



An AMCOW Country Status Overview

Water Supply and Sanitation in Burkina Faso

Turning Finance into
Services for 2015
and Beyond



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Strategic Overview

In Burkina Faso, political will has been the determining factor behind the significant progress made in the water supply and sanitation sector. The country, amongst the poorest in the world, committed itself to the sector Millennium Development Goal (MDG) targets by progressively putting a programmatic approach in place which culminated in the approval of the National Program for Water Supply and Sanitation by 2015 (PN-AEPA 2015). The country has gained the trust and support of several development partners (DPs), some of whom have recently committed to providing sectoral budget support for water and sanitation.

The prospects in terms of investment up to 2015 are good: the commitments made by the government are on the increase and those of development partners are stable. Financing of the PN-AEPA investment program (the scope of which is broader than that of the MDG targets alone) is on the right track, provided that the current pace at which finance is mobilized is sustained and that the government, with the support of the DPs, invests further in promoting household sanitation, as this area is still overlooked at present.

Despite all these efforts, it is highly unlikely that Burkina Faso will meet the Millennium Development Goal targets, although performance in the urban water supply subsector

is on track (based on data reported by the Joint Monitoring Programme). The situation is particularly acute for both rural and urban sanitation.

The major challenge still to be overcome is that of decentralization and the local management of water supply and sanitation (WSS) services. All local management stakeholders, including the contracting authority, the commune (local authorities), the regional technical departments that should support them, as well as the water users' associations and the local private sector, suffer from a severe lack of human, technical, and financial resources that prevents them from successfully undertaking their new responsibilities and ensuring that investment is sustainable.

Weaknesses in the monitoring and evaluation system for sanitation mean that it is difficult to fully register progress made and identify those communes with lowest coverage. This also makes it difficult to differentiate good versus poor approaches and so share any lessons learned. Moreover, these weaknesses mean that donors are more reticent to commit further funds to the subsector.

This second AMCOW Country Status Overview (CSO2) has been produced in collaboration with the Government of Burkina Faso and other stakeholders.

Agreed priority actions to tackle these challenges, and ensure finance is effectively turned into services, are as follows:

Sectorwide

- Finance the implementation of the Human Resources Development Plan of the General Directorates for Water Resources (DGRE) and Wastewater, Sanitation and Human Excreta (DGAEUE), and the Regional Directorate for Agriculture, Water and Fisheries (DRAHRH).
- Develop and implement a plan to build on the communes' human, material and financial capacities to enable them to assume their new responsibilities for water supply and sanitation.
- Continue to mobilize internal and external resources, particularly for household sanitation in rural areas.
- Improve the process for monitoring and evaluating the use of finance by involving all stakeholders: central government (ministry in charge of water and sanitation, finance ministry) and regional departments, development partners (DPs), nongovernmental organizations, communes, and the private sector.
- Improve and simplify public procurement procedures.
- Ensure consistency in the standards and definitions used to calculate water supply and sanitation coverage by the DGRE/ DGAEUE, the state-owned company ONEA, and the National Institute of Statistics and Demography (INSD) in particular.
- Conduct a household survey to establish reliable baseline data for access to improved sanitation.
- Within the ministry in charge of water and sanitation, design and implement a standardized process for collecting, processing and communicating data related to the planning and monitoring of facilities, based on the Finance Law development timetable.

Rural water supply

- Expand the management reform of rural water supply systems to all regions.
- Rapidly increase the human, financial, and material resources made available to communes and regional departments to enable them to undertake the new responsibilities entrusted to them as part of the decentralization process.
- Reinforce the competencies of water users' associations and the private sector.

Urban water supply

- Increase the quantity of water produced (collected, treated, and distributed) in the 14 secondary centers where there is a shortfall.
- Improve the billing process by ensuring payments are collected from central administration and local authorities on time.
- Continue to implement the recommendations from ONