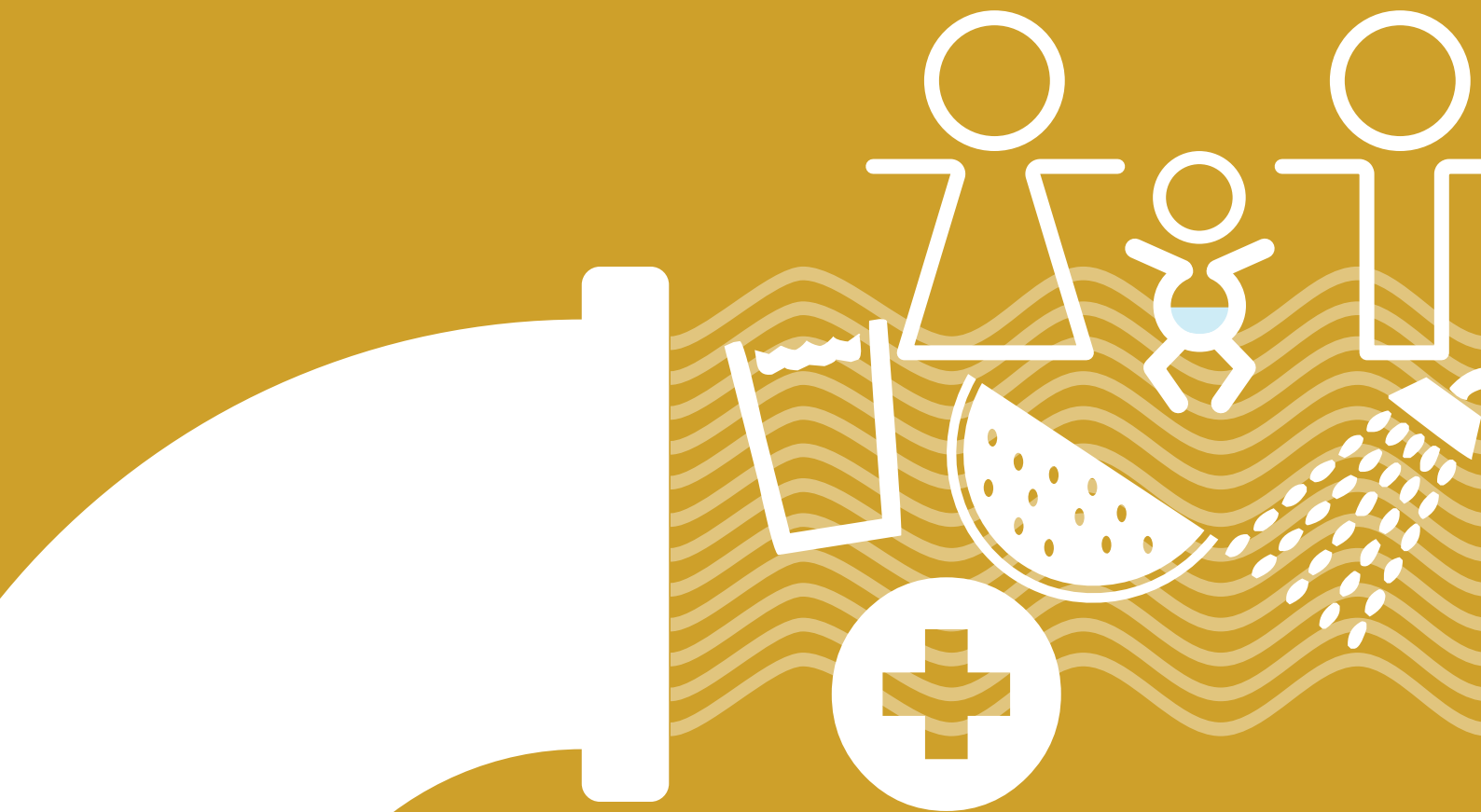


INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

GLAAS 2014 findings — Special report for Africa



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Foreword

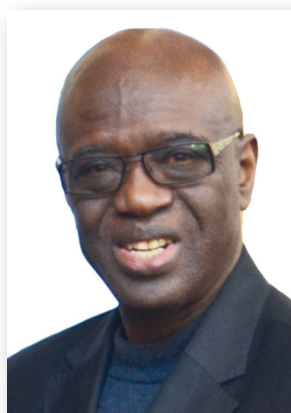
The African Ministers Council on Water (AMCOW) welcomes this edition of the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Special Report for Africa. The Special Report presents the main findings from data collected from 39 African countries and 23 external support agencies (ESAs).

The timing of the report is particularly relevant given that we are at the cross over period between the target date for the achievement of the Millennium Development Goals (MDGs) and the setting of the post 2015 Sustainable Development Goals (SDGs) on long term global objectives for water, sanitation and hygiene (WASH). The report highlights the substantial gains that have been made with African countries, and the external support agencies (ESAs) that support them, in increasing of investments in WASH, and the growing recognition by most African countries of the right to access drinking-water and improved sanitation.

However, significant challenges still remain if the region is to reach the ultimate goal of universal access to WASH with all the enormous health and development benefits that this will bring. Better targeting of WASH finance to areas where needs are greatest is required if inequalities of access are to be reduced, as is stronger monitoring of access to WASH by vulnerable groups, such as populations living in remote rural areas and urban slums. These issues affecting WASH will continue to be discussed within the context of the challenges faced by many other regions of a world with rising populations and changes to the climate. Disease outbreaks, such as the Ebola crisis in West Africa in 2014, remind us all of the importance of investing in adequate sanitation and drinking-water services.

This Special Report complements the AMCOW's 2014 Africa Water and Sanitation Sector Report submitted to Heads of State and Governments and will be the subject of discussion at the AfricaSan 4 Conference and in subsequent meetings at various levels. AMCOW recognizes that achievement of countries' aspirations for WASH will only happen through strong and consistent partnerships, including those with international organizations, donor countries and other partners, and so welcomes this initiative by UN-Water and WHO focusing on WASH in the Africa Region.

Looking into the post-2015 period and beyond, AMCOW is looking forward to greater linkages and alignment between the Pan Africa Monitoring and Reporting System and GLAAS as well as other global monitoring processes. This will help in avoiding duplication of efforts, address challenges relating to capacity, reduce unnecessary monitoring demands at member states level and achieve greater harmonisation and standardisation at various levels – especially at country and regional levels – in order to meet different needs.



Bai-Mass Taal
Executive Secretary
African Ministers' Council on Water
(AMCOW)

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UN-Water and WHO would like to extend their gratitude to all those individuals and organizations that contributed to the development of the GLAAS 2014 results and report – especially those individuals who coordinated efforts and submitted information from 94 countries and 23 external support and partner agencies, acknowledged in Annex F of the GLAAS 2014 report (http://www.who.int/water_sanitation_health/glaas/2014/en/). The preparation of this special report for the African Region involved contributions from the GLAAS team at WHO Headquarters: Tara Neville, Mark Hoeke, Peregrine Swann, Nathalie André, Cathy Jung, Bruce Gordon, Maria Neira and Fiona Gore; WHO Regional Office for the Eastern Mediterranean: Hamed Bakir, Tamara Rabadi and Rola Aleman; WHO Regional Office for Africa: Magaran Bagayoko; The African Ministers' Council on Water (AMCOW): Bai-Mass Taal, Nelson Gomonda, Kitchinme Bawa, Salisu Abdulmumin, Oseloka Zikora and the African Development Bank: Mohamed El Azizi, Fabio Losa, Hikaru Shoji and Jochen Rudolph.

Background

In this regional analysis, GLAAS 2013/2014 country survey data from 39 African countries¹ are presented along with information provided by 23 external support agencies (ESAs)². The full UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2014 Report, *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities* was released on November 19th, 2014. The report presents data from 94 countries, covering all MDG regions. It also includes data from 23 ESAs, representing over 90% of official development assistance (ODA) for sanitation and drinking-water. More detailed information about the GLAAS survey and methodology can be found in Annex A of the full report³.

PURPOSE OF GLAAS

The objective of the GLAAS initiative, which is implemented by WHO, is to monitor the inputs (human resources and finance) and the enabling environment (laws, plans and policies, institutional arrangements, monitoring) required to extend and sustain water, sanitation and hygiene (WASH) systems and services to all, and especially to the most disadvantaged population groups. GLAAS also analyses the factors associated with progress, in order to identify drivers and bottlenecks, highlight knowledge gaps and assess strengths and challenges within and across countries. GLAAS facilitates the creation and strengthening of government-led platforms that bring together the many institutions and actors influencing WASH service delivery. In addition, the GLAAS findings are being used to:

- Promote country and ESA mutual accountability.
- Improve country planning and monitoring processes and support decision-makers to target efforts and resources for more equitable WASH outcomes.
- Identify gaps in understanding and tracking of financing to the WASH sector, supported by the UN-Water GLAAS “TrackFin” initiative, which aims to strengthen national systems for the collection and analysis of financial information.
- Review and inform the formulation of commitments that feed into the Sanitation and Water for All (SWA) processes.

This report presents charts and descriptive tabular summaries for numerous drinking-water and sanitation indicators and benchmarks reported by surveyed countries. Financial data presented in the tables or charts are, in majority of cases, for 2012. For some key indicators, a dashboard of maps and figures is provided to present a geographical summary and global summary statistics. Charts and tabular summaries also generally indicate the number of responses that were considered in the analysis or particular question. This number does not necessarily equal the total number of respondents to the survey, as not every country or ESA answered all parts of the survey, and in many cases the data were collected from an already existing source (e.g. OECD-CRS).

¹ A complete list of the 39 African countries included in this regional analysis can be found in the Contribution section of this report, p. 24. Subregional analysis, when provided, has been based on the following subregions: Central Africa (6), Eastern Africa (9), North Africa (3), Southern Africa (7), West Africa (14). For the purpose of analysis, South Sudan, has been considered part of the Eastern Africa Subregion.

² External Support Agencies (ESAs) comprise donors (governments) and other sources of funding/support (e.g. Nongovernmental organisations and foundations) that provide Official Development Assistance (ODA). A complete list of ESAs included in this analysis can be found in the Contribution section of this report, p. 24.

³ *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities*. UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water, GLAAS 2014 Report. See http://www.who.int/water_sanitation_health/glaas/en/

In many countries in Africa, policies, plans and strategies are in place to reach vulnerable groups such as those living in poverty. However, monitoring progress in access and service provision for the poor is carried out in less than 40% of countries for sanitation and drinking-water. Targeting of finance and measures to reduce disparities between the rich and the poor are not being consistently applied. Less than 15% of African countries have established and apply finance measures that are targeted towards reducing inequalities in access to sanitation for the poor and below one third for drinking-water (Table 1).

Table
1

Measures of inequality for those living in poverty

		GOVERNANCE	MONITORING	FINANCE	PERCENTAGE OF COUNTRIES
		Universal access policy specifically includes measures for the poor ^b	Monitoring system tracks progress in extending services for the poor ^b	Finance measures to reduce disparity between the rich and the poor are consistently applied ^b	<ul style="list-style-type: none"> ● 80–100% ● 60–79% ● 40–59% ● 0–39%
SANITATION	Subregions ^a	Number of countries			
	West Africa	14	71%	29%	7%
	Eastern Africa	9	89%	33%	11%
	Southern Africa	7	100%	43%	14%
	Central Africa	6	83%	0%	0%
	Total^c	39	85%	31%	13%
WATER	Subregions ^a	Number of countries			
	West Africa	14	71%	43%	29%
	Eastern Africa	9	89%	44%	22%
	Southern Africa	7	100%	57%	29%
	Central Africa	6	83%	0%	17%
	Total^c	39	85%	38%	26%

^a Due to the small sample size, the data from the North Africa subregion, (Mauritania, Morocco and Tunisia) is included in the total but not as a subregion.

^b This percentage reflects the number of countries in the subregion for which a positive response was reported compared to all countries in the subregion.

^c The total includes all 5 subregions; West, Eastern, Southern, Central and North Africa subregions.

Source: GLAAS 2013/2014 country survey.

Country commitments to eliminate inequalities in WASH

The third Sanitation and Water for All (SWA) High Level Meeting (HLM) took place on 11 April 2014. This meeting provided an opportunity for countries to table commitments to strengthen accountability in the water, sanitation and hygiene sector. A focus on eliminating inequalities and improving sustainability was evident in the commitments made by African nations. Some examples of country commitments for Sub Saharan Africa include¹:

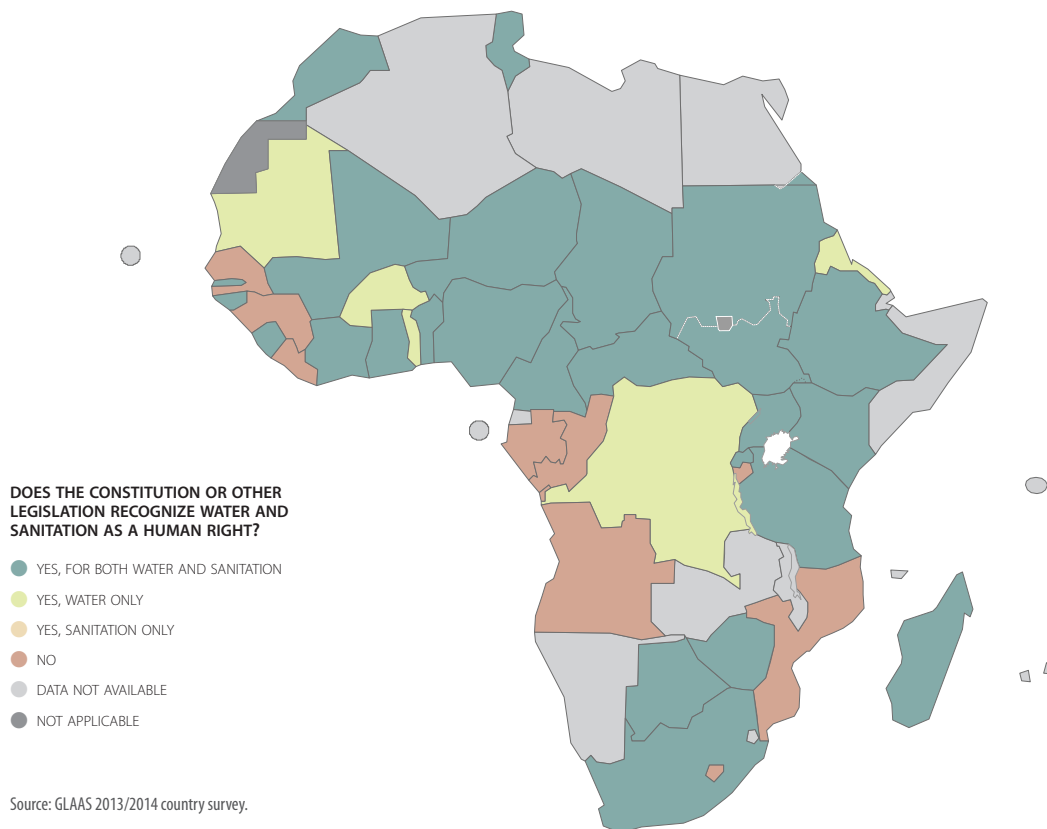
- Mozambique committing to allocate at least 40% of WASH sector funds to district and municipal governments for sanitation and rural water supply.
- Senegal committing to positioning WASH as a human right.
- Côte d'Ivoire committing to include the elimination of open defecation in the 2014–2016 Poverty Reduction Strategy and in the National Health and Nutrition Plan by 2015.
- Benin, Burundi, Cote d'Ivoire and Liberia committing to carry out studies in peri-urban areas to understand sanitation approaches that are most effective for the urban poor.
- Ghana and Sudan making commitments to monitor inequalities.

III Human right to water and sanitation

There is some considerable progress on the recognition of the right to water and sanitation in line with the 2010 UN Resolution on the Right to Water and Sanitation. Twenty-nine of the 39 African countries surveyed (almost 75%) have recognized the human right to water in their constitutions or legislations and 25 out of 39 (nearly two thirds) have recognized the right to sanitation (Figure 1).

Figure 1

Countries recognizing human right to water and sanitation in constitution or law (n=39)



UGANDA

Implementing the human right to water

The Constitution of Uganda, 1995, states that 'The State shall endeavour to fulfill the fundamental rights of all Ugandans to social justice and economic development and shall, in particular, ensure that all Ugandans – enjoy rights and opportunities and access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits'¹. An example of legislation in action which can increase equity in access to drinking-water includes Uganda's efforts to improve the functionality of water sources by:

1. Monitoring the status of water sources and reporting in real time using mobile phones to reduce response time in cases of breakdown;
2. Establishing a working group to coordinate and harmonize performance information from various WASH stakeholders;
3. Using appropriate technologies to address disparities in certain geographical locations and improve equity e.g. solar-powered water supplies and water harvesting;
4. Actively involving users in project planning, implementation and maintenance through water user committees/water boards, also taking gender into account, and decentralization of some functions of the ministry of water and environment to the regions.

Source: GLAAS 2013/2014 country survey.

¹ As cited in GLAAS 2013-2014 country survey response for Uganda.

