequences, because it makes access to sanitation a domestic matter, rather than a service that can be purchased by the community.

¹This was the title of a joint SDC-WSP-WSSCC document published in 2004.

Figure 3.
Distribution of sanitation technology across the world



© World Health Organization (WHO) and UNICEF, 2002

The importance of external factors

Considerable demographic growth

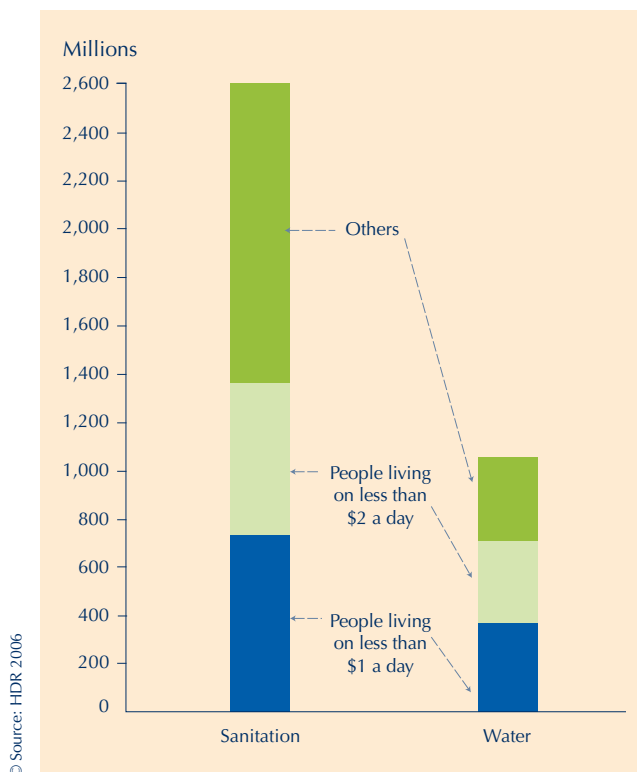
It is a well-known fact that Africa’s population is rapidly growing, especially in urban areas. The sanitation gap is widening quickly because of this demographic growth. Meeting the MDGs not only means filling the gap between those who have access to sanitation services now and those who don’t; but means policy makers and planners also need to take into account all the unserved that will be created by 2015 due to the pace of demographic growth. This partially explains why Africa lags so much behind the other continents in terms of access to sanitation and hygiene services.

Rapid urbanization

Africa currently faces rapid, uncontrolled and unplanned urbanization. Populations in peri-urban settlements and slums are growing up to two times faster than in planned areas. Densely populated urban areas are hotspots for the sanitation challenge; poor sanitation and slums are interrelated. People living in slums are poor, and sanitation is only one item on their long list of priorities (and not the top one). Slums are dense areas and sometimes there is simply not enough space to build sanitation facilities². Most slum dwellers do not own their land; being an owner is one of the triggers for the decision to invest in a sanitation facility. Rural populations deciding to

² In Nairobi (Kenya), Kibera, which is one of the biggest slums in Africa, is well known for its ‘flying toilets’; because of the lack of latrines, people defecate in plastic bags that they throw away at night.

Figure 4.
Who are the unserved? Mostly, the poor.



move and settle down in cities also bring their poor hygiene and sanitation practices along with them, which are not appropriate in their new urban context and can harm their health and the environment.

Poverty

Sanitation – even when it is just about building a low-standard latrine – comes at a cost. Thus, access to sanitation is an important dimension of poverty. Demand for improved sanitation is low; extreme levels of poverty (especially in rural areas) are a major contributor to the lack of demand. This is a huge challenge because it has been demonstrated that the poor account for most of the deficit in access to improved sanitation (see the chart above, taken from the Human Development Report 2006). Reaching the MDGs is not only about filling the gap, it is also about targeting the poor.

Lack of political commitment

The lack of political commitment is not specific to the sanitation sector but it is an aggravating factor

in Africa. How many politicians are keen on giving their names to a sewage treatment plant or a new sewer line? How many African governments rank sanitation among the first priorities of their action plans? Despite the urgent situation in many cities, governments and municipalities have difficulties in committing themselves to improving the sanitation situation.

Poor coordination

Sanitation is generally under the leadership of several institutions, including several ministries. Arrangements are different for urban and rural sanitation. Hard and soft aspects are never dealt with by the same Ministry and they are usually not considered within the same policy framework. The situation is not much better at the local level. All this contributes to the fragmentation and inefficiency of the sector.

Behavioral determinants

Cultural factors (for example traditional beliefs about dirt and cleanliness or representations of disease) also need to be taken into consideration as external factors influencing sanitation. Behavioral determinants such as social norms, self-efficacy and intentions are examples of the many dimensions of the demand for improved sanitation, and behavioral scientists can help us understand the barriers and motivators faced by people in their decision to invest in sanitation facilities or their decision to use or not use the facilities they have. They can also demonstrate how we can market sanitation products and services in a way that incorporates traditional attitudes and beliefs.

Low level of education

Literacy rates and school enrolment in Sub-Saharan Africa are among the lowest in the world (according to the HDR, of the 29 countries ranked last, only 2 are not in Africa). Those who do not attend school miss exposure to sanitation facilities and to hygiene behavior change messages. Education can have a measurable impact on behavior change; and low school enrolment is therefore a missed opportunity.

Lack of attractiveness of the sector

As mentioned above, sanitation is a business. However, the demand for sanitation is often not explicitly expressed and therefore the market niche for small business investment is unclear and not secure. Non-existing or inefficient policies also contribute to legal insecurity, preventing private operators from formalizing their activity and developing their business. Moreover, lack of demand for large infrastructure and poor cost recovery mechanisms limit the opportunity for private sector involvement. The sanitation sector is therefore considered unattractive by investors.

Africa is not 'one' sanitation situation

Even if many conclusions can be applied to the majority of African countries, Africa is a diverse continent – this is clearly illustrated by the country assessments that were carried out in preparation for this report. The 'sanitation challenge' is at least threefold:

sector. Interesting progress has been made recently on this issue in a few countries (see country profiles for Mali, Burkina Faso, Uganda, Ethiopia and Zambia).

Institutional fragmentation hampers efforts to develop a comprehensive vision for the sector and the required visibility to gain the necessary political attention and commitment. Finally, fragmentation jeopardizes the sustainability of financing strategies developed by the sector as it is difficult to coordinate and harmonize contributions from different institutions. Even in Senegal, where a fully fledged Ministry of Sanitation was established, the institutional fragmentation is still a constraint for scaling up sustainable hygiene programs. In countries like Tanzania, where the budget program approach is providing financial resources to the districts, the institutional fragmentation is a constraint for the development of sound strategies and implementable programs.

It seems that countries that decided to establish a utility specialized in providing sanitation services (example: ONAS in Senegal and Tunisia) have

Typical situation	Where? Examples	Main challenge
1. Limited access to sanitation (e.g. open defecation) change	Rural challenge in Africa's poorest countries —Mali, Chad, Niger, Ethiopia or in fragile States (post-war)	Nothing can be done without a strong focus on hygiene and behavior
2. Access to sanitation, but service level inadequate	Urban challenge in Africa's poorest countries. Rural and urban challenge in East Africa and Ghana	Improving the level of facilities is the challenge, before behavior change
3. Access to sanitation through water borne services	Mostly in capital and secondary cities in Northern and Southern Africa (RSA, Tunisia, Morocco)	Challenge is to develop universal access and help utilities deliver services

Fragmented institutions

Generally, urban sanitation is under the responsibility of utilities and/or ministries in charge of the environment, public health, housing, infrastructure or water, while ministries of health and education are respectively in charge of rural and school sanitation. If coordination mechanisms and clear leadership were in place in most countries, this institutional fragmentation would not have been a bottleneck to the development of the

managed to significantly improve the situation in urban areas, but not in rural areas, where the operating costs of such utilities are too high (even ONAS in Tunisia, after more than 30 years of operations, is only slowly moving to small towns with 10 000 or more inhabitants). ONEA in Burkina Faso has made some interesting progress by merging water and sanitation within the same utility, especially with the potential of subsidizing sanitation through water supply.

Country	National body in charge of wastewater & excreta		Lead national body for health education and hygiene promotion	Sector coordination		Lowest level of authority in charge of sanitation	Are problems in implementing decentralization in the sanitation sector mentioned in the CSR?
	Urban areas	Rural areas		Existence of a formal coordination committee	Quality of the coordination		
Benin	Ministère de la Santé (Direction de l'Hygiène et de l'Assainissement de Base - DHAB)	Ministère de la Santé (Direction de l'Hygiène et de l'Assainissement de Base - DHAB)	Ministère de la Santé (Direction de l'Hygiène et de l'Assainissement de Base - DHAB)	N/A	N/A	Municipalities	Yes
Botswana	Ministry of Environment, Wildlife and Tourist — MEWT (Department of Waste Management and Pollution Control - DWMPC)	Ministry of Environment, Wildlife and Tourist — MEWT (Department of Waste Management and Pollution Control - DWMPC)	N/A	N/A	N/A	Urban councils and Water Units of local authorities in rural area	Yes
Burkina Faso	Office National de l'Eau et de l'Assainissement (ONEA, state company)	Ministère de l'Agriculture, de l'Hydraulique et des Ressources Halieutiques - MAHRH (Direction de l'Assainissement)	Ministère de la Santé (et Ministère de l'Environnement et du Cadre de Vie)	Several coordination committees exist	★★	Municipalities	Yes
Burundi	SETEMU (Technical Services of the Municipality of Bujumbura)	Ministère de l'Energie et des Mines (Direction Générale de l'Hydraulique et des Energies Rurales - DGER)	Ministère de la Santé Publique	N/A	N/A	Municipalities	Yes
Cameroon	Ministère du Développement Urbain et de l'Habitat (MDUH)	Ministère des Mines, de l'Eau et de l'Energie (MINEE)	Ministère de la Santé Publique	N/A	★	Municipalities	Yes
Cape Verde	Electra (private company) under the supervision of the Ministère des Infrastructures, Transports et de la Mer (MITM)	Municipal Utilities/Autonomous Department (SAAS) under the supervision of the MITM	Ministry of Health	N/A	N/A	Municipalities	Yes
Chad	Ministère de la Pêche, de l'Hydraulique Pastorale et Villageoise	Ministère de la Pêche, de l'Hydraulique Pastorale et Villageoise	Ministère de la Santé	No	★	Municipalities	Yes
Ethiopia	Ministries of Health and Water Resources + Water and service utilities	Ministries of Health and Water Resources	Ministries of Health and Water Resources	Yes, with a national multi-stakeholder forum and a WASH committee	★★	Municipalities	Yes
Gambia	National Water and Electricity Corporation (NAWEC) for sewerage	Department of Community Development (DCD) and Department of Health Services (DHS)	Department of State for Health and Social Welfare (HMIS)	Platforms at national and local levels (Water and Sanitation Working Group WATSAN sub-committees) most of them not being functional	★★	Municipalities	Yes

Country	National body in charge of wastewater & excreta		Lead national body for health education and hygiene promotion	Sector coordination		Lowest level of authority in charge of sanitation	Are problems in implementing decentralization in the sanitation sector mentioned in the CSR?
	Urban areas	Rural areas		Existence of a formal coordination committee	Quality of the coordination		
Ghana	Ministry of Local Government, Rural Development and Environment - MLGRDE (Sanitation Directorate)	MLGRDE and Ministry of Water Resources, Works and Housing (Community Water and Sanitation Agency - CWSA)	Ministry of Water Resources, Works and Housing	Several platforms	★★	Metropolitan, municipal and district assemblies (MMDAs), and District Water and Sanitation Teams (DWSTs)	Yes
Ivory Coast	Ministère de la Construction, de l'Urbanisme et de l'Habitat - MCUH (Direction Générale de l'Assainissement, de la Construction et de la Maintenance) and SODECI (private company under concession contract) for sewerage in Abidjan)	Ministère de la Construction, de l'Urbanisme et de l'Habitat - MCUH (Direction Générale de l'Assainissement, de la Construction et de la Maintenance)	N/A	N/A	★	N/A	N/A
Kenya	Technical department within City councils of Municipalities	Ministry of Health and Ministry of Water and Irrigation	Ministry of Health (Division of Public Health and Health Promotion)	No	★	N/A	N/A
Lesotho	Ministry of Interior (Urban Sanitation Improvement Team - USIT) for on-site sanitation and Water and Sewerage Authority (WASA) for sewerage	Ministry of Natural Resources (Department of Rural Water Supply)	Ministry of Health and Social Welfare (Environmental Health Division - EHD)	Yes through the Water Commission	★★★	Local government authorities (LGAs)	Yes
Mali	Ministère de l'Environnement et de l'Assainissement - MEA (Direction Nationale de l'Assainissement, du Contrôle des Pollutions et des Nuisances - DNACPN)	MEA (DNACPN)	Ministère de la Santé (Direction Nationale de la Santé)	Not yet but foreseen in the draft National Sanitation Policy	★	Municipalities	Yes
Morocco	Ministère de l'Aménagement du Territoire, de l'Eau et de l'Environnement	Ministère de l'Aménagement du Territoire, de l'Eau et de l'Environnement	Ministère de la Santé	Yes (Comité Interministériel de l'Eau, Conseil National de l'Environnement)	★★	Communes	Yes

Country	National body in charge of wastewater & excreta		Lead national body for health education and hygiene promotion	Sector coordination		Lowest level of authority in charge of sanitation	Are problems in implementing decentralization in the sanitation sector mentioned in the CSR?
	Urban areas	Rural areas		Existence of a formal coordination committee	Quality of the coordination		
Mozambique	Ministry of Public Works and Housing (National Directorate of Water/ Sanitation Department)	Ministry of Public Works and Housing (National Directorate of Water/ Sanitation Department)	Ministry of Health	No	★	Municipalities	Yes
Namibia	Ministry of Regional and Local Government, Housing and Rural Development (MRLGHRD)	Ministry of Housing and Social Services (MHSS)	Ministry of Housing and Social Services (MHSS)	N/A	N/A	Municipalities (but not sure there is a decentralisation process)	N/A
Nigeria	Federal Ministry of Environment (FMEnv) + City councils	Federal Ministry of Environment (FMEnv)	Federal Ministry of Health (FMH)	Ensured directly by FMEnv	★★	Local Government Authorities (LGAs)	Yes
Rwanda	Ministère des Terres, de l'Environnement, des Forêts, de l'Eau et des Mines	Ministère des Terres, de l'Environnement, des Forêts, de l'Eau et des Mines	Districts/Local governments	N/A	N/A	Districts	Yes
Senegal	Office National de l'Assainissement du Sénégal (ONAS, EPIC)	Ministère des Infrastructures, de l'Hydraulique Urbaine et de l'Assainissement (Direction de l'Assainissement)	Ministère du Cadre de Vie	Yes, in the framework of the programmes PEPAM	★★★	Municipalities in urban areas and « communautés rurales » in rural areas	Yes
Sierra Leone	Ministry of Health	Ministry of Health	Ministry of Health	N/A	★	Districts and City Councils	Yes
Swaziland	Swaziland and Water Services Corporation (SWSC) for sewerage and Ministry of Health and Social Welfare—MHSW for on-site sanitation	Ministry of Health and Social Welfare - MHSW	Ministry of Health and Social Welfare - MHSW (Environmental Health Department - EHC and Health Education Unit - HEU)	N/A	★	Local authorities	Yes
Tanzania	Ministry of Health and Social Welfare	Ministry of Health and Social Welfare	Ministry of Health (and Education!)	Several coordination committees at national and local levels	★★	District/local government authorities in rural areas and Urban Water Supply and Sewerage Authorities in urban areas	Yes

Country	National body in charge of wastewater & excreta		Lead national body for health education and hygiene promotion	Sector coordination		Lowest level of authority in charge of sanitation	Are problems in implementing decentralization in the sanitation sector mentioned in the CSR?
	Urban areas	Rural areas		Existence of a formal coordination committee	Quality of the coordination		
Togo	Ministère de l'Eau et des Ressources Hydrauliques (Direction Générale de l'Eau et de l'Assainissement - DGEA)	Ministère de l'Eau et des Ressources Hydrauliques (Direction Générale de l'Eau et de l'Assainissement - DGEA)	Ministère de la Santé (Division de la Salubrité Publique et du Génie Sanitaire)	Yes, Comité national de l'eau (not functional)	★	Communes	Yes
Tunisia	Office National de l'Assainissement (ONAS) (EPIC)	Ministère de l'Agriculture, de l'Environnement et des Ressources Hydrauliques (DG/GREE)	Ministère de la Santé Publique (Direction de l'Hygiène du Milieu et de la Protection de l'Environnement)	N/A	N/A	Communes	Yes, but in progress
Uganda	City Council and their technical departments (e.g. KCC)	Ministry of Water and Environment	Local governments	Yes, at both national and local government levels	★★★	Local governments	Yes
Zambia	Ministry of Local Governments and Housing - MLGH (Department of Infrastructure and Support Services - DISS) and Lusaka Water and Sewerage Company in the capital city area	Ministry of Local Governments and Housing - MLGH (Department of Infrastructure and Support Services - DISS)	Ministry of Health	Yes through the Sector Advisory Group (at national level) and District WASHE committees	★★★	Local authorities	Yes, but in progress
Zambia	Ministry of Water Resources and Infrastructure Development (MWRID), and Zimbabwe National Water Authority (ZINWA) for sewerage	Ministry of Water Resources and Infrastructure Development - MWRID (Department of Infrastructure and Social Services - DISS)	Ministry of Health and Child Welfare	Yes, through the National Action Committee	★★	Zimbabwe National Water Authority (ZINWA) for urban sewerage (previously municipalities) and district councils in rural areas	Yes

Policies and strategies – only paper tigers?

Many African countries have recently been working, or are still working on preparing new strategies and policies for sanitation. This is a good sign, because this increase of documents reflects political goodwill and the urge to drive a framework for the sanitation sector by itself – sanitation is no longer considered a sub-sector of water supply or environmental policies. Unfortunately, the quality of these policies and strategies is variable; many are over ambitious as Governments attempt to attract new funds to the sector. Ministries and governments sometimes have a hard time translating these ambitious policies into concrete plans and legal frameworks. Last but not least, these policies are often disconnected from the budgeting processes.

Local authorities and the limits of decentralization

In almost all African countries, the responsibility for sanitation (liquid and solid waste) is entrusted to local authorities, many of which have recently been established. Often, these authorities do not have sufficient capacity to organize public sanitation services, develop strategic plans, finance the required infrastructures, regulate existing operators, or open the market to new entrepreneurs. As highlighted in the country reports, the need for support is considerable, and local authorities may not be in the driving seat for several years, except in big cities where municipalities have the required financial and human resources.

In African countries, where local authorities have recently been established in rural areas and small towns (for example in Mali, Benin and Burkina Faso), the challenge reflected in the country assessments is threefold through the need to: (i) transfer resources from the central State, (ii) build sound planning and management tools at local level; (iii) organize support to the local authorities at the regional level, since few can hire the specialized technical staff needed. So far, local authorities have very little experience dealing with sanitation; to date, work that has been done has been through projects or decentralized health structures.

In secondary and capital cities, the problem is quite different: municipalities are already providing services; in some countries they invest in facilities, manage sewer systems and treatment plants, offer the services of vacuum trucks and even organize or participate in hygiene promotion and behavior change awareness campaigns. The issue then, is to build the capacity of municipal departments, to integrate sanitation into urban planning, to finance capital costs and to seek public-private partnerships to improve the management of facilities and the sound delivery of services.

Access: do we have a clear picture of the situation?

The main problem underlined in all the country reports is the lack of clarity regarding what we are measuring. Firstly, there is uncertainty because of the lack of consensus on the definition of ‘improved sanitation’ which can vary substantially within a country (between different institutions, and especially the ministries in charge of sanitation, health and statistics); between different countries, and between countries and the MDG definition. The second problem is the lack of monitoring systems – counting sewer connections might be easy, because there is always a utility managing the connections; but counting latrines is not relevant and not feasible. Moreover, focus is always on facilities, even if they are not properly used – can a sewer connection be considered as access to sanitation when the user is connected to a blocked sewer or when the sewer line is not connected to any treatment facility? How do we take into consideration grey water disposal? Many surveys have shown that in urban areas, there is a strong demand regarding grey water. Would a house with a satisfactory excreta disposal facility but with no grey water evacuation system be classified in the ‘improved sanitation category’, despite the obvious negative impact on health? There is no common vocabulary across the continent to agree even roughly on what ‘improved sanitation’ is. During the AfricaSan conference, the JMP for the first time, presented a breakdown of access to sanitation that takes into account the four main rungs of the sanitation ladder: improved sanitation facility (see box on the next page for definition), shared facility and unimproved facility and open

The official definition of 'improved sanitation facility' used by JMP

- Flush or pour-flush to:*
 - (i) *piped sewer system;*
 - (ii) *septic tank or*
 - (iii) *pit latrine*
- Ventilated improved latrine*
- Pit latrine with slab*
- Composting toilet*

Note: All the sanitation facilities listed above are considered as 'improved' only if they are not shared

defecation (see below for detailed results). This new approach allows countries to look at the national situation according to their own standards (especially regarding 'unimproved sanitation', that is included in the overall sanitation access in many countries), without changing the sanitation MDG definition itself. This approach might also help build a common monitoring system at the level of the continent – for example, open defecation might be one good indicator at the continental level.

This also explains the sometimes huge discrepancy that appears between the official JMP access figures (based on a methodology using nation-wide household surveys such as DHS when available) and the figures provided by the Ministry in charge of sanitation (that seldom communicate with the Ministry in charge of Health that has access to the DHS results). One way to reduce this discrepancy will be to agree on a definition of access to sanitation (standards can vary from one country to another, but not within the same country), to improve the cooperation between ministries and use available surveys instead of inconsistent estimates based on facilities.

Lastly, should we use MDGs or national sanitation goals? Setting up the sanitation MDGs influenced existing figures, led to some figures being revised after 2002, and to some countries changing the definition of improved sanitation they were using. Meanwhile, little effort has been made to improve knowledge of the baseline situation. As reflected in the country reports, some countries have set up

targets that are higher than the MDGs themselves (sometimes by lowering the overall standards and focusing on the first rung of the sanitation ladder); others have acknowledged that the sanitation MDG was beyond reach, and therefore set lower targets that they consider to be more realistic.

The JMP also shared provisional figures regarding the sanitation situation in 2006 based on preliminary estimates³ presented at the AfricaSan conference (February 2008). These data are not always consistent with the sanitation access figures provided by the countries themselves, which necessitates caution regarding their reliability. Disparities between these figures and the JMP figures are part of the problem and reflect the poor monitoring systems in most African countries (see below).

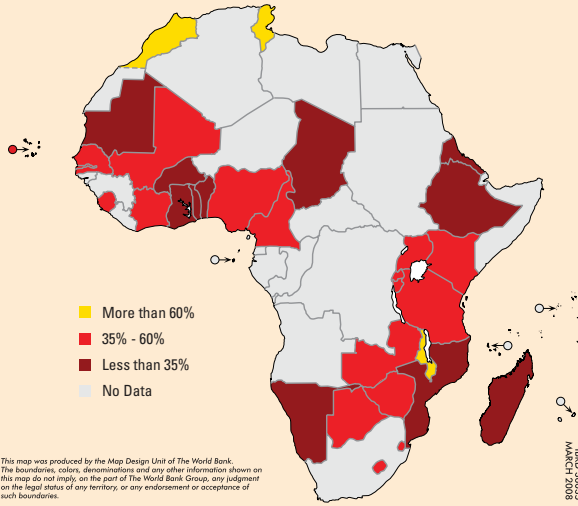
Access: the global picture in Africa

Low access

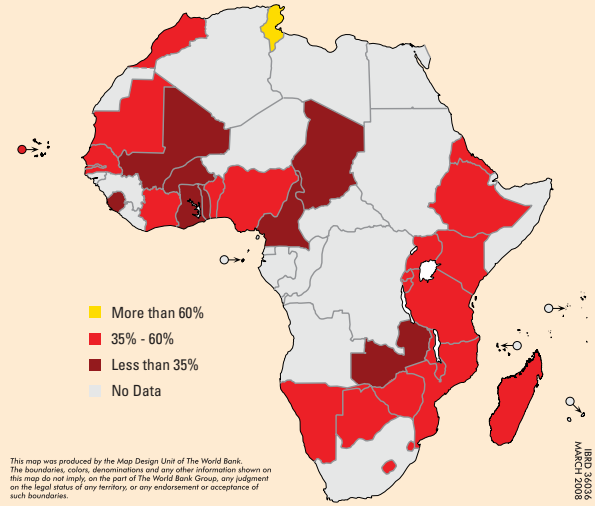
Despite the remarkable efforts deployed by some African countries (e.g. Mozambique, Malawi, Zambia, Benin, Senegal, Morocco and Cote d'Ivoire), the trend observed at the beginning of the century has not fundamentally changed: in Sub-Saharan Africa, a little more than one African out of three has access to improved sanitation. The last estimate at the continental level (JMP, 2004) indicated that access to sanitation was around 37% in Sub-Saharan Africa. Data provided by the country reports confirm this figure – the latest data published by JMP for 2006

³ A Snapshot of Sanitation in Africa. A special tabulation for AfricaSan based on preliminary data from WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

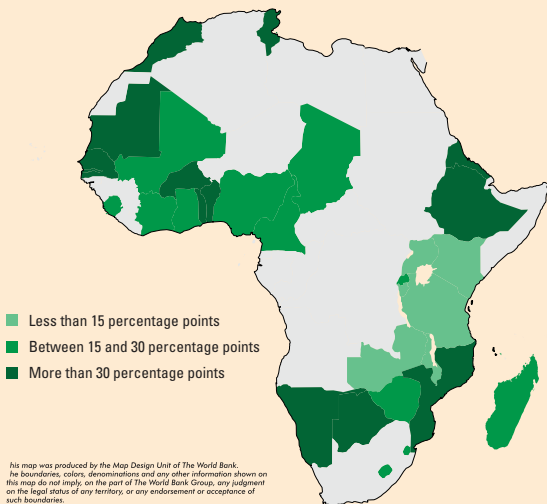
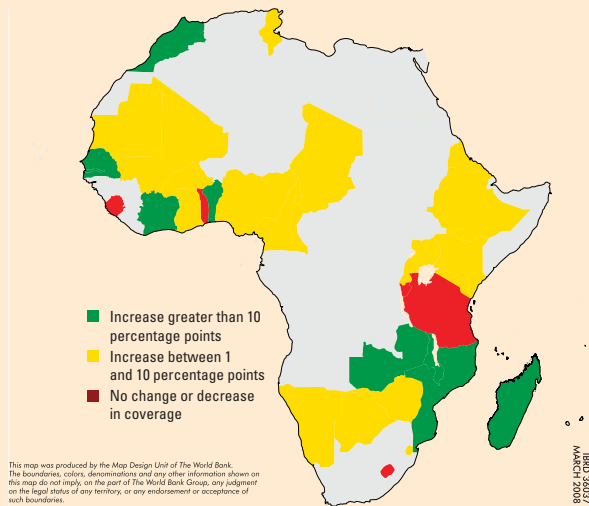
Population having access to improved sanitation in 2004 (JMP data)