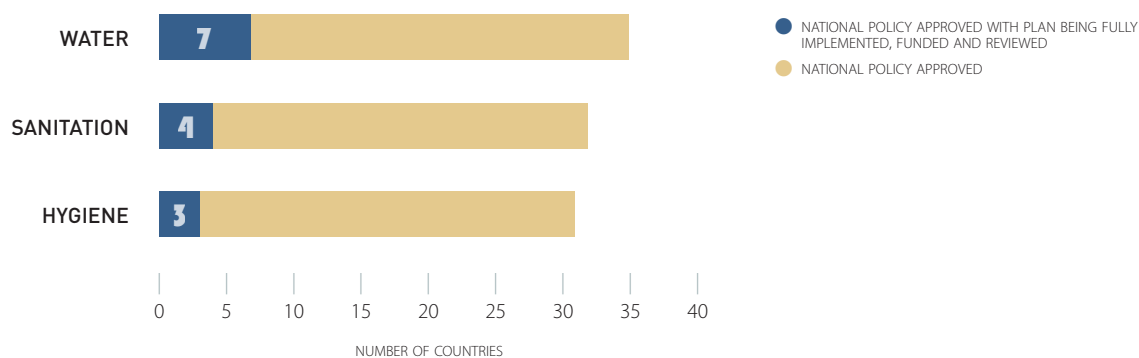
IV

National policies, implementation and monitoring

Less than one quarter of respondent countries report having plans that are being fully implemented, funded and regularly reviewed (Figure 2).

Figure 2

National policies, implementation and monitoring^a



^a Values represent an average of urban and rural responses.

Source: GLAAS 2013/2014 country survey.

ETHIOPIA

Strong coordination, planning and implementation – Ethiopia’s successful ingredients

Access to improved drinking-water supply in Ethiopia increased from 13% to 52% from 1990 to 2012 and from 2% to 24% for sanitation. Ethiopia is on track to achieve MDG 7 target for drinking-water but not on track for sanitation. Nonetheless, Ethiopia has made considerable progress in ending open defecation.

From 1990 to 2012, open defecation in Ethiopia fell by 55 percentage points, from 92% to 37%¹.

Key elements of Ethiopia’s success include

First, Ethiopia has **strong political will** for improving access to water and sanitation. According to the Ministry of Health, “The government has shown demonstrable, high level political commitment to enhanced sanitation coverage over the past few years. This goal is reflected in the national Health Extension Program, the National Hygiene and Sanitation Strategy and a national step-by-step protocol and Sanitation Action Plan (SAP) for achieving universal access by 2015. There has been significant improvement in access to safe sanitation and hygiene in Ethiopia since the Health Extension Program began in 2002/2003.²” These actions were followed by the publication in 2011 of the National WASH Implementation Framework and the launch³ in September 2013, of the One Wash National Program (OWNP)⁴.

Second, Ethiopia has the **human resources and education institutions** needed to implement programmes aimed at ending open defecation. As part of the Health Extension Workers (HEW) programme, 39,000 HEWs educate communities about sanitation and are helping to create a culture where toilets are seen as acceptable.

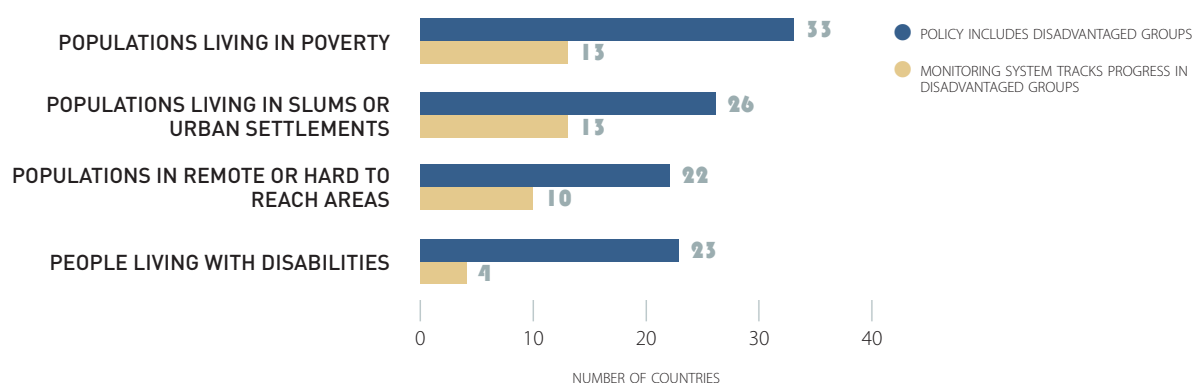
Additionally, the government is providing university level education from undergraduate up to PhD level qualifications in the area of WASH and also on public health and water. Human resources in Ethiopia have also benefitted greatly from capacity building and technical support from the Promoting Basic Services Program⁵. The Program is ongoing and now in phase three with funds of nearly US\$ 4.9 billion by 2018 being directed towards adequate staffing and operations in education, health, agriculture, water supply and sanitation and rural roads.

Financing has also played a role in Ethiopia’s success. Ethiopia OWP has a financing plan/budget that is agreed and consistently followed for rural and urban WASH and institutional WASH. With Community Led Total Sanitation and Hygiene, the government does not provide subsidies for household sanitation. For rural water supply, the government expects users to cover operation and maintenance costs but not the cost of investments while for urban water supply full cost recovery is expected but on a ‘stepped approach’. While this approach helps to create a market for sanitation and can lead to more sustainable solutions, operations and maintenance costs remain an issue in urban areas due to low tariffs, low operational efficiency and lack of skilled manpower.

Countries report that they have policies to target disadvantaged groups, but a gap remains in their capacity to track progress for these groups (Figure 3).

Figure 3

Number of countries with a policy or plan for universal access which explicitly includes measures to reach disadvantaged population groups compared to the number of countries which have monitoring systems that track progress in extending service provision to those population groups (n=39)^a



^a Note: Results for monitoring systems that track progress in extending service provision to disadvantaged groups represent an aggregation of drinking-water and sanitation findings.

Source: GLAAS 2013/2014 country survey.

1 WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

2 http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Verification_Certification_Protocol_Ethiopia.pdf, pg. 3

3 <http://cmpethiopia.files.wordpress.com/2011/11/full-wif.pdf>

4 One WASH National Program. Federal Democratic Republic of Ethiopia. August 2013. Available at: <http://www.cmpethiopia.org/>

5 The PBS program involves six donors – the African Development Bank, Austrian Development Agency, the European Union, the UK Department for International Development (DFID), Italian Development Cooperation and the World Bank with a strong partnership across the PBS donors and between the donors and the Government of Ethiopia.

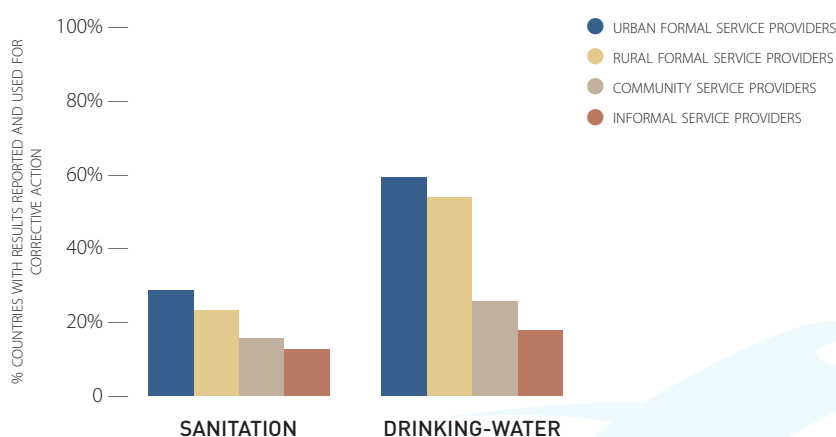
Few countries use available data to make funding decisions on sanitation.

- Only eight¹ out of the 39 countries surveyed in Africa (21%) have and consistently use available data for resource allocation in the sanitation sector, as compared to 18² out of 39 (under 50%) for resource allocation in the drinking-water sector.
- By contrast, in the health sector, the survey results indicate that evidence-based decision-making is used by 62% of countries to respond to water and sanitation related disease outbreaks.

Internal monitoring results are frequently neither reported nor acted upon especially in sanitation – fewer than one third of countries in Africa indicate that sanitation service providers report the results of internal monitoring to regulatory authorities and that these results trigger correction action (Figure 4).

Figure 4

Percentage of countries in which service providers report the results of internal monitoring against required service standards to the regulatory authority and internal monitoring triggers timely corrective action (n=39)



Source: GLAAS 2013/2014 country survey.

¹ Burkina Faso, Lesotho, Morocco, Mozambique, Rwanda, Senegal, South Africa and Uganda.

² Angola, Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ethiopia, Guinea, Lesotho, Madagascar, Morocco, Mozambique, Niger, Rwanda, Senegal, South Africa, Sudan (the), Tunisia and Uganda.

More than half of African countries conducted a national assessment for sanitation in the last two years, ranging from household surveys to a Joint Sector Review. For several countries this involved between six to nine ministries and institutions (Table 2).