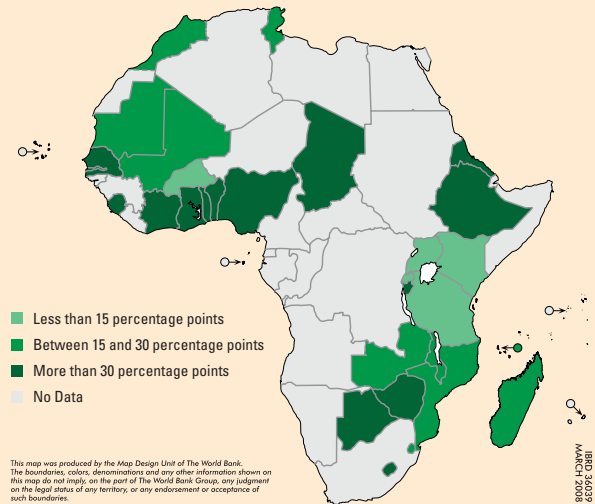
Population having access to improved sanitation in 2004 (national data)



Progress in access to sanitation between 1990 and 2004 (JMP)



Gap between urban and rural coverage in 2004 (JMP data)



Progress in access to sanitation between 1990 and 2004 (JMP)

indicates that access is around 38% throughout the continent.

Slow or no progress

In the absence of any kind of fine monitoring of progress in recent years, it is difficult to have a precise idea of the current trend, but the last estimates show slow or no progress. It is even likely that some African countries in post-conflict situations (Cote d'Ivoire, DRC) have a lower access rate than in the nineties. JMP estimates that access to improved sanitation was 38% in 2006 confirms this trend: in 16 years (1990-2006), the overall coverage rate in Africa went from 33% to 38%.

The worrying projection presented in the last JMP report (published in 2006, based on 1990-2004 trends, and confirmed by the estimate for 2006) indicates that even if the proportion of people without access to sanitation only slightly increases, Sub-Saharan Africa might be the only continent where the unserved population will still increase in absolute terms (see chart below). **Africa will miss the sanitation MDG by hundreds of million inhabitants.**

However, the JMP's definition of 'access to improved sanitation' presents an interesting and overall

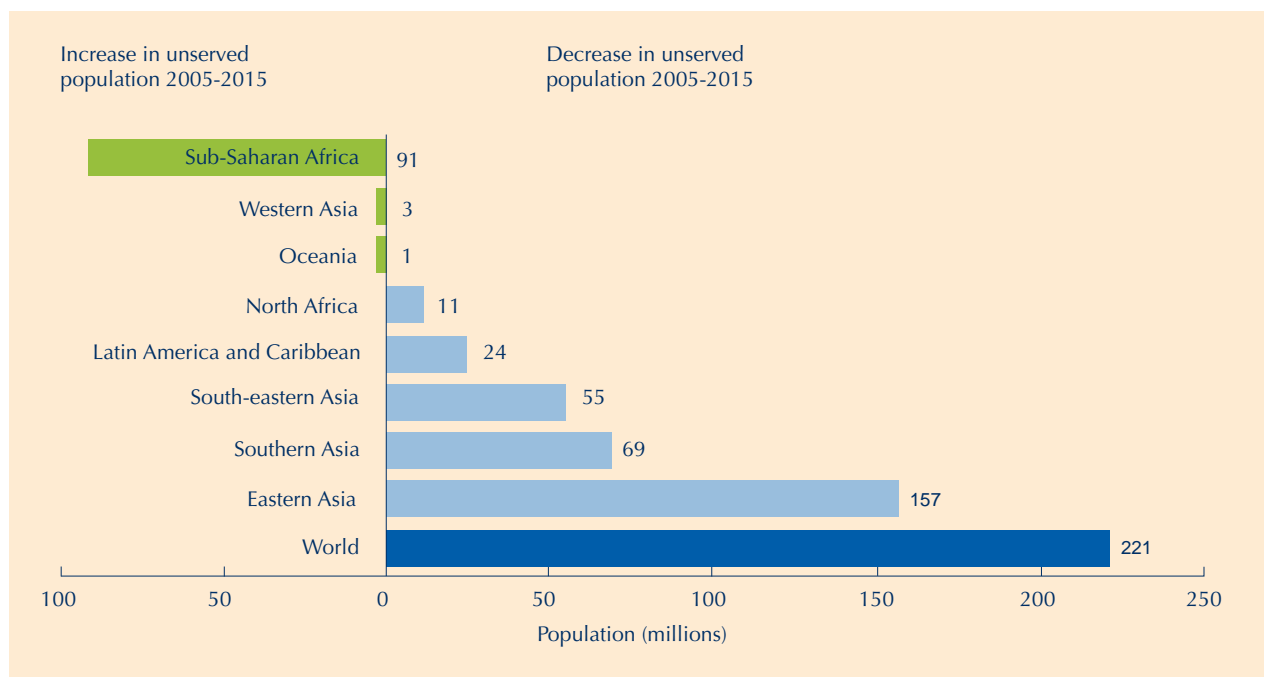
promising trend. The recently published 2006 data show a more precise breakdown of access data, taking into account 4 categories: improved facilities (the 'official' definition of access), shared facilities, unimproved facilities and open defecation (no facility). At the continent level, open defecation went from 32% down to 25%, which represents a substantial drop and a reason to be optimistic especially the eradication of open defecation is considered as the first step to progress on the 'sanitation ladder'.

Huge disparities

The first disparity in access to sanitation is across the continent. As shown in the figure above, Northern Africa is improving access to sanitation in absolute terms, which means that the proportion of unserved is substantially decreasing. Southern Africa (and notably, South Africa) is also doing better than the rest of Sub-Saharan Africa.

National access rates do not reflect the huge disparities that can be observed and are underlined in all the country reports. The second disparity is between urban and rural areas. Access to sanitation is substantially higher in urban areas, which is also where almost all the public investment is targeted. In comparison, increase in access in rural areas

Figure 5. **Absolute change in population without access to improved sanitation 2005-2015, by developing region, when the 1990-2004 coverage trend is projected to 2015.**



Source: 2006, WHO/UNICEF.

(including small towns) mainly relies on the funds that households themselves can mobilize.

But even within urban areas themselves, a growing inequality divides formal areas and informal settlements. Considering the demographic growth of slums in Africa, and the complete lack of attention that most governments are giving to these areas, slums may well be where the battle for sanitation takes place in the coming years.

Finally, one must not forget that even within the same area, access to sanitation is extremely gender-sensitive, perhaps even more than water supply can be. As mentioned above the first fault line divides the rich and the poor; the second divides males and females; the sanitation crisis hits young girls harder than young boys, and can even explain the difference in school enrolment between boys and girls.

How many countries are on track to reach the sanitation MDG?

According to JMP and based on 2006 figures and progress in access to improved sanitation between 1990 and 2006, only 5 African countries might be able to reach the sanitation MDG, all of them being in Northern Africa (see Figure 8).

The AMCOW/AfDB/WSP assessment in 32 countries used a slightly different approach; whereby a multi-criteria approach measuring qualitative progress on issues such as policies, capacity building, financial sustainability, was employed. All these criteria have been merged into the same 'preparedness' concept. The results shown in Figure 9 are complementary to the JMP assessment: more than half of the 32 countries are considered poorly or very poorly prepared to reach the sanitation MDG, and no

Figure 6.

Trends in the proportion of population using either improved, or shared, or unimproved facilities, or practicing open defecation, by sub-regions, 1990-2006.

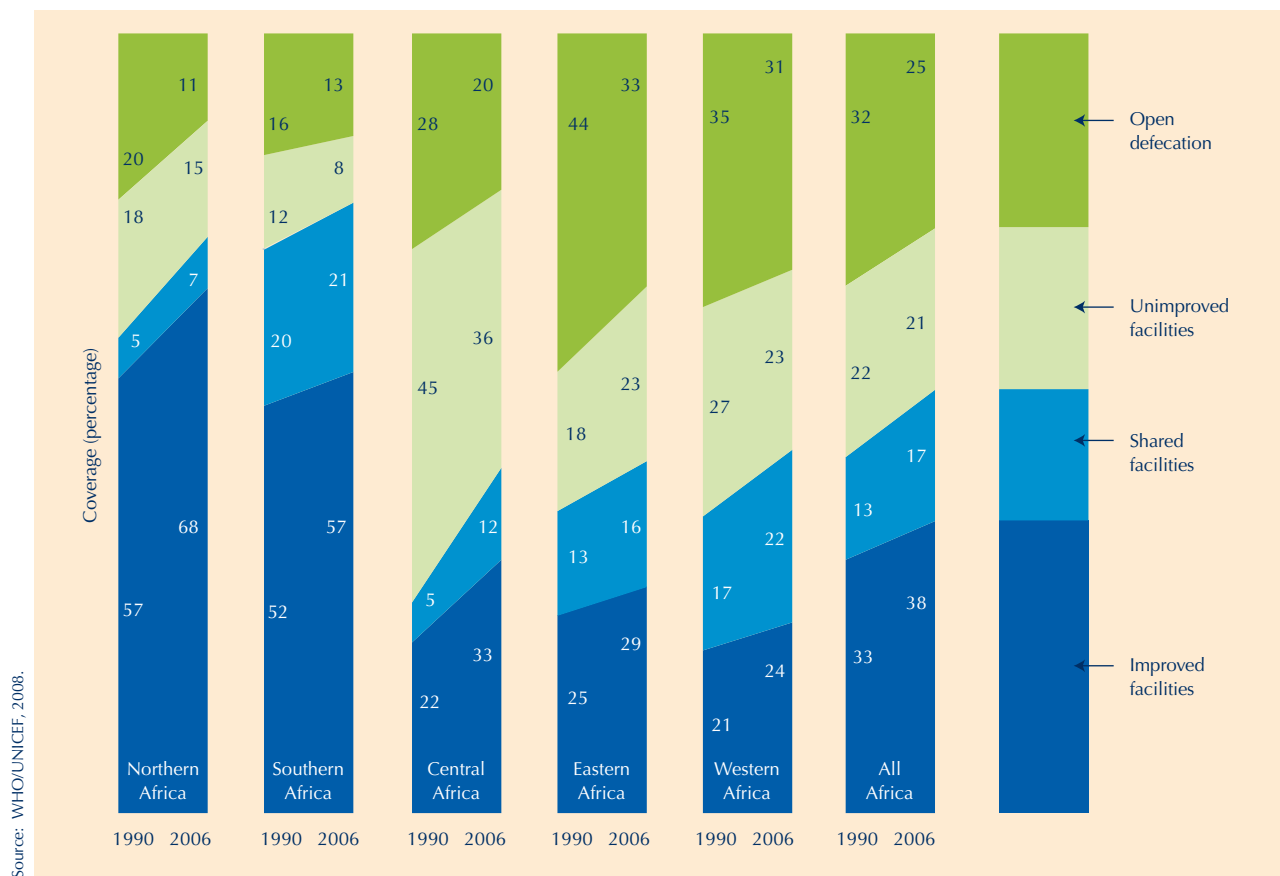
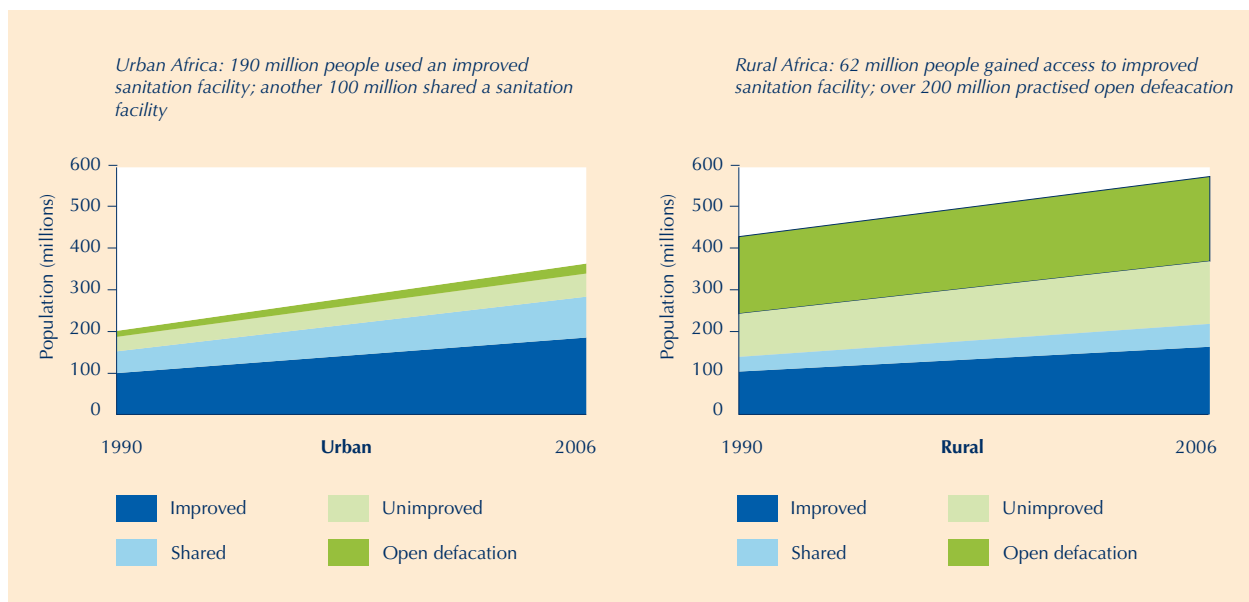


Figure 7.

Trends in the proportion of urban and rural population using different sanitation technologies or practicing open defecation, 1990-2006.



country is in a satisfactory state of progress towards reaching the target before 2015, except for one of the North African countries.

Hygiene and behavior change – the poor cousin

If sanitation is the poor cousin of water, then hygiene and behavior change is the poor cousin of sanitation! These ‘soft’ aspects of sanitation are rarely prioritized or adequately budgeted for in most African countries, in spite of the paramount importance of hygiene promotion and behavior change in creating demand for improved sanitation and their impact on health status.

When funds are available for sanitation and water supply, priority is most often given to installing and improving infrastructure. Realizing the health and economic benefits of this infrastructure however, is largely dependent on the practice of key hygiene behaviors such as correct usage of latrines, hand washing with soap and the proper handling of drinking water. Consistent use of latrines, for example, can reduce the incidence of diarrhea by up to 40%, and hand washing with soap at key junctures by up to 50%. The challenge facing many countries is that rates of hygiene behaviors are often low. Hand

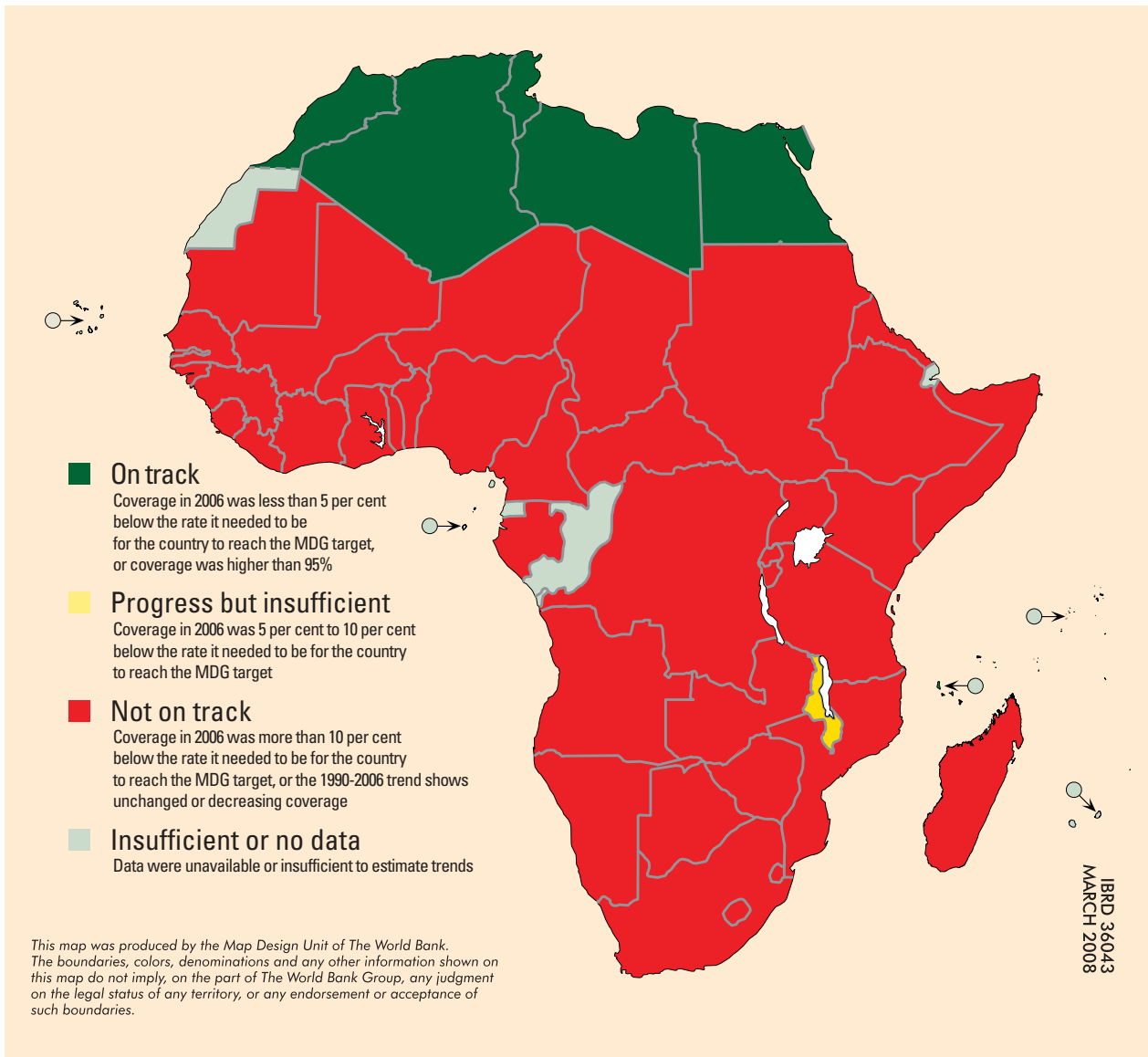
washing with soap, for example, is practiced by less than 20% of the population in most African countries.

Why build latrines if people do not use them or jeopardize the health benefit by not washing their hands with soap? Reaching the MDGs is also about changing behaviors, not only about increasing the number of facilities.

Countries are employing several approaches alone or in combination to improve hygiene behavior. These include WASH campaigns, adoption of Participatory Hygiene and Sanitation Transformation (PHAST) techniques, large-scale hand washing partnerships, sanitation marketing and community-led sanitation programs. Despite these initiatives, overall commitment to hygiene behavior change is low and often on a small scale. Improving and sustaining behavior at national scale requires commitment from the public and private sectors at all levels – from national level legislature to village level committees, kiosks, user groups and masons.

Many country reports highlight the lack of impact assessment, linked to the difficulty of measuring behavior change (e.g. a practice such as hand

Figure 8.
Progress towards the MDG sanitation target in 2006.



washing). Some success stories documented in the country reports include the importance of having large-scale programs implemented at community-level over the long term, and the success of the sanitation marketing approach—stimulating household investment through community based workers. Finally, country reports consistently report the lack of coordination between stakeholders such as NGOs, Ministries of Education, Health and Sanitation, local authorities, water supply projects, and the community.

Financing

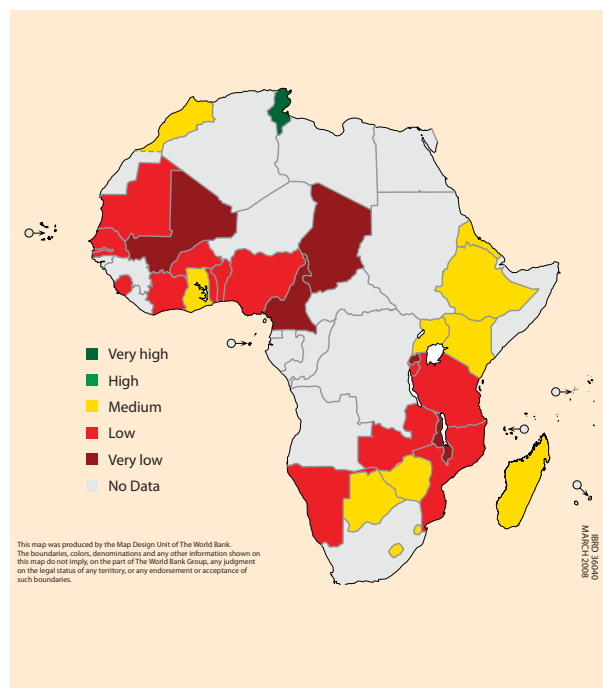
In most African countries, the priority given to sanitation is not reflected in the national budget. Sanitation is not a budgetary priority for local authorities or households, although many studies have shown that return on investment can be very high in the long run. Large infrastructure investments and investments in private facilities should be differentiated because these expenditures do not mobilize the same players or the same types of funds.

What is to be financed?

Large infrastructure for collection, evacuation and treatment of excreta, wastewater and solid waste typically consist of sewerage systems, wastewater treatment plants, fecal sludge treatment plants and landfill sites. They are more numerous in Northern African countries (Morocco, Tunisia, Egypt), South Africa and to a lesser extent East Africa. They are financed by public funds (state or local authorities' budget and Official Development Aid – ODA). In Sub-Saharan Africa, large amounts of money are still spent on large infrastructure although they serve a small minority of the urban population. ODA for sanitation is difficult to measure at regional level since the OECD/DAC database on aid flows does not distinguish sanitation from the water sector. In addition, financial monitoring is very poor in most African countries. One rapid assessment suggests that for every 1 USD spent on national budgets, donor communities spend between 1 to 4 USD on their budgets⁴. Despite that, the sanitation sector still receives much less external support than the water sector. The distribution between loans and grants depends on the income level of the recipient country, but large infrastructure whose operation allows for cost recovery are usually financed through loans on concessional terms (with subsidized interest rates). However, some countries have noticed a shift from project-based aid to general budget support. The financial contribution of the private sector (e.g. transnational and local private companies, commercial banks) is increasing in urban areas but is limited in Sub-Saharan Africa by the lack of demand, the absence of a significant local capital market and the weaknesses of the legal framework.

Almost all African countries are engaged in a decentralization process, with central governments transferring the responsibility of service provision to local authorities. These try to gather funds from central authorities and from the bilateral, multilateral and decentralized cooperation in order to finance infrastructure investment since the local tax collection does not generate enough revenue. However, municipalities' access to government finance is restricted by blockages in budget allocation and disbursement while their access to external (and

Figure 9.
Preparedness of surveyed countries.



Source: WHO/UNICEF, 2008.

market-based) finance is restricted by the limits put to sub-sovereign lending; the absence of efficient financing mechanisms channeling ODA to local authorities; low creditworthiness and poor financial management at local level. Moreover, in many cases municipalities lack the human and technical capacity to structure, manage investment projects or regulate the service and their absorption capacity is too weak to be considered credible to financial partners.

The major challenge remains to find appropriate ways to finance operation and maintenance of such sanitation infrastructure. Recurrent costs (O&M) cannot be financed by ODA and must be borne locally through a sustainable cost recovery mechanism and the financial involvement of municipalities. There is still a lot to do since capacity and willingness to pay by users is low and the actual involvement of municipalities is rare as is their ability to leverage other sources of finance (i.e. the private sector).

Financing on-site sanitation

Although on-site sanitation is the only type of access to sanitation for about 65% of the population in Northern and Southern Africa and 95% in Sub-

⁴ For investment projects (therefore excluding O&M and household/community contribution).

Saharan Africa, private facilities (e.g. latrines, cesspits, septic tanks,) remain mainly financed by households themselves (or private entrepreneurs) without external support. Even if on-site sanitation represents the bottom part of the sanitation ladder (see Figure 10), and involves little capital cost, it still needs to be financed – and the investment is big when it is only supported by the household.

These kind of small, private, investments are not easy to plan and supervise by national authorities, and are not adapted to donors' traditional financing tools: on-site sanitation programs require reliable and continuous cash-flows that ODA cannot provide. However, it is necessary to stimulate households' investment since their capacity and willingness to pay is low⁵ while health, economic and environmental benefits are high. Unfortunately, there is a gap in the knowledge of financing instruments as evidenced by the lack of success stories that have been capitalized and replicated in different contexts⁶. Experience with the sanitation surcharge levied on water and electricity bills seems promising (in Burkina Faso, Tunisia, Algeria, Senegal, and Cote d'Ivoire). Some countries have involved microfinance institutions

(in Senegal, Kenya, Burkina Faso, Ghana, Lesotho, and Cameroon). However, it seems that microcredit is more appropriate to help small-scale private entrepreneurs develop their activities than to help households invest in facilities which do not generate any immediate return on their investment which could then be used to reimburse the credit.

Households benefiting from the support of public funds or ODA (NGOs, cooperation agencies) usually receive a subsidy in money or in kind. Household subsidies have been accused of 'crowding out households resources' and distorting the demand. It has therefore been recommended to shift to funding sanitation promotion and hygiene education on the one hand, and training and equipping latrine makers on the other hand, so that demand and supply can be met (the 'sanitation marketing approach'). But limited, targeted, carefully designed subsidies remain needed as incentives, especially in peri-urban and rural areas where coverage, demand and capacity to pay are the lowest.

How much will it cost?

Generally, international, national, local and private financial resources allocated to the sanitation sector are clearly insufficient to meet the MDGs even with the huge disparities in progress between Northern and Southern Africa, on the one hand, and Sub-Saharan Africa, on the other.