Table 2

Date of last national assessment for sanitation and number of national actors by country (n=39)^a

DATE OF LAST NATIONAL ASSESSMENT, E.G. JOINT SECTOR REVIEW (FROM JANUARY 2014)

NUMBER OF MINISTRIES OR NATIONAL INSTITUTIONS INVOLVED	<1 YEAR	1 –<2 YEARS	2–4 YEARS	>4 YEARS/ UNSPECIFIED/ NO NATIONAL ASSESSMENT
≤5	Chad, Guinea, Kenya, Mozambique, Senegal, United Republic of Tanzania		Madagascar, Sudan (the), Zimbabwe	Central African Republic (the)
6–9	Benin, Burkina Faso, Burundi, Gabon, Lesotho, Liberia, Mali, South Sudan, Uganda	Eritrea*, Niger, South Africa	Ethiopia, Ghana*	Angola*, Botswana, Gambia (the)
≥10	Congo (the), Sierra Leone	Côte d'Ivoire, Democratic Republic of the Congo (the), Mauritania, Rwanda*	Cameroon, Togo	Guinea-Bissau, Morocco, Nigeria, Tunisia

^a Examples of national assessments cited in GLAAS responses range from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBAs, Sustainability Checks, situational analysis, plans and reports for the sector or household surveys.

* Countries that have responded based on nation-wide household surveys.

Source: GLAAS 2013/2014 country survey.

Countries report the value of sector coordination mechanisms which contribute to coherence of aid programmes, particularly in countries where a large number of ESAs operate (Table 3).

Table 3

External support agency finance compared to implementation of financing plans and sector-wide coordination (five out of 11 countries^a in Africa receiving 20% or more WASH financing from external sources)

COUNTRY	ESA FINANCE (AS % OF WASH FINANCE)	NUMBER OF DONORS (OVER US\$ 100 000 PER YEAR)	SECTOR-WIDE COORDINATION THAT IS BASED ON SECTORAL FRAMEWORK IMPLEMENTED	FINANCING PLAN	PLAN IMPLEMENTATION STATUS
Burkina Faso	55	12	Yes	Agreed	Full
Ghana*	Between 22–52%	17	Yes	Agreed	Partial
Lesotho	45	8	Yes	In development	—
Madagascar	23	12	Yes	Agreed	Partial
Tunisia	24	10	No	Agreed	Full

Except for financial plan for rural sanitation in development

^a The five African countries listed in Table 3 are out of a total of 11 African countries that provided government-coordinated WASH expenditure data. Other African countries that did not provide WASH expenditure data in the 2013/2014 GLAAS country survey may also have significant contributions from external support agencies, but without data this could not be assessed definitively.

Source: OECD-CRS, 2014 and GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

Extending and sustaining water and sanitation programmes, and infrastructure, especially in the context of reducing inequalities, requires adequate funds and effective financial management. Several countries report increasing prioritization and allocations for WASH in recent years, and increased development aid to the region. However, countries in the region generally report that national funding continues to lag behind identified programme needs and is a major obstacle to progress.

Thirty-three out of the 38 countries surveyed report that current finance is insufficient to meet targets established for drinking-water and sanitation.

Limited country capacity to absorb funding is frequently cited as another issue. However, an analysis of the existence and implementation of financing plans, domestic and donor absorption capacity, availability of expenditure reports, and human resources capacity for financial planning suggests a different picture, i.e. that countries require additional investment have the capacity to absorb funds and implement programmes.

Many countries that require investment to extend WASH service provision have the capacity to absorb funds and implement programmes (Table 4).

Table 4

Sufficiency of funds versus human resource and financial planning capacity, and funding absorption (urban sanitation)

SUFFICIENCY OF FUNDS TO MEET MDG TARGET (URBAN SANITATION)

INDEX OF CAPACITY TO INVEST AND ABSORB FUNDS ^a	<50% OF FUNDS NEEDED	50–75% OF FUNDS NEEDED	>75% OF FUNDS NEEDED
High	Benin, Ethiopia, Gambia, Lesotho, Mauritania, Nigeria, Senegal, Uganda, United Republic of Tanzania	Ghana, Rwanda	Burkina Faso, Congo, Morocco, Tunisia*
Medium	Burundi, Central African Republic, Côte d'Ivoire, Guinea, Liberia, Madagascar, Mali, Mozambique, Togo, Zimbabwe	Eritrea, Kenya, Niger	Chad, South Africa
Low	Cameroon, Democratic Republic of the Congo, Gabon, Sierra Leone, South Sudan	Angola, Sudan	

^a Index is based on total score of five questions, including:

1. Are human resources a limiting factor in national or local WASH planning, construction of facilities, or financial planning and expenditures?
2. Has the government defined a financing plan/budget for the WASH sector, clearly assessing the available sources of finance and strategies for financing future needs?
3. Are expenditure reports available that allow actual spending on WASH to be compared with committed funding?
4. What is the estimated percentage of domestic commitments utilized?
5. What is the percentage of official donor capital commitments for WASH utilized.

* Indicates that this country has reached the MDG target for sanitation. Reported insufficiency of funding may be based on national targets that go beyond MDG goals, based on funds needed to sustain coverage levels due to recurring capital maintenance or additional needs due to population growth.

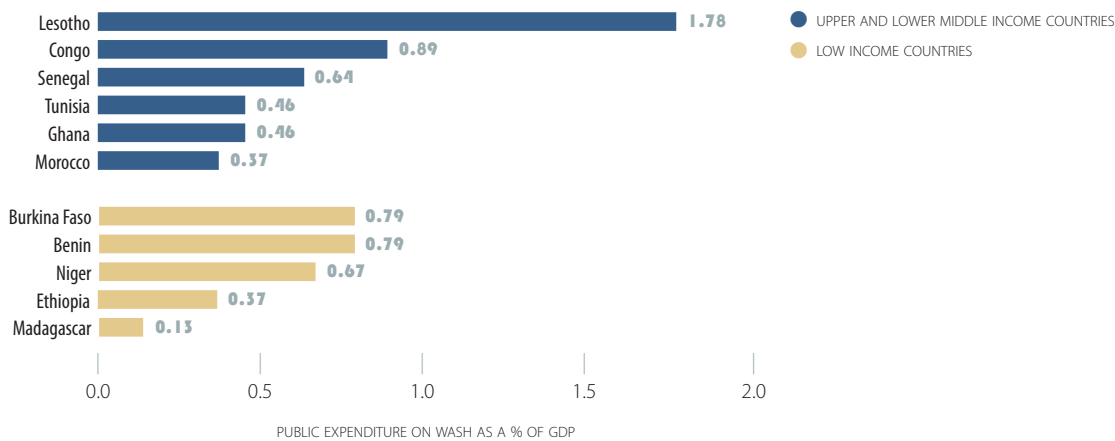
Source: GLAAS 2013/2014 country survey; WHO/UNICEF (2014); based on responses from 37 African countries.

NATIONAL PUBLIC EXPENDITURES, HOUSEHOLD CONTRIBUTIONS, AND FUNDING SUFFICIENCY

- Public expenditure for WASH varies widely ranging from 0.13 to 1.78 per cent of a country's gross domestic product (GDP) for eleven African countries providing total WASH expenditure data (Figure 5), and are often significantly less than other social sectors such as health where public expenditures can reach ten per cent of GDP.
- Household contributions are reported to be from 6% to 66% of WASH financing (Figure 6).
- Eighty-six per cent of African countries indicate WASH financing is insufficient (<75% of funds needed) to reach coverage targets for sanitation and 82% of African countries indicate insufficient financing to reach coverage targets for drinking-water.

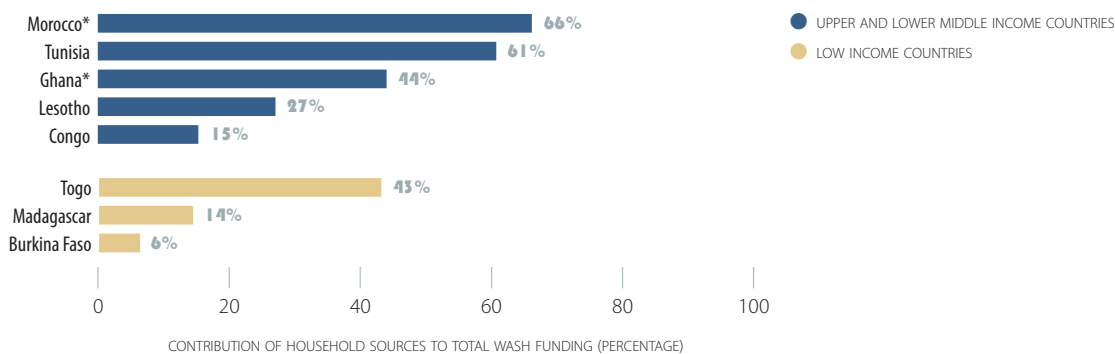
Reported government-coordinated expenditure on sanitation and drinking-water ranged from 0.13 to 1.78% of GDP (Figure 5).

Figure 5 Comparison of public expenditure contributions by country income groups



Source: GLAAS 2013/2014 country survey.

Figure 6 Comparison of household contributions by country income groups



Note: It is acknowledged that some of the eight countries are likely under-reporting household contributions, especially in rural areas that may not be served by a formal service provider, and where households may make significant non-monetary investments.

Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

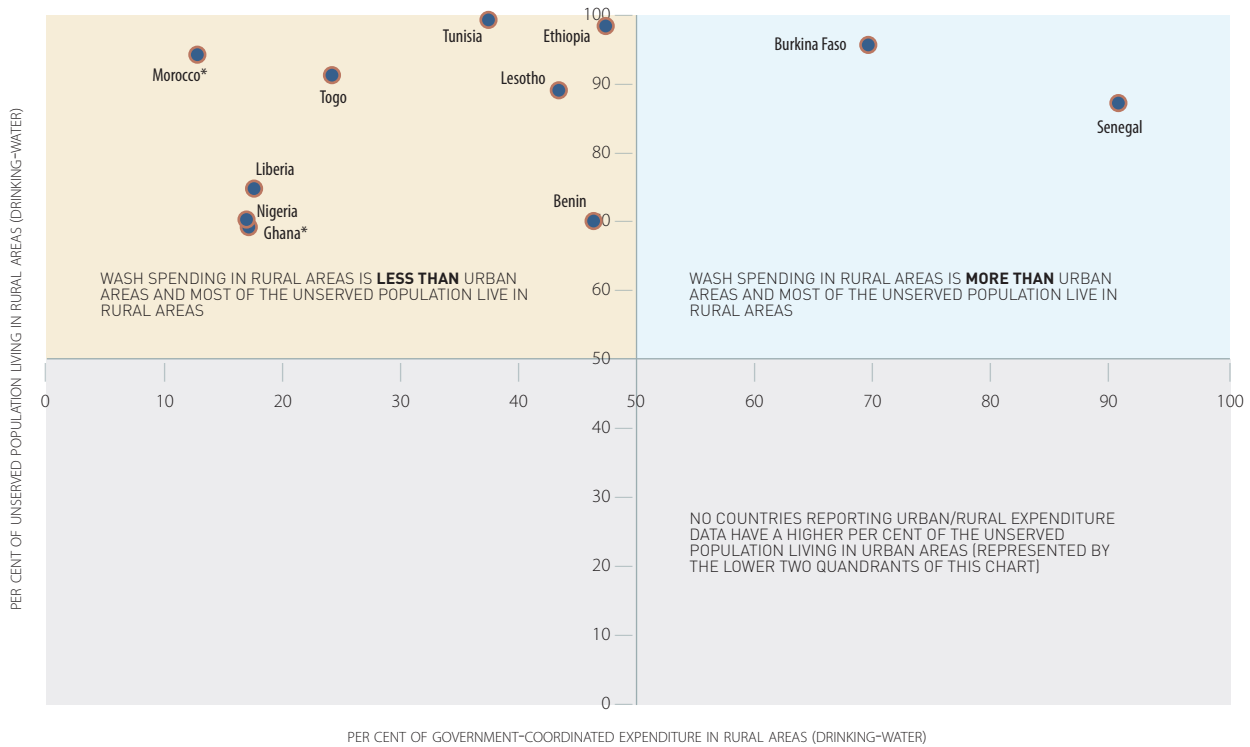
ALLOCATION OF NATIONAL FUNDS

A review of expenditure breakdowns can indicate potential issues with targeting of financial resources. In 11 African countries that provided expenditure data, rural populations represent 70% of the unserved, however, benefit from only 19% of the expenditures for sanitation and drinking-water (Figure 7).

WASH investments are targeted towards urban areas rather than rural where it is needed most.

Figure 7

Gap in expenditure between urban and rural versus gap in coverage between urban and rural



Note: Household expenditures (tariffs only) for Burkina Faso, Ghana, Lesotho, Morocco, Togo, and Tunisia are included in government-coordinated WASH expenditures shown in chart.

Source : GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment where indicated with an asterisk and JMP estimates.

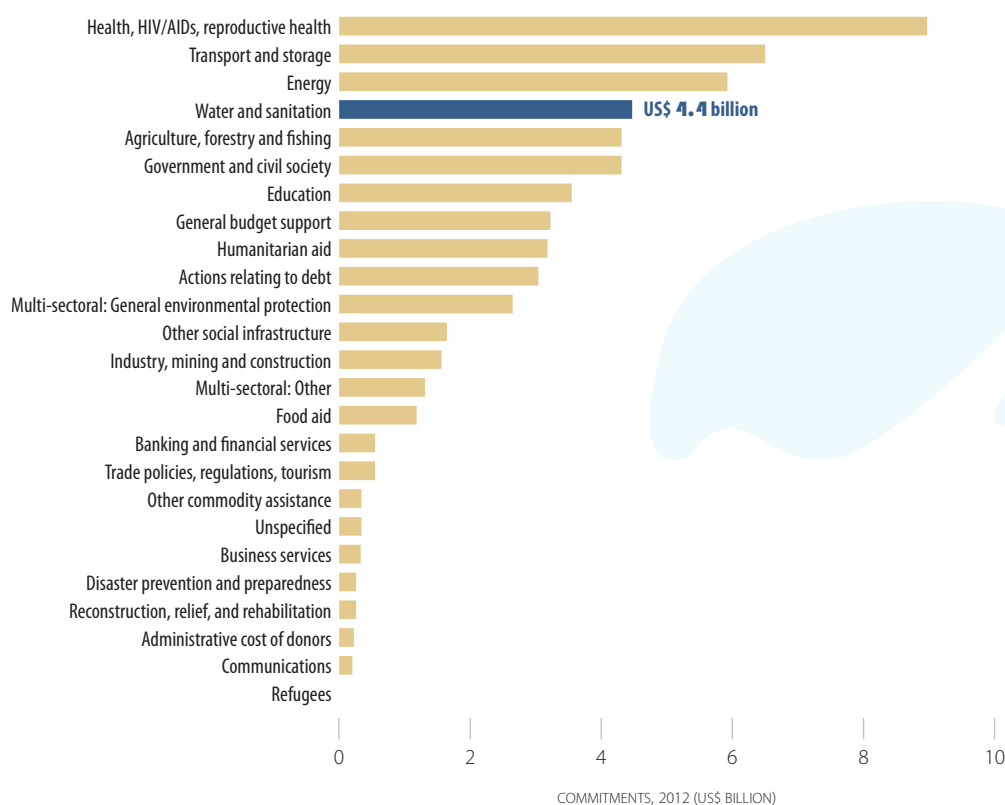
AID POLICY PRIORITIZATION, COMMITMENTS AND DISBURSEMENTS

Supporting the achievement of country objectives in water and sanitation, external support agencies (ESAs) play a vital role in WASH programmes in many countries providing both financing and technical support. Many ESAs have prioritized WASH aid in Africa, as evidenced by its rank as the fourth highest priority aid sector in terms of financial support in 2012 (Figure 8).

Aid commitments to water and sanitation comprised 7.6% (US\$ 4.4 billion) of total reported development aid to Africa in 2012 and have increased from US\$ 2.9 billion in 2010 (Figure 8).

Figure 8

Comparison of African development aid for water and sanitation in 2012 relative to other sectors



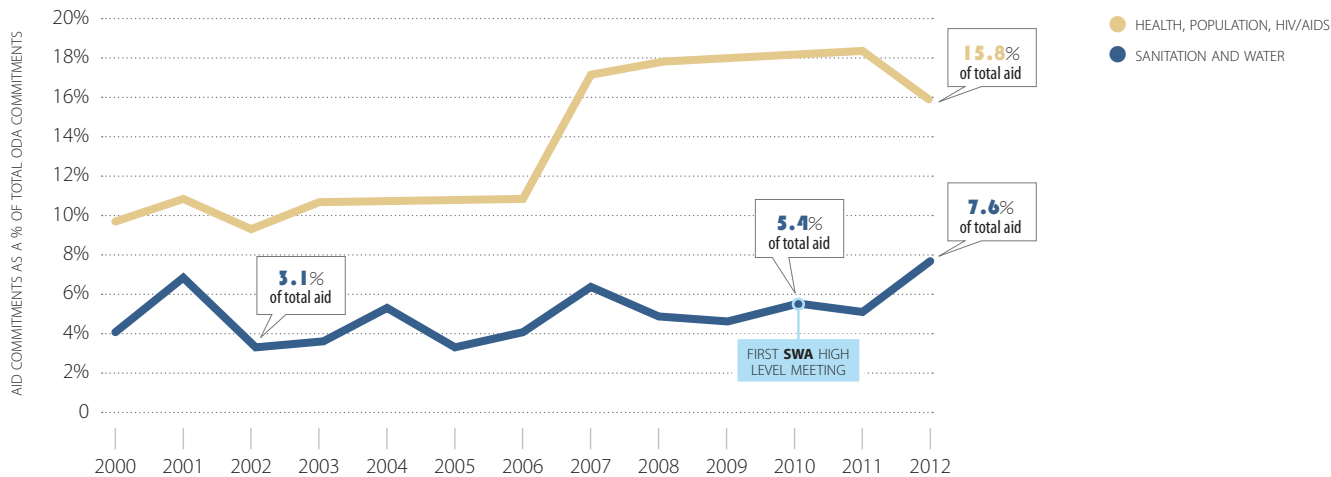
Note: Updated data from the OECD for 2013 indicates that aid commitments to water and sanitation to African countries remained at US\$ 4.4 billion, though agriculture and government sectors received increased aid commitments that were slightly higher than water and sanitation.