Figures from the Country Sanitation Reviews (based on national estimates, national investment programs or Medium Term Expenditure Frameworks) have been compiled (and extrapolated in countries where data are missing) in order to assess the investment requirement. Results suggest that approximately 26 billion USD is needed to achieve the national sanitation goals in Africa⁷. This amount is consistent with recent macro-level assessments which have highlighted that an approximate 23 to 50 billion USD would be necessary over the 2000-2015 period to



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⁵ Priority is given to expenditures such as food, health or water.

⁶ The knowledge gap on the potential role of traditional, community-based financing mechanisms like 'tontines' is even wider. There is not a single country report mentioning these practices.

⁷ For excreta disposal alone, since most countries exclude from their investment need assessment the following items: hygiene education, municipal wastewater treatment, fecal sludge and solid waste management as well as overhead costs related to policy formulation, planning, capacity building, monitoring and regulation.

reach the sanitation MDG (that is to say 1.5 to 3.4 billion USD per year depending on the estimates). Such an investment represents 1 to 3 times what is required to reach the MDGs for water⁸. Considering how little money has been spent on sanitation since 2000, we can unfortunately consider that the 'old' estimate is still valid: the investment pace will have to double.

Policy shift is even more important than ODA money

Major changes in resource allocation cannot occur without changes in the priorities of decision makers at local and central government levels. Most African countries suffer from a lack of the financing policy setting basic guidelines for the sector i.e. concerning who pays for what; concerning local authorities' access to finance; type and level of subsidies or implementation schemes using the polluter-pays principle. Furthermore, only a few sector policies and strategies are accompanied at national and municipality levels by action plans to prioritize and cost investment needs and mobilize funds.

However, it appears that the first constraint to the increase of financial flows in the sector is neither the lack of available ODA - good projects always find

backers - nor the weakness of the policy and regulatory framework. Funds are often available but ill-used. In fact, the real challenge is to improve project design and planning and to enhance qualitatively the demand for finance (programs and projects) rather than focus on quantitative increases in the supply side. As mentioned, the issue of financing O&M is rarely addressed; as a result, the lifetime of new infrastructure is very short. Therefore, the global challenge for financing sanitation will primarily be taken up locally.

Looking for sanitation professionals – the capacity issue

Even if money and political willingness were available, it is unlikely that the sanitation sector, in most African countries, would be able to deliver the facilities and services required to reach the sanitation MDG. All the country reports highlight the lack of capacity at all levels: public institution, local government, private operator and civil society. Here, 'capacity' needs to include all the dimensions of the term: (i) insufficient human resources (in terms of both quality (profiles) and quantity of staff) (ii) the lack of material resources and equipment, (iii) the lack of adequate tools or resource centers, and last (iv) the low level of R&D and innovation (innovation in policies or technologies).

Figure 10.
The sanitation ladder.



Source: HDR, 2006.

⁸ For further details on this estimate see the methodological note in the annex of this report.

Capacity issues have been recently aggravated by the decentralization process going on in many African countries: the newly created local authorities are not staffed with the skilled personnel that are required. At the national level, public institutions, that were very much involved in operations, do not know how to provide support to the local authorities; a new mission they have not been trained for nor equipped to accomplish. The lack of capacity at local/district level is a point that is underlined in all the country reports, even in countries known for the extent of the transfer of competences from central to local governments, such as Uganda, Ghana, or North and Southern African countries. In some countries the transfer has been successful in the water sector, but for sanitation it remains limited.

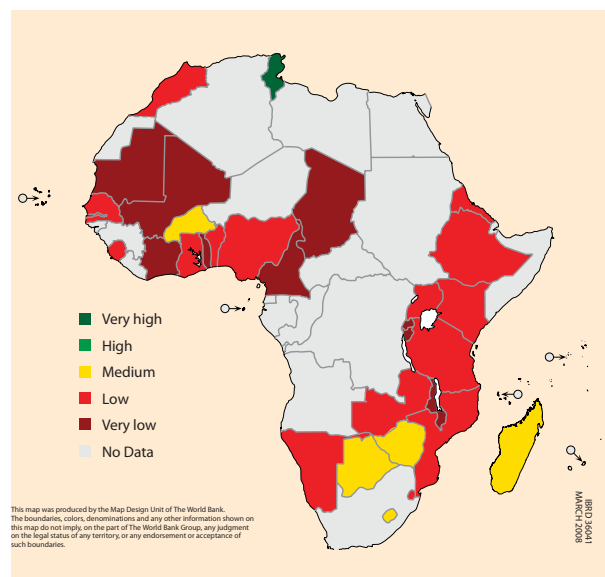
Capacity building has been included as a key element of recent policies and programs designed for the sanitation sector. Mali, for instance, has decided to launch a vast ‘human resources development program’ to support the implementation of the newly adopted national sanitation policies. A similar effort has been undertaken in Ethiopia, at a very large scale, targeting health workers involved in hygienic behavior promotion.

Unfortunately, in most countries, the capacity building effort – when it exists – is not always equally targeted to all categories of players. The trend that can be observed is that public institutions tend to over-benefit from the capacity building programs; central institutions also tend to be privileged to the detriment of local levels, where the greatest need is. As a result, the capacity gap remains far greater at the local level (this local level actually comprises the local authorities as well as the decentralized technical departments). Some country reports also underline the misfit between the academic profiles available on the market and real needs linked to the recent institutional arrangements: too many technicians and engineers, and not enough marketing, behavioral or financial specialists.

Private sector involvement

The bulk of household sanitation services are provided by the domestic private sector. While the market for pit emptying (vacuum trucks) is relatively organized and commercially viable, the construction of household sanitation facilities is less attractive to

Figure 11.
Sector capacity scoring across countries.



private small scale service providers. While the market has the potential to be commercially viable, latrine builders are not marketers and they do not know how to easily increase their market share. In addition, the construction of sanitation facilities may require specific skills that conventional builders do not have, even if some countries have undertaken ambitious training programs, especially in urban areas where the demand is high (e.g. Burkina Faso, where hundreds of masons have been trained over the years).

Limitations can also be observed in engineering and consulting, where few African companies or individuals have developed substantial expertise, with the notable exception of Northern Africa and some countries in Southern Africa.

Country reports and other studies carried out recently (for example, see Schaub-Jones, 2006) suggest that private operators could play a considerably more substantial role if they were better organized, better recognized, taken into consideration in policies and strategies, and – last but not least – had access to legal security and credit.

Partnerships between public institutions (and notably local authorities) and private operators could be much more developed than they currently are and yield significant benefit to the sector. This absence of the private sector will become more and more problematic

as specific functions requiring high-profile skills (such as the management of a wastewater treatment plant, for instance) become increasingly necessary.

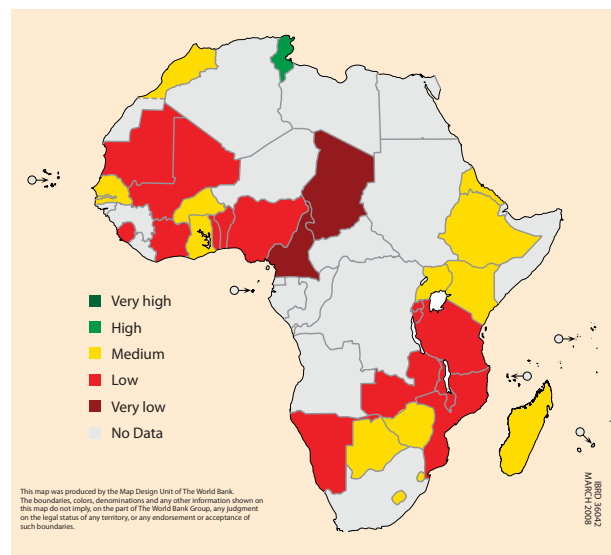
Monitoring and evaluation

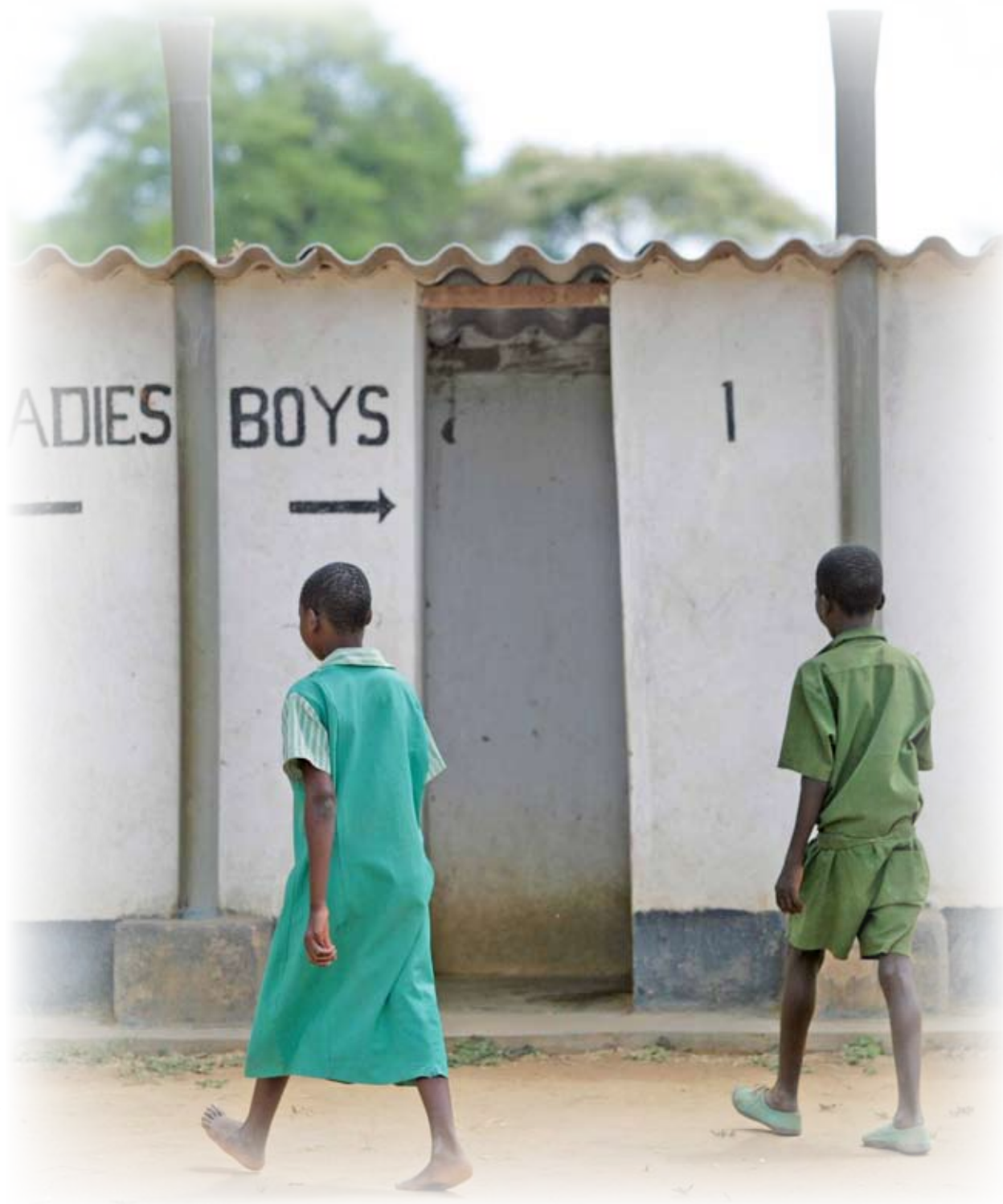
If there is a point on which almost all country reports agree, it is the absence of sector monitoring and evaluation systems specially designed to measure progress in the sanitation sector. Only a few countries in Sub-Saharan Africa (e.g. South Africa) have an M&E system already in place, and are now dealing with subsequent issues such as information flow or quality of information. In the vast majority of countries, there is no M&E system, and in one third of the countries, a framework is under construction but has not yet yielded a clear picture of the sanitation sector. Moreover, existing M&E systems tend to focus exclusively on excreta disposal at the household level, and provide very limited information regarding collection of grey water and levels of treatment. Finally, M&E systems usually do not measure the impact of improved sanitation on health.

The situation is better at the African level where JMP provides a monitoring tool. This however relies on data collection at country level, which is not frequent enough (every 3-4 years) to allow sound follow-up at this level. Therefore, JMP figures are only useful at the regional level.

Two features of the sanitation sector directly impact on the existence and quality of M&E systems: (i) lack of coordination between the ministry in charge of sanitation and the ministry in charge of health. For instance, Health and Demography Surveys (HDS) could be powerful monitoring tools, if only sanitation officials were aware of their existence and were in a position to influence their methodology to match their needs; (ii) weakness at the local level, especially the decentralized technical departments, that could play a major role in collecting data and monitoring progress – if only they had the tools and the resources.

Figure 12.
Monitoring and evaluation scoring across countries.





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2 Challenges and encouraging perspectives



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Despite the overall worrying situation, some countries are struggling to 'climb out of the pit'. The purpose of this second chapter is to document the most successful and promising approaches currently being implemented in Africa – providing hope for the promotion of new policies.

10 challenges to meet the sanitation MDG target⁹

Challenge 1: Push sanitation higher up the political agenda

Little progress will be made unless sanitation is pushed higher up the political agenda. We need clear commitment, and we need political will translated into action. As stated in the 2004 report published by WHO, 'National governments can seriously and visibly act on their commitment to sanitation and hygiene by commissioning a thorough review of policy and institutional arrangements; making explicit budget allocations for sanitation and hygiene programs to district and local governments; and ensuring that sanitation is included in poverty reduction strategies and environmental action plans'.