Source: OECD-CRS, 2014.

Development aid for water and sanitation to Africa rose from 5.4% to 7.6% of total development aid from 2010 to 2012, and more than doubled as a proportion of total aid since 2002 (Figure 9).

Figure 9

Comparison of development aid to Africa, water and sanitation trend versus health, population and HIV/AIDS trend



Note: Development aid for water and sanitation to Africa dipped slightly to 7.1% of total development aid from 2012 to 2013. Conversely, aid to the health, population, HIV/AIDS rose over 18.2% of total development aid to Africa in 2013.

Source: OECD-CRS, 2014.

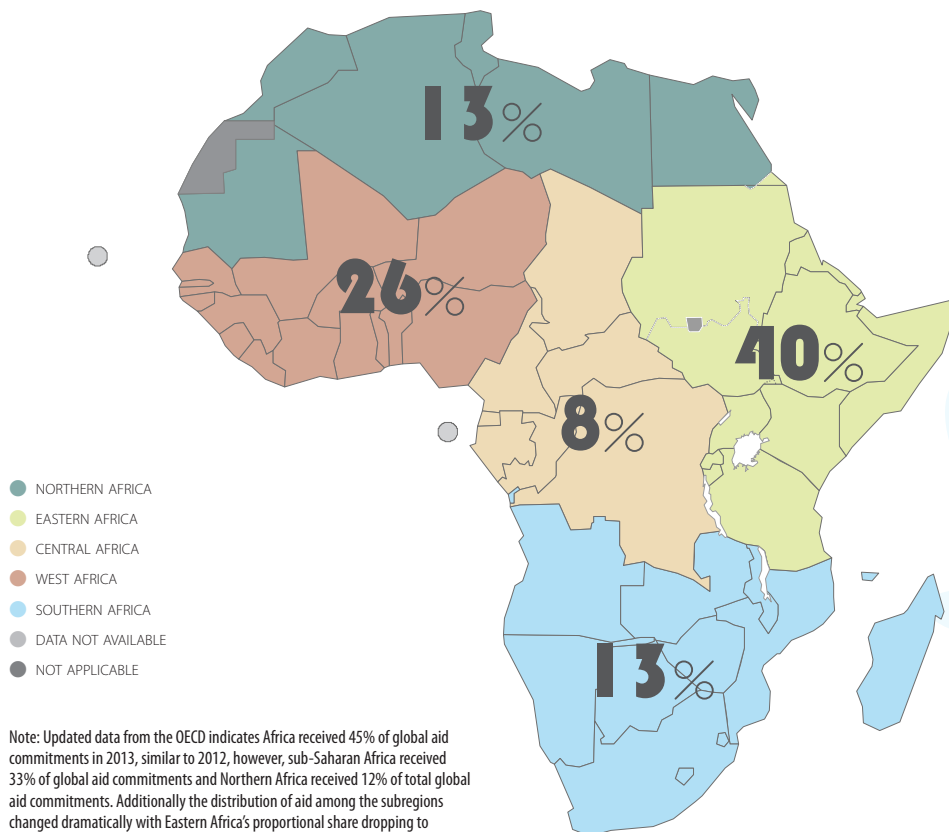
AID TARGETING

Overall, Africa received 42% of global aid commitments for water and sanitation in 2012 (38% to sub-Saharan Africa and 4% to Northern Africa). Two-thirds of 2012 aid commitments for water and sanitation to Africa were directed to the Eastern and Western Africa subregions.

Sanitation and drinking-water aid targeted to eastern and western Africa subregions increased from 43% to 65% of water and sanitation aid commitments to Africa from 2008 to 2012 (Figure 10). These two regions represent 66% of the unserved populations in Africa.

Figure 10

African water and sanitation aid commitments by subregion, 2012



- NORTHERN AFRICA
- EASTERN AFRICA
- CENTRAL AFRICA
- WEST AFRICA
- SOUTHERN AFRICA
- DATA NOT AVAILABLE
- NOT APPLICABLE

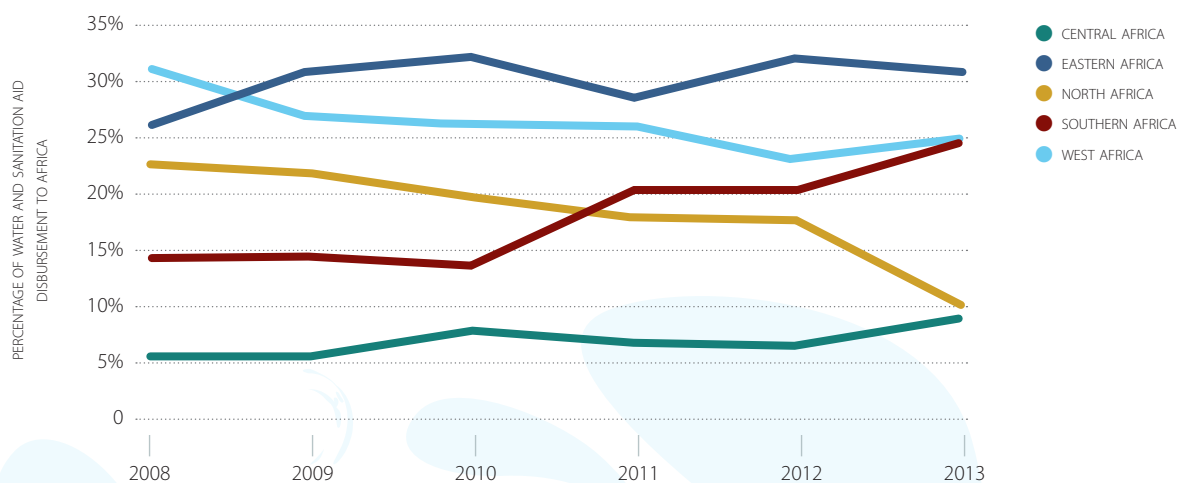
Note: Updated data from the OECD indicates Africa received 45% of global aid commitments in 2013, similar to 2012, however, sub-Saharan Africa received 33% of global aid commitments and Northern Africa received 12% of total global aid commitments. Additionally the distribution of aid among the subregions changed dramatically with Eastern Africa's proportional share dropping to 19% and Northern Africa's aid proportion increasing to 29%. Figure 11 which represents disbursement trends by subregion shows a different picture (p.17), however, this trend is likely to change with the increase in aid commitment to Northern Africa translating to higher disbursements in future years.

Source: OECD-CRS 2014; WHO/UNICEF (2014).

Sanitation and drinking-water aid targeted to eastern and western Africa subregions ranged from 55% to 57% of water and sanitation aid disbursements to Africa from 2008 to 2013 (Figure 11). (These two regions represent 66% of the unserved populations in Africa).