Challenge 2: Develop sound policies and strategies

There is a clearly identified need for new, sound and immediately implementable policies and strategies. This means, first of all, working out the institutional problems that hamper the efforts of the sanitation sector. It involves identifying which institution takes the lead, and what other institutions are in charge of. It also implies a better integration of sanitation and hygiene/behavior change within the same framework. Where needed, specialized agencies can be established to take care of operational functions.

⁹ Some of the following challenges are taken directly from the Ouagadougou statement (the main outcome of the AfricaSan West and Central Africa conference, held in Ouagadougou, Burkina Faso in February 2005).

Challenge 3: Prepare sustainable action and investment plans

The importance of a demand-driven approach needs to be acknowledged, since this approach is central to the success and sustainability of the activities that will be implemented under any policy and strategy. Households are already financing a big part of the sanitation facilities that are constructed; public money should encourage this effort, and focus on financing nation-wide awareness and hygiene behavior change campaigns to progressively create the demand for new or improved sanitation. A stepwise approach is key to the success of any action/investment plan.

Challenge 4: Put local authorities in the driving seat

Nothing will happen at the local level if decentralized authorities are not involved and if they do not face their new responsibilities. This is a huge shift in terms of sector organization and also in the way that public bodies (including water and sewerage utilities) work on the ground; this challenge is directly linked to challenge 5. This will also necessitate a shift in budget allocation, because nothing will change in the role of local authorities if conditional funds are not devolved from central government. This challenge is also linked to challenge 1, because we also need political awareness at the local level.

Challenge 5: Build sector capacity with a focus on local players

Capacity building must be a priority and should focus on learning and knowledge sharing – not just exclusively on training. Priority should be given to strengthening local players, which means local authorities (districts, municipalities), and also the State technical departments that are usually not equipped to give support to the local authorities. In most African countries, a vast human resources development plan is needed – a plan that must start being implemented now and which can continue beyond 2015.

Challenge 6: Integrate hygiene and sanitation behavior change

It is imperative to improve the links between sanitation, hygiene and health. Providing toilets alone is not sufficient; targeted behavior change strategies are needed to promote hygiene and health status in order to reduce the negative impact of the lack of sanitation on public health and economic performance. Each sanitation program should include a hygiene behavior change component. In addition, hygiene education in schools should be strongly encouraged. This integration has to be reflected in the institutional arrangements.

Challenge 7: Develop sustainable financing strategies

More and better financing is needed. Financing the sanitation sector should rely on sustainable mechanisms (for example a sanitation levy). Public investment should concentrate on the bottlenecks within the sector, such as the treatment part of the sanitation chain. Users should be responsible for all costs related to the operation of sanitation facilities. Subsidies cannot be excluded, provided that they are targeted and ‘intelligent’ – financing tools must be innovative (e.g. OBA) and user-focused.

Challenge 8: Initiate partnerships with the private sector

African countries will not reach the sanitation MDG targets without increasing the participation of the private sector (including specialized NGOs on hygiene and behavior change). Moreover, sanitation targets are not only about building facilities – they are about delivering services in the long run, and here again entrepreneurs and service providers have a key role. The whole range of private actors must be promoted – from local masons building latrines in rural areas all the way to formal (big) companies managing piped sewer networks or wastewater treatment facilities (for which PPP can be utilized).

Challenge 9: Encourage innovation, cooperation and R&D

The sanitation sector in Africa is slow to adopt innovation, both on technical options and in terms of institutional arrangements and financing mechanisms. Successful stories that have been identified across the continent must be scaled up and experimented in other countries. In this respect, partnerships and intra-African cooperation must be encouraged, following the example of the support from ONAS (Tunisia) to Mali, Burkina Faso and Senegal. More resources also need to be dedicated to R&D activities.

Challenge 10: Monitor progress and evaluate impact

At the regional (African) level, the focus is on harmonizing vocabulary and measurement methods, under the JMP banner. At country level, and unfortunately in almost all the African countries, the M&E system still needs to be constructed from scratch. Monitoring progress in access to sanitation is not about facilities; it is about measuring the impact of improved sanitation and hygiene behavior on health.

This cannot be done without linking the sanitation sector with the institutions in charge of health.

Encouraging perspectives – what can inspire us?

Raising political concern

Related challenges:

Challenge 1: Push sanitation higher up the political agenda

Challenge 4: Put local authorities in the driving seat

Challenge 6: Integrate hygiene and sanitation behavior change

As stated several times in this report, sanitation is definitely not a top priority on the political agenda in Africa, at the continental, national or local level. The hope is that the International Year of Sanitation will create significant momentum towards a better ranking of sanitation among the most urgent development priorities. AMCOW is the most important body in the WSS sector at the continental level, and for that reason AMCOW has a major role to play in this mobilization. The work engaged within the framework of the EU Water Initiative/Africa Working Group is a good illustration of AMCOW's commitment.

Box 1 – The Africa Working Group: An expression of AMCOW's commitment to sanitation and an advocacy tool at continent level

The Africa-EU Strategic Partnership on Water Affairs and Sanitation was launched in Johannesburg in 2002 and is being implemented through the EU Water Initiative – Africa Component. The purpose of this partnership is to make an effective joint (Africa-Europe) contribution to the achievement of water and sanitation related MDGs. The strategic partnership has created an Africa Working Group (AWG) consisting of representatives from AMCOW-TAC, EU member States, European Commission, civil society and the private sector, working as a joint forum. Sanitation has been selected by the Group as a priority topic for debate and action in 2007 and 2008. The first aim was to prepare a joint Europe-Africa position on sanitation issues to be used in the framework of the IYS.

After debates which took place in Ouagadougou (May) and Stockholm (August), a lot of effort was put into organizing a 3-week e-conference on sanitation that took place in November and can be considered a success: more than 100 registered participants (including two thirds

from Africa), more than 49 contributions from 33 different contributors, and an excellent level of exchange and circulation of new ideas. The e-conference was a unique occasion to give the floor to practitioners and identify the key experiences that are currently on-going in Africa. The e-conference material will be used to prepare the joint Africa/EU political statement on sanitation that will express AMCOW's political commitment to the 2008 IYS.

All the contributions made during the e-conference, as well as a synthesis of the debates, in French and English, are available on the website of the Programme Solidarité-Eau (www.pseau.org) or on the website of the European Union Water Initiative (www.euwi.net).

Authors: Véronique Verdeil (French Ministry of Foreign and European Affairs), Charles Ngangoué (head of AMCOW-TAC, Congo Brazzaville) and Christophe Le Jallé (pS-Eau)

Box 2 – How key players advocated the case for sanitation in Tanzania

Although Tanzania has the benefit of a high number of latrines, their poor quality leads to widespread illness. But the perception of near-universal access has led to general neglect of the sector by all parties – government, donors, and households – in terms of funding, lack of a policy, and national approaches. While technical specialists in the government are ready to draw attention to the sector, they need support in developing arguments, leveraging resources, convening meetings, and learning best practices. The advocacy approach in Tanzania has focused on three components: i) bringing key actors together (politicians, ministries, donors, NGOs, communities); ii) gathering information to develop solid arguments to bring to decision makers on the effectiveness

of sanitation and hygiene; and iii) exposing practitioners to best practices in the region. The arguments being developed revolve around the low-cost, high-impact nature of sanitation; namely how poor sanitation results in a tremendous drain on the productivity of the country through unnecessary health costs, malnutrition, and lower cognitive development. The tools to support the advocacy involve exposure visits to neighboring countries, community events to raise enthusiasm for the subject, cost-benefit studies to demonstrate the relative effectiveness, support in convening advocacy meetings, and support in developing a national policy.

Author: Nathaniel Paynter (WSP)

Working at ministerial/continental level is of utmost importance but it will not be enough without working more closely with national decision-makers and politicians. We need to develop advocacy as a priority activity in the sanitation sector, until we manage to capture the attention of policy and decision makers. It needs to be done within the sector: see Box 2 above the interesting example of Tanzania. Another way of promoting sanitation is to link the sector more closely to Poverty Reduction and Economic Growth Strategies, using the multi-sector dimension of sanitation and the fact that sanitation is indirectly related to many other MDGs (see Uganda country report as an example).

Mobilizing public opinion through events can also be an interesting option, complementing action taken at the sector level. In November 2007 in Mali, the End Water Poverty campaign gathered major Malian singers – Salif Keita, Amadou and Mariam, Abdoulaye Diabate and Baba Salah – to act as champions for the cause of sanitation. The ‘champion’ approach is not new – it has been successfully used in the fight against HIV/Aids, for instance – but 2008 might be the right time to implement it for sanitation.

Unfortunately, we have less success stories to tell about how to make sanitation a priority at the local level, especially in municipalities where the sanitation crisis is hitting hard. Nevertheless, the political commitment has to be taken at the local level – we just need more tools and advocacy campaigns to make it happen.

Sound policies and strategies

Related challenges:

- Challenge 1:* Push sanitation higher up the political agenda
- Challenge 2:* Develop sound policies and strategies
- Challenge 3:* Prepare sustainable action and investment plans
- Challenge 7:* Develop sustainable financing strategies

A sound policy can be a small revolution in a national sanitation sector. Lessons drawn from various countries (see Box 3 the example of Ethiopia) can help understand what the key ingredients for a successful policy are: i) a cross-sector approach – no sanitation policy can be prepared without the collaboration of the health institutions; ii) focus on existing local talents and resources (for instance, the private operators); iii) identify concrete solutions to solve the institutional fragmentation of the sector; iv) set realistic targets and standards – we all know that capacity is a major bottleneck and perfect is the enemy of good, especially when the sustainability of the management of facilities and services is at stake; v) achievable implementation – a sound policy is the one that can start quickly and deliver results as soon as possible – in this respect the policies should always be associated with a financial model and a financing strategy.

Box 3 – How a new policy changed the face of the sanitation sector in Ethiopia

Ethiopia used to be on the lower end of the country league tables on Hygiene and Sanitation. However, during the past 4 years, major strides have been made to create an enabling environment through the formulation of an appropriate policy and strategy, followed by the launch of a National WASH program. The National Hygiene and Sanitation Strategy sets out the key principles and the National Hygiene and Sanitation Protocol describes what needs to be done to achieve universal access. The strategy and protocol are rooted in government programs like the WASH Universal Access Program and the Health Services Extension Program.

As part of the WASH Universal Access Programme and based on the protocol, a financing needs assessment was carried out to calculate the level of investment required to promote basic sanitation at the household level as well as the capital investment required for institutional latrine (including school WASH) construction. Further to the software and hardware requirements the needs assessment also covered capacity building needs, water quality monitoring and urban sludge management. The overall strategic direction, increased clarity on implementation modalities as well as realistic financial needs assessment, influenced development partners

to make specific budgetary investment allocations for hygiene and sanitation. One very important spin off of the very comprehensive consultations for the National H&S strategy and protocol was the recognition of the need (by the key line Ministries responsible for WASH in Ethiopia) to clearly define the roles, responsibilities and lines of accountability of ministries in the implementation of WASH programs. The resulting document - the WASH Memorandum of Understanding – was signed by the three key ministries of Health, Water Resources and Education in March 2006. It heralded a new era of co-operation and synergy. It also helped to kick start the launch of the National WASH program with a significant Hygiene and Sanitation component. All these developments culminated in the launch of the Ethiopian National H&S Millennium Movement in 2008 (Ethiopia celebrates its own Millennium in the year 2008). The initiative is aimed at ensuring continued political commitment and to align all the main actors countrywide to the National Program to achieve universal access to sanitation for all by 2012. Interestingly, the Ethiopian Millennium H&S movement coincides with the International Year of Sanitation.

Authors: Andreas Knapp and Belete Muluneh (WSP)

In terms of method, building sound policies takes time and requires a participatory approach; as illustrated below by the example from Mali, the way a national policy is prepared is as important as the final document itself. A nicely edited document is also not

enough – let us not forget that a good policy needs to be carefully translated into the legal framework of the country. It is not only about convincing donors, but also the members of parliament.

Box 4 – It took 2 years to prepare the national sanitation policy: How Mali implemented a commitment made during the 2005 AfricaSan West conference

The first National Sanitation Forum took place in Bamako in 2006 gathering representatives of the whole sanitation community for a collective assessment of the sector. It concluded on the urgent need for a National Sanitation Policy and sub-sector strategies. Since then, draft documents have been written by the DNACPN in collaboration with the National Directorate for Water (DNH) and assisted by international and national consultants. These were discussed and improved at the second National Sanitation Forum (December 6-8th 2007) by representatives of central State institutions, local authorities, international and national NGOs, private sector as well as bilateral and multilateral donor agencies. The final version of the National Sanitation Policy was disseminated the following week to the Secretariat General of the Government for discussion and validation. The new policy determines guiding principles for the sector,

sets goals to be achieved by 2015 or 2020, clarifies the responsibilities of each stakeholder, proposes the creation of a coordination mechanism, exposes guidelines for a sustainable financing of the sector and describes the main features of the capacity building plan and the M&E system to be put in place. Parliament is expected to pass the National Policy law by end of March 2008. Forum attendees have estimated that the sub-sector strategies need further revision, but will probably be finalized before mid-2008. It is worth noting that the whole process was supported by a coalition of donors including French cooperation, Danish cooperation, GTZ, WaterAid, WSP and other bilateral donors.