Figure 11

African water and sanitation aid disbursements by subregion, 2008–2013

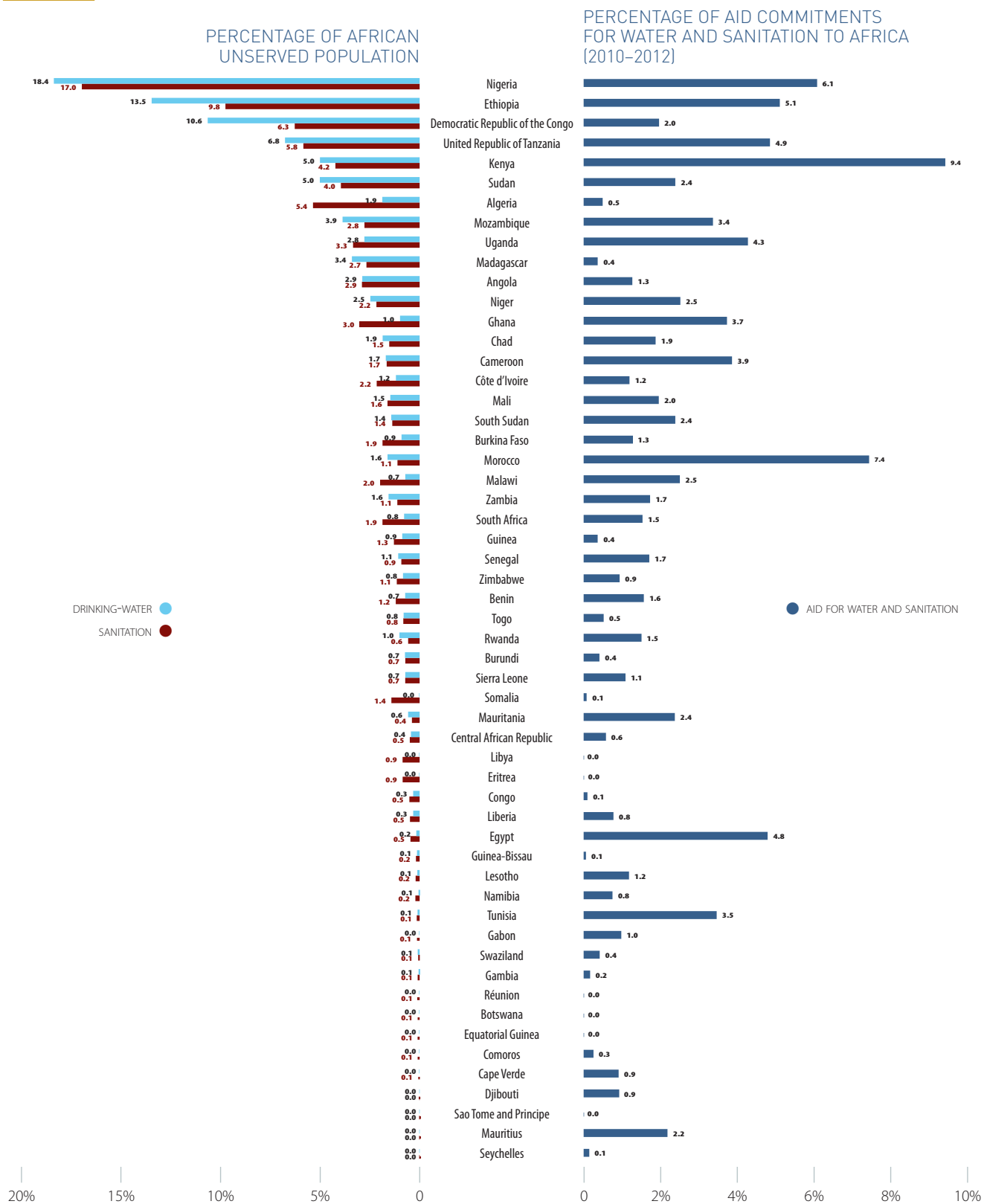


Source: OECD-CRS 2014; WHO/UNICEF (2014).

Factors other than WASH coverage levels play a role in aid targeting (Figure 12).

Figure 12

Comparison of percentage of unserved population in Africa and WASH aid to Africa by country



Source: OECD-CRS 2014; WHO/UNICEF (2014).

Aid commitments for water and sanitation to Africa increased by US\$ 1.5 billion from 2010 to 2012 (i.e. from US\$ 2.9 to US\$ 4.4 billion), though much of this aid is targeted to large systems. Aid commitments for basic systems, a proxy indicator for reaching unserved populations and the poor, increased marginally by US\$ 240 million from 2010 to 2012.

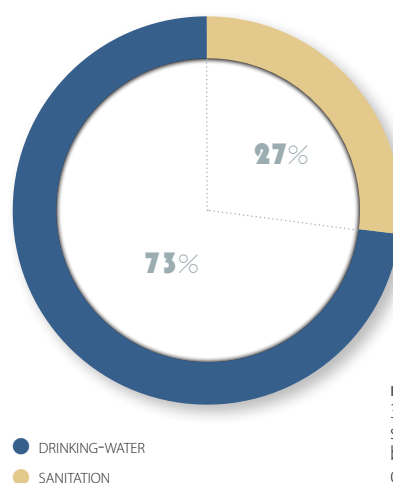
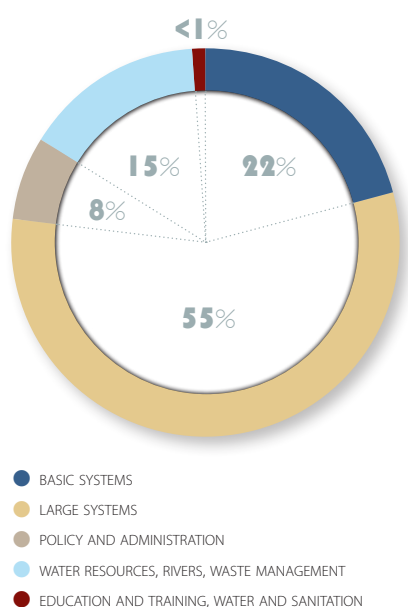
Aid commitments for basic systems have declined as a proportion of total water and sanitation aid to Africa while the proportion of aid directed to sanitation has increased (Figure 13).

Figure 13

A) Breakdown of sanitation and water aid commitments to Africa by purpose type, 2012; B) Comparison of donor commitments to Africa, sanitation versus drinking-water, 2012 and 2013 (US\$ 1.0 billion)

A) BASIC/LARGE
Aid for basic sanitation and drinking-water services to Africa decreased from 26% to 22% of overall sanitation and water aid commitments between 2010 and 2012.*

B) WATER/SANITATION
Aid commitments to Africa for sanitation comprised only 27% of water and sanitation ODA to Africa in 2012, an increase from 15% in 2010.



NOTE: 31% of aid for basic and large systems is disaggregated between sanitation and drinking-water.

* Aid commitments for basic systems remained at 22% of total aid commitments for water and sanitation for Africa in 2013 (OECD, 2015).

Note: Updated OECD data show the proportion of aid commitments directed to large systems at 60% and basic systems at 22% in 2013 (i.e. no change for basic systems). Data also show that that nearly 60% of the aid going to large and basic systems can now be disaggregated between sanitation and drinking-water. The 2013 data shows that an increasing proportion of aid is directed to sanitation with nearly 35% of US\$ 2.2 billion in disaggregated aid for sanitation.

Source: OECD-CRS, 2014.

WHAT ARE BASIC SYSTEMS?

Basic drinking-water systems include rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, and small distribution systems typically with shared connections/points of use; and urban schemes using handpumps and local neighbourhood networks, including those with shared connections.

Basic sanitation systems are defined as latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities.

Source: OECD, 2012.

RWANDA

Prioritizing basic services has helped to eliminate open defecation and increase access to improved sanitation, especially for the poor.

The Rwanda National Water Supply and Sanitation Policy and Strategic Plan¹ published in 2010 set ambitious targets of achieving 85% of the population having access to drinking-water and 65% to improved sanitation by 2015 with universal coverage to be achieved by 2020. The timeframe for universal coverage was brought forward to 2017 in a policy update in 2012. The policy also promotes prioritization of basic services ('some for all' rather than 'all for some'), decentralization of service provision, participation by communities, cost recovery and financial sustainability, preferential treatment of vulnerable groups, and a strong framework for monitoring results including the development of a WASH Management Information System. At over 4% of the national budget (and almost 1% of GDP) allocations to WASH were relatively high in 2008, but they have since declined. The result of the policies and actions of the Government of Rwanda and other stakeholders in the sector have been relatively successful for sanitation, with open defecation almost eliminated and access to improved sanitation increased for all wealth quintiles for both urban and rural populations. There has been a general decline in access to improved drinking-water with 81% of urban populations having access in 2012 compared to 90% in 1990 and 86% in 2000.² Increasing coverage for drinking-water is a major challenge, given the relatively high cost of operating water systems in both urban and rural environments due to the poor quality of the raw water and the mountainous terrain that increases the cost of treatment and pumping respectively.

¹ Republic of Rwanda (2010) National Policy and Strategy for Water Supply and Sanitation Services. Ministry of Infrastructure, Kigali, Republic of Rwanda. Available at: http://www.rura.rw/fileadmin/docs/Board_Decisions/WATSAN_Policy_Strategy.pdf [accessed 31 March 2014].