Authors: Cheikne Sidibe (Head of the Sanitation Department, Mali) and Jérémie Toubkiss (Hydroconseil)

New institutional set-ups

Related challenges:

Challenge 4: Put local authorities in the driving seat

Challenge 5: Build sector capacity with a focus on local players

Challenge 6: Integrate hygiene and sanitation behavior change

Challenge 8: Initiate partnerships with the private sector

Increasing the level of sector coordination and making ‘sanitation’ and ‘health’ institutions work together seems to be a major lesson to draw from the country assessments throughout the continent. This requires collaboration and coordination at all necessary levels. As illustrated by the example of Ethiopia, coordination must start at the highest possible level. Technicians – especially at decentralized level – cannot work together in harmony if the coordination message has not been taken up at ministerial level.

The second challenge in terms of innovative institutional set-up is the involvement of local authorities. This is a challenge that goes beyond the MDG deadline, and requires a very high level of attention and resources. This challenge is directly

linked to financing because nothing will happen if the central government does not transfer part of the necessary resources to the local level. It also requires a lot of creative thinking to develop the methods and tools that are going to be needed by local authorities in the coming years, as illustrated by the example of the pS-Eau/MDP on-going program.

Does ‘innovative institutional set-up’ necessarily mean that we need to establish a specialized sanitation/sewerage utility? Creating a dedicated institution is not enough to enable sanitation to appear on the political agenda. But we could even go so far as to question whether the creation of such an institution in charge of sanitation is always desirable. Institutionally separating the water sector from that of sanitation means we lose the possibility of having ‘water paying for sanitation’ or at the very least makes it more difficult.

Indeed, bringing these two activities together within the same organization often facilitates cost recovery. This is evident in the case of the ONEA in Burkina Faso, where the famous ‘sanitation tax’ does not quite cover the costs of sanitation activities and the rest is therefore covered by water taxes. Senegal is a good example of this (see Box 7 below).

Box 5 – Inter-ministerial coordination, the example of Ethiopia

For many years, in many projects, the integration of water supply and sanitation was only given lip service. Many projects bear the name water supply and sanitation, but in fact very limited activities would be planned and no dedicated budget would be allocated for sanitation and hygiene. Differences in the interpretation of the institutional mandates as well as ambiguous roles for hygiene and sanitation promotion have long since been a stumbling block in Ethiopia. Recognizing these deficiencies, the Ministries of Health, Water Resources and Education signed a WASH Memorandum of Understanding in March 2006 which clearly lays out collaboration and the rules of the game (clarity on lines of responsibility and accountability) between the ministries. As a consequence, appropriate WASH structures have been developed from the village (kebele) to the federal level and a national multi-stakeholder forum for overall sector coordination and policy dialogue has been instituted. The new WASH structure endorsed by the government, civil society and the donor community is composed of 3 distinct bodies:

- 1) The WASH steering committee, composed of the 3 line ministers and representatives of development partners and civil society, is responsible for overall political leadership and oversight.
- 2) The WASH technical team, composed of heads of department and representatives of development partners and civil society, is supported by a full time coordination office. For overall program management and coordination among the different sectors and actors at all levels.
- 3) WASH program Management teams, housed in the respective line ministries, as well as Regional Bureaus, will be responsible for day-to-day management and facilitation of program implementation.

This new WASH structure will facilitate efficiency and effectiveness of the WASH program implementation in Ethiopia and pave the way for a SWAP approach.

Authors: Andreas Knapp and Belete Muluneh (WSP)

Box 6 – Concerted Municipal Strategies Program: Illustration of the importance of focusing on tools and processes for building local authority capacity

Sanitation is a local service that is implemented by local authorities within the framework of national policies. Different stakeholders, including users, need to be involved. Unfortunately, most of the local authorities in Africa do not have a strategy for the sanitation sector. When such a strategy exists, its content is questionable, as its preparation – which is usually without listening to the voices of all stakeholders.

The Municipal Development Partnership (MDP) and the programme Solidarité-Eau (pS-Eau) recently launched an experimental program supported by the European Commission (ACP-EU Water Facility) and the French Agency for Development (AFD), to develop Concerted Municipal Strategies. The aim is to take an experimental approach in selected cities/countries in order to draw conclusions at the continental level and disseminate tools which will have been prepared by the program.

The program is being implemented as a process. The first step/phase of the process is a participatory assessment to identify and mobilize all the stakeholders involved at local and national level, and better understand their needs

and shortfalls. The second step, based on the assessment, is to formulate the strategy through a participatory process, responding to the common challenges identified during the first phase. The outcome of the process is a strategy to improve the universal access to sanitation services, to facilitate the recognition and legitimacy of the different stakeholders and to legitimize small independent operators and promote their recognition as interlocutors, in order to contribute to the implementation of the local participative sanitation strategy.

Tools to support the preparation of sound strategies are currently being prepared and tested. The final versions of these tools will be widely disseminated; among them, a guide to selecting the right sanitation technology according to the local context; a toolkit to assess the demand for improved sanitation on the ground; and finally a guide to the management of sanitation facilities, focusing on building the capacity of stakeholders at local level.

Authors: Christophe Le Jallé (pS-Eau) and Felix Adegnika (MDP)

– although successful in boosting sanitation access in urban areas, the ONAS remains financially fragile and dependent on government subsidies. Placing sanitation under a single, financially independent

national authority is not a relevant choice by itself. It may be a good solution in certain contexts, but not in others and in all cases it is a highly strategic decision to take.

Box 7 – Senegal: How the establishment of ONAS contributed to boost access to sanitation in urban areas – but created financial fragility

Urban reform took place in Senegal in 1996 and led to the creation of two public asset companies; SONES, dedicated to urban drinking water, and ONAS, in charge of urban sanitation. The first investments resulting from the reform gave priority to the water sector in order to reduce the water deficit in Dakar. In the last few years, large investments have also been made in the sanitation sector. Efforts are oriented in two directions: (i) towards traditional sanitation (waste water treatment plants, connections to existing piped sewer system) and (ii) towards the development of on-site-sanitation which offers sustainable sanitation at an affordable price to the population. A specific department was even created within ONAS to promote this technology and respond to the demand. Thanks to these new investments, ONAS

significantly increased its assets but consequently its operating costs increase year after year with no additional income. Furthermore, ONAS still operates in rain water management although this responsibility has been transferred to local communities without any remuneration for them. To solve these issues, a performance contract will be signed shortly between the state of Senegal and ONAS which will clarify roles and responsibilities and define how ONAS will recover its charges. The establishment of ONAS has contributed to major improvements in the sanitation situation in the urban areas where they work (Dakar and secondary cities).

Author: Pierre Boulenger (WSP)

Innovative approaches

Related challenges:

- Challenge 3:* Prepare sustainable action and investment plans
- Challenge 5:* Build sector capacity with a focus on local players
- Challenge 6:* Integrate hygiene and sanitation behavior change
- Challenge 9:* Encourage innovation, cooperation and R&D

Innovative approaches are required to reflect the shift in policies and help countries scale up their interventions in the sector. Two approaches seem to be promising, and are currently being tested in a number of African countries. The first one is the ‘total sanitation’ approach, a method originating from South Asia. The chances of success of such an approach are discussed in Box 8 below by one of its promoters on the continent.

‘Sanitation marketing’ is the second of these two promising approaches. The idea behind sanitation marketing is that the development of a sanitation market is the only sustainable approach to meeting

the sanitation needs in developing countries. To develop the sanitation market basically means to work on both sides: on one hand, stimulating household demand by creating attractive, diverse and cheap models of sanitation facilities; and on the other hand, by helping the local private sector meet the demand by better marketing their products. Box 9 presents the case of Dar es Salaam, one of the first cities in Africa where this approach was experimented a few years ago (see also the example of Ouagadougou in the Box 10 later in this chapter).



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Box 8 – Is the Total Sanitation approach likely to work in Africa?

If business continues ‘as usual’ Africa will not meet the MDG target for sanitation until 2076. In many African countries, different actors recognize the need for new approaches to sanitation that stimulate demand within communities and where the objective is latrine use rather than latrine construction. Community-Led Total Sanitation is one approach that originated outside Africa that is now being successfully implemented in the region to emphasize behavior change.

Drawing on its’ extensive experience with CLTS in South Asia, WaterAid decided in 2004 to pilot CLTS in Africa to assess its effectiveness. The first pilot, in Nigeria, was successfully completed in 2006 and the Government of Nigeria’s Task Group on Sanitation found “the results have been very rapid and most encouraging, and the quick transformation has given great pride to communities on what they can achieve by themselves with limited resources in a short timeframe”. WaterAid, together with the Government and UNICEF is now taking CLTS to scale in Nigeria.

The lessons drawn point inevitably to the importance of situating this approach within the national and local context, taking account of the prevailing culture and politics, so that CLTS in Nigeria, for example, may look quite different to CLTS in Mali. As CLTS is implemented across Africa, very different lessons and opportunities are emerging and the need to share and disseminate these is imperative. To support the further implementation of CLTS across West Africa and beyond, WaterAid is establishing a Learning Centre on CLTS to provide support to practitioners and policy-makers.

Is CLTS likely to work in Africa? It has already worked in various communities in different countries with the support of various agencies. The real question is whether it can be delivered at a scale commensurate with the African sanitation crisis. The signs are positive but success at scale hinges on contextualizing the approach and continuing to foster cohesion and collaboration across the sector and the many public and private actors that this encompasses.

Author: Oliver Cumming (WaterAid)

Box 9 – Developing a sanitation marketing approach in Dar es Salaam, Tanzania

Dar es Salaam enjoys high sanitation coverage, yet suffers from diseases of poor sanitation because less than 25% of the city has acceptable sanitation services. National policy prohibits subsidizing household sanitation. To address the situation, sanitation partners are working to develop an integrated, viable market relationship among households (consumer demand), masons and pit emptiers (supply), and the government (enabling environment), collectively known as sanitation marketing (SanMark). SanMark involves increasing both supply and demand for improved sanitation and has been held up as one of the few sustainable approaches to meeting household needs for sanitation in developing countries.

The SanMark work focuses on i) understanding the household as a viable consumer and the constraints it has ii) understanding the small business as a supplier and

its constraints and finally iii) strengthening the institutional structure among the local, municipal, and city governments, as well as the utility. As demand is being stimulated, the supply side of the market has to be assisted in providing affordable, appropriate products and services. This cannot be done in isolation and joint working with the City and Municipal Councils is imperative to provide a supportive enabling environment for suppliers. As well as assisting suppliers with appropriate technology for the development of their products and services, the partnership is working with local government to explore ways of assisting suppliers (e.g. easing the licensing process; working with suppliers to develop innovative pricing structures; branding; and liaison between public and private providers).

Authors: Yolande Coombes and Nathaniel Paynter (WSP)

Of course there are more than two innovative approaches being tested in Africa. We selected these two because in different ways they are 'global' approaches, likely to yield high results if they are included in the national policies and thus implemented at national level.

There are other fields or segments of the sanitation sector where innovative approaches would be desperately required but where unfortunately very few examples can be found: for instance the issue of building capacity in a coherent way (not only providing trainings to civil servants) and the issue of

providing technical assistance to (small and medium) local authorities. Contrary to what has happened in the water sector (and especially in Africa) over the last years, very little experience sharing has been carried out so far in the sanitation sector, and national policy makers are unfortunately not always curious of new approaches and what has been working elsewhere.

New financing tools

Related challenges:

- Challenge 2:** Develop sound policies and strategies
- Challenge 3:** Prepare sustainable action and investment plans
- Challenge 7:** Develop sustainable financing strategies
- Challenge 8:** Initiate partnerships with the private sector

The first example of an innovative financing tool is taken from the PSAO, a permanent financing mechanism set up in Ouagadougou by the WSS utility, aimed at subsidizing access to sanitation through a tax on the water bill. The most important lesson to draw from this example is that, unlike the water sector, the sanitation sector requires long term financing mechanisms, relying only partially on ODA money. Demand for improved sanitation is growing slowly and urban dwellers need, before anything else, a permanent subsidizing mechanism they can rely on



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Box 10 – How sanitation in urban areas has been financed by a tax on the water bill in Ouagadougou, Burkina Faso, using a sanitation marketing approach

Solving on-site sanitation problems in the city of Ouagadougou has led the government of Burkina Faso to implement a ‘Sanitation Strategic Plan’ (Plan Stratégique d’Assainissement, the PSAO in the case of Ouagadougou). The PSAO is conducted by the national (public) utility in charge of water supply and sanitation (the Office National d’Eau et d’Assainissement – ONEA) and has been using a sanitation marketing approach (enhancing the services offered to the households by the small scale providers and stimulating the household demand for improved sanitation facilities). 700 people on the ground (masons and social workers) have been trained since the beginning of the program. ONEA offers the households part of the material for free. This offer is equivalent to a small subsidy of around 30%, the rest

being financed by the households. The 30% subsidy is financed by ONEA through a small ‘sanitation’ tax on the water bill. This example shows very clearly that on-site sanitation corresponds to strong demand from the urban dwellers (ONEA has subsidized more than 60,000 sanitation equipment pieces so far – latrines, and greywater evacuation systems). It also demonstrates the importance of having a continuous and locally bound financing mechanism (donors have contributed to the mechanism but in a modest way – most of the funds come from the tax on the water bill).