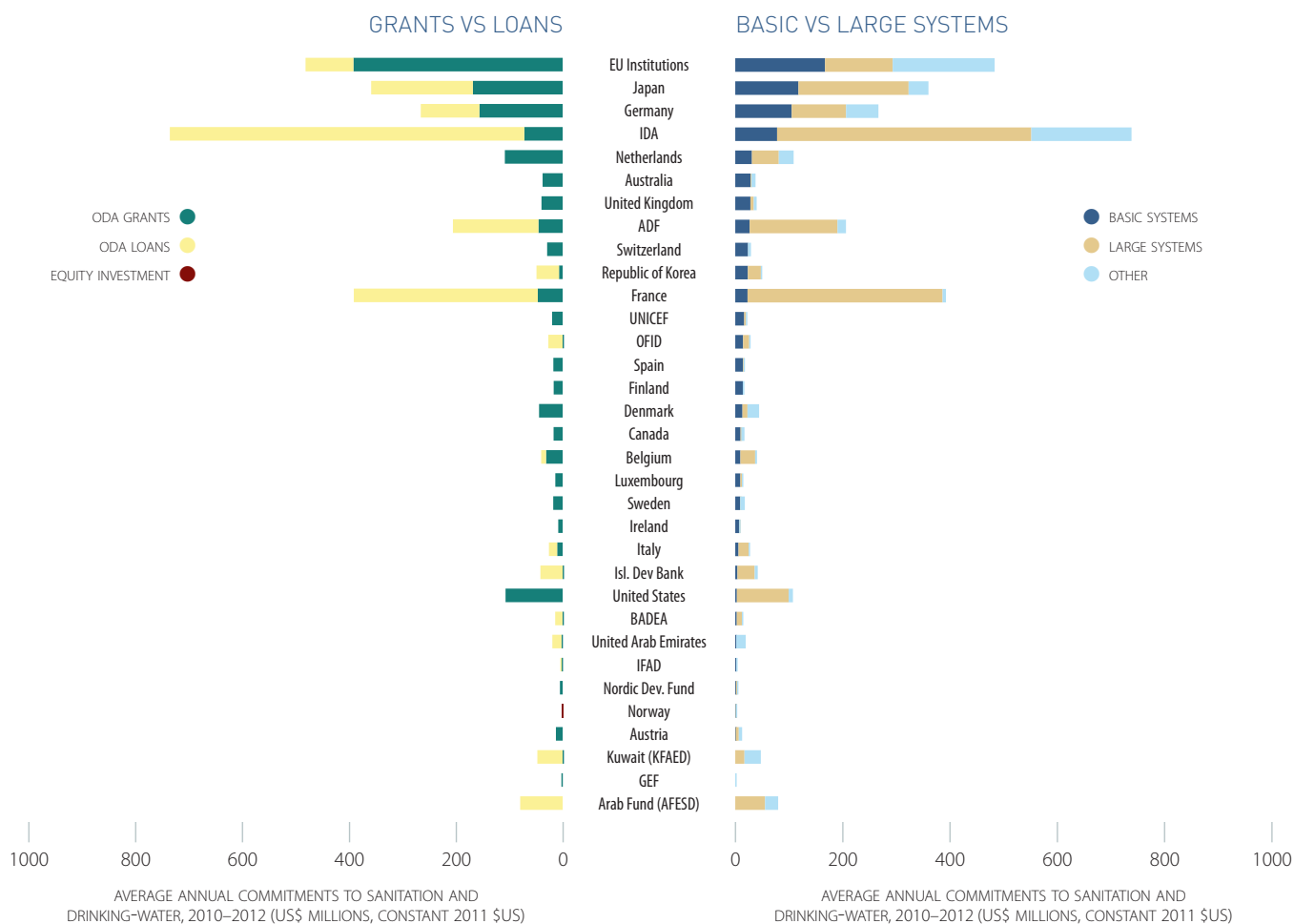
² WHO/UNICEF (2014) Progress on sanitation and drinking-water – 2014 update. Geneva, World Health Organization.

AID ALLOCATION BY ESAs

Important contributors, in terms of aid amounts to basic sanitation and drinking-water services, include the European Commission, Japan, Germany, the World Bank and the African Development Bank Group. Several other ESAs target a majority of African aid for basic services including the Netherlands, Australia, United Kingdom and Switzerland (Figure 14).

Figure 14

Breakdown in aid commitments to sanitation and drinking-water to Africa by ESA, among grants and loans, and purpose types, 2010–2012 annual average



ADF, African Development Fund, African Development Bank Group; AFESD, Arab Fund for Economic and Social Development; BADEA, Arab Bank for Economic Development in Africa; BMGF, Bill & Melinda Gates Foundation; EU, European Union; IDA, International Development Association, World Bank; IFAD, International Fund for Agricultural; GEF, Global Environment Facility; OFID, OPEC Fund for International Development; UNICEF, United Nations Children's Fund.

Source: OECD-CRS, 2014.

TARGETS AND FUTURE FOCUS

WASH development aid is targeted to help millions of people gain access to drinking-water and sanitation facilities every year throughout the world with some target time frames already extending beyond the year 2015 (Table 5).

Table
5

ESA targets and time frames

EXTERNAL SUPPORT AGENCY	POPULATION WITH INCREASED SERVICES (DRINKING-WATER)	POPULATION WITH INCREASED SERVICES (SANITATION)	FUNDING TARGETS	TIME FRAME
African Development Bank	155 million	226 million		2008–2015 (Rural Water Supply and Sanitation Initiative)
Australia	8.5 million	5 million		2012–2013
Bill and Melinda Gates Foundation	—	—	US\$ 80 million	2010–2015 (annual)
France	1.5 million per year	1 million per year		Annual targets
International Federation of Red Cross and Red Crescent Societies	11 million	5 million		2005–2015 (and to continue to 2025)
Netherlands	25 million	25 million		2010–2015 (sanitation) 2010–2018 (drinking-water)
Sweden	—	—	SEK 410 million	2014–2016 (annual)
Switzerland	—	—	CHF 150 million	2014–2016 (annual)
United Kingdom	60 million first time access to water, sanitation and/or hygiene			2010–2015
USA	10 million (first-time access)	6 million (first-time access)		2013–2018
World Bank (WSP)	—	50 million		2011–2015

Source: GLAAS 2013/2014 ESA survey.

Future directions

1. **Measures to address inequalities in WASH:** There is a need to ensure that mechanisms for reaching vulnerable groups such as those living in poverty are clearly defined and monitored at various levels. Further, measures to reduce disparities between the rich and poor need to be developed and where they already exist, they need to be consistently applied.
2. **Human Right to Water and Sanitation:** There is a need to accelerate progress on the adoption and realization of water and sanitation as a basic human right to all citizens. Within the context of calls for universal access to water and sanitation by 2030, there is need to deepen discussions and increase understanding at various levels regarding the realization of the right to water and sanitation for all citizens.
3. **National Policies, Implementation and Monitoring:** There is a need to develop mechanisms and strategies to address, rather urgently, issues of capacity which continue to undermine the implementation of policies at various levels. There is also need to ensure that adequate resources are allocated towards monitoring of policies and programmes while also ensuring that decisions undertaken at various levels are evidence-based.
4. **Financing:** Factors leading to limited national funding allocated to water and sanitation need to be assessed and addressed in consultation with relevant stakeholders at various levels. There is also a need to ensure that national agencies responsible for bilateral and multi-lateral aid negotiations and agreements understand accordingly the role water and sanitation play within human and social development and that levels of WASH aid are commensurate with this role.



Contributions

This special report was developed and coordinated by the GLAAS team in the Water, Sanitation, Hygiene and Health (WSH) Unit at the World Health Organization (WHO). It contains compiled information from 39 African countries and 23 external support agencies (ESAs), and does not necessarily represent the decisions or policies of the World Health Organization. These results have been compiled based on the GLAAS 2013/2014 Country and ESA Surveys submitted by participating countries, combined with data from the Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System (CRS) and feedback from interviews conducted with donor representatives at World Water Week in Stockholm, September 2013. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

COUNTRIES

Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic (the), Chad, Congo (the), Côte d'Ivoire, Democratic Republic of the Congo (the), Eritrea, Ethiopia, Gabon, Gambia (the), Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Morocco, Mozambique, Niger (the), Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Sudan (the), Togo, Tunisia, Uganda, United Republic of Tanzania (the), Zimbabwe.


EXTERNAL SUPPORT AGENCIES (ESAs)

African Development Bank (AfDB), Australia, Department of Foreign Affairs and Trade (DFAT), Bill & Melinda Gates Foundation (BMGF), BRAC, Canada, Foreign Affairs, Trade and Development (DFATD), Danish Ministry of Foreign Affairs (DANIDA), European Commission (EUROPAID), France, Agence Française de Développement (AFD), Germany, Federal Ministry for Economic Cooperation and Development (BMZ), International Federation of Red Cross and Red Crescent Societies (IFRC), Japan, Global Environment Department (JICA), Portugal, Camões Cooperation and Language Institute, Swedish International Development Cooperation Agency (SIDA), Swiss Agency for Development and Co-operation (SDC), The Netherlands, Ministry of Foreign Affairs (DGIS), United Kingdom, Department for International Development (DFID), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), United States, Department of State (DOS), WaterAid, World Bank.



“In Kenya, GLAAS results have redefined the National WASH indicators which have been incorporated into the National WASH Monitoring System and are monitored on a regular basis. We are in the process of integrating indicators from inter-related ministries to promote equity, inclusion, financing and this will strengthen coordination and right to safe water and sanitation for all.”

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