Author: Jules Arba Ouedraogo (Head of the Sanitation Department, ONEA)

when they decide to upgrade their housing by going for improved sanitation. The second interesting idea from this example is the financial link to the water services that can ensure long term sustainability of the mechanism. This case from Burkina Faso has been frequently promoted and taken as an example, and rightly so, because this is one of the very few cases

of a financing mechanism that is still up and running 15 years later.

Another promising tool is the Output-Based Aid (OBA) approach – a financing mechanism where implementing agencies/actors are paid according to the number of facilities constructed or effectively

Box 11 – Senegal: Making output-based aid work in the sanitation sector

The PAQPUD (Programme d’Assainissement des Quartiers Périurbains de Dakar – Peri-Urban Areas Sanitation Program in Dakar) is an urban development project supported by the World Bank and implemented by the Government of Senegal. The first phase is considered a success, because the ‘social marketing’ done by Community-Based Organizations (CBOs) strongly stimulated demand: 63,000 sanitation facilities have been constructed in a very short period of time. The swift implementation has made the program well known and appreciated by peri-urban dwellers.

After the end of the first phase, there was still a lot of unsatisfied demand. A second phase has been launched to build on the good response from the first phase. The target for this new phase is to meet the demand of around 15,000 households (136,000 beneficiaries). The new phase will be designed, planned and supervised by the ONAS, the national (public) utility in charge of sanitation in urban areas. The allocated budget for this new phase is 5 million USD, and the money will be spent through an OBA mechanism: the implementing agency (AGETIP) will be paid according to the sanitation facilities and

equipments effectively put in place in the targeted areas. An independent auditor will control the quality of the works and certify the number of facilities constructed.

Social marketing will be a key ingredient in the new approach in order to maximize demand and link demand for improved facilities with the behavior changes regarding hygiene. The CBOs in charge of the social marketing, following the OBA approach, will also be paid according to performance indicators agreed between ONAS and the CBOs at the beginning of the phase.

On the ground, facilities will be constructed by small local entrepreneurs, who will offer households a large range of sanitation facilities and technologies. Each given household will only be able to receive one subsidy, the ceiling being 486 USD per household (i.e. 54 USD per person) depending on the technology that will have been selected by the beneficiaries. The participation of households will therefore be around 20% of the costs. The new phase is planned over a period of 2 years.

Author: Pierre Boulenger (WSP)

Box 12 – Turning money into sanitation: How can we find out what works best?

In the shift from projects to programmatic approaches, governments and their development partners are beginning to develop national sanitation initiatives. In doing so countries have adopted a range of approaches at scale; from fully subsidizing facilities for the poor (South Africa, Senegal) to spending only on sanitation promotion (Ethiopia).

How can we find out which method or combination of methods is working and why?

International monitoring of sanitation currently focuses on outcomes. The Joint Monitoring Programme (JMP) publishes figures every other year based on in-country household surveys. These statistics report the percentage of households that have access to improved sanitation in urban and rural areas but make no link to either the resources put in or reference to the method by which those resources are turned into sanitation.

How can this be done?

There would need to establish an internationally agreed means of reporting the resources being channeled into improving sanitation outcomes that categorizes sanitation expenditure by location, (urban and rural) and by the type of sanitation service (sewerage; household subsidy to household sanitation or sanitation promotion). Each of

these services has distinct pathways by which money is turned into sanitation outcomes, and different associated costs and can be mapped onto the sanitation outcomes reported by JMP.

The problem is that tracking the resources going into sanitation has proved very difficult, especially in Africa. Resources going into sanitation are institutionally fragmented as they flow through many different government ministries, departments and agencies as well as different levels of government. Furthermore, these fragmented streams of resources are often not identified as sanitation, because they are integrated with water supply or bundled with health promotion, rendering much of the spending on sanitation invisible.

An important step governments can make is to agree to apply specific budget codes for sanitation expenditure by location (urban and rural) and type of service (sewerage, household subsidy, promotion). This would enable the effectiveness of sanitation policies and spending to be compared over time and across countries even if they are implemented through government mechanisms.

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implemented on the ground, or more generally according to performance indicators that have been agreed right from the beginning. This is not exactly new – it has been used in the water sector for a few years now, but more rarely in the sanitation sector. The interest of such an approach is double fold: firstly, the mechanism looks for the maximum efficiency of participating actors; secondly, it makes measuring the impact of subsidies easier. Box 11 on the previous page illustrates the PAQPUD, an urban program in Dakar using the OBA approach.

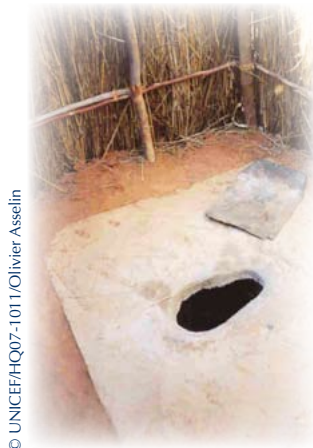
As stated earlier in this document, an important issue related to financing sanitation is the difficulty of linking the financing mechanism to the national budget. Programmatic approaches specially dedicated to sanitation are currently being tested in some countries (e.g. Benin since 2006) but the results are not as satisfactory as they could be. Actually, successful examples are very difficult to find across the continent. Box 12 above provides a few thoughts on how the link could be reinforced, opening the door to a better and more efficient way to measure the impact of money spent in the sanitation sector.

⁹ The Classification of Functions of Government (COFOG), an internationally agreed means of classifying public expenditure by its purpose can be used as a starting point for this agreement. See: Government Finance Statistics Manual 2001 (GFSM 2001). Annex to Chapter 6: Classification of the Functions of Government. Pp 79-110 <http://www.imf.org/external/pubs/ft/gfs/manual/gfs.htm>. www.imf.org/external/pubs/ft/gfs/manual/gfs.htm.



Courtesy of World Bank

3 How to push forward the S&H sector?



One of the interesting outcomes of the AfricaSan conference is a 'generic' action plan, in which actions to be taken are based on an assessment of where a country stands regarding sanitation. The action plan is also a monitoring tool to measure progress until the next AfricaSan meeting planned for 2010. This last chapter presents this action plan and how to adapt it to each country

A flexible tool, adapted to a large range of situations

The action plan has been conceived as a flexible tool, covering a large range of situations that can be found at individual country levels. In order for the action plan to have meaning at the national level, it is recommended that each country adapts the action plan to its own context.

The first step for each country is to assess its current status, using the typical situations described for each priority area (institutional arrangements, coordination, policy, etc). A given country can be well advanced in a specific priority area (for example policy) but score poorly on others (such as capacity and monitoring and evaluation). In most cases, those countries that

are not on-track to reach the MDGs score poorly in most of the priority areas.

A country may decide to add other priority areas that are not reflected in the current framework (although the framework covers the main issues captured from the AfricaSan discussions). However, one size does not fit all: the action plan developed at AfricaSan and presented in this chapter should be viewed as a guiding document. It is important however that countries do not drift too far away from the action plan template, because it will be used by AMCOW to monitor progress at the continental level. Countries are urged to keep the same priority areas and the same indicators to allow for monitoring and comparison across Africa.

The Country Sanitation Review (CSR) developed by WSP and the AfDB is a useful tool to undertake the national assessment of current status. If necessary, countries can request support at the national level from WSP and AfDB for the development of the CSR and for its validation by all the relevant stakeholders in the country.

A second level of actions, also based on recommendations from discussions at AfricaSan 2008 is being drawn up. This second level will

provide more action points which feed into the key actions detailed in the plan below. This will enable more detailed progress to be measured, in addition to identifying challenges so that they can be addressed early. Countries need to be mindful of the need to continuously advocate for sanitation and hygiene and to contribute to generating political good-will for the sector. AMCOW will monitor progress against the national plans and report on progress during the next AfricaSan meeting in 2010.

Priority area 1 : Institutional Arrangements		
Typical current situation	Actions required	Indicators
No lead home for S&H	Establish lead agency for S&H	S&H lead agency designated.
S&H is buried among institutions	Conduct institutional review of S&H duties. Disaggregate sanitation duties from various agencies and centralize in a lead agency	Institutional review report. S&H lead agency designated.
Sanitation and hygiene (S&H) lead agencies well defined, but have weak institutional arrangements	Conduct institutional review of S&H duties. Detail mandate for sector lead agencies and implementation plan. Draft and sign MoU among related sectors (e.g., water, health, education, livelihoods, environment, food security).	Mandate and implementation plan published. Signed MoU.
Countries that can inspire us: Senegal, South Africa, Tunisia		

Priority area 2 : Coordination		
Typical current situation	Actions required	Indicators
No coordination and no leadership	Appoint leader with mandate to coordinate the sector.	Directorate identified and empowered to coordinate sector.
Coordination but no leadership	Establish directorate (or higher) for S&H in lead agency	Directorate's mandate published
Leadership but with no coordination meetings	Establish coordinating body for S&H sector	Minutes from coordinating body
Countries that can inspire us: Ethiopia and Uganda (see previous chapter), Senegal, Benin		

Priority area 3 : Policy/Strategy

Current situation	Actions required	Indicators
No policy/strategy at all	Develop National Sanitation and Hygiene Policy/Strategy (including focus on special groups, e.g., women, children, PLWHA, and ERP).	Policy/strategy endorsed by government/parliament
Policy/strategy but with no link to financing strategy	Develop costed implementation plan properly linked to sustainable finance strategy/MTEF	Costed implementation plan published; S&H budget line in national budget.
Policy/strategy but no plans for implementation	Policy linked to PRSP; legal framework; implementation program / Roadmap	S&H in PRSP; legal framework passed by Parliament; Roadmap endorsed by government

Countries that can inspire us: Uganda, Burkina Faso, Mali, Senegal, Benin, Ethiopia (most of these examples are developed in the previous chapter on challenges)

Priority area 4 : Financing

Current situation	Actions required	Indicators
No investment plan and no money	Develop investment plan, recognizing ALL sources of funding (e.g., HH, national and local government, donors).	Investment plan – national and local – published.
Investment plan but no money	Develop detailed costing of S&H program to leverage funds from PRSC, SWAP, public resources. Map funding flows, e.g., school S&H, environment, HIV/AIDS, rural/urban development, HH, etc.	Sufficient funds leveraged for implementing program.
Investment, money but no tracking system	Develop/utilize financial management system capable of tracking S&H funds in and out (e.g., programmatic, PFM, basket, etc.).	S&H budget implementation report published. Finances tracked in annual audits.

Countries that can inspire us: Uganda, Burkina Faso (see previous chapter), RSA, Senegal, Tunisia, Mozambique, Benin and Tanzania

Priority area 5 : Demand-led and Supply-fed Sanitation and Hygiene

Current situation	Actions required	Indicators
No S&H behavior change	Pilot demand-led programs and develop partnerships	Evaluation reports of pilot programs including measurement of behaviour
S&H behavior change, but at very limited scale	Develop national, demand-led programs (S&H marketing, handwashing, CLTS school health, CHCs)	Programs implemented at national level
S&H behavior change but with no partnership	Develop partnership framework, (e.g., PPP, small and large scale businesses, civil society, small providers) including M&E	Private investment Increased PP collaboration

Countries that can inspire us: Ethiopia (see previous chapter), Nigeria, Benin and Tanzania (Community-Led Total Sanitation), Senegal (PEPAM and ONAS)

Priority area 6 : Capacity Building

Current situation	Actions required	Indicators
Limited staff, resources, tools plans	Include Capacity Building (BCB) in policy/strategy, investment plans and financing strategies. CB should also focus on schools and ERP CB to also include community as a resource	CB in policy/strategy and investment % of sector budget dedicated to CB
Capacity but not across the whole sector	Identify capacity gaps and short term solutions (e.g. consultants, technical assistance, R&D and technology)	Capacity gaps filled Minimum capacity standards identified
Have capacity but wrong skills/ profiles/resources Academic research and technological	Long-term plans for training and staff development (public and private), R&D, innovations	National capacity in place. Reduction in external consultancies/technical assistance

Countries that can inspire us: South Africa, Tunisia, Botswana, Morocco

Priority area 7 : Devolution of Functions/Decentralisation

Current situation	Actions required	Indicators
Sanitation still controlled at central level	Decentralization reflected in policy/strategy and in legal framework	Decentralization issues in policy/strategy and legal decrees
Local Authorities have the mandate but no fund transfer	Establish/utilize local fiscal transfer mechanism	% of fund flows from Central Government to LG dedicated to S&H
Local Authorities have mandate and resources but no implementation plan	District/Municipal S&H implementation plans in line with national policy/strategy	Inclusion of S&H implementation in line with district development plans

Countries that can inspire us: Mali (water sector), Uganda, Malawi

Priority area 8 : Measurement of Impact, Monitoring and Evaluation

Current situation	Actions required	Indicators
No M&E system	Establish M&E system, within existing structures, linked to budget process.	M&E system functioning
M&E system but with no link to health institutions, or national statistics office, or budget process	Establish integrated M&E system from local level up.	Local Authorities' have well-functioning M&E system feeding to national level
No S&H MIS. Strategy for knowledge management and mechanism to feed this back into advocacy	Establish integrated MIS from local level up.	Local Authorities' have well-functioning reporting system feeding into national MIS. Advocacy for S&H prioritized.

Countries that can inspire us: Senegal, Benin (water sector), RSA

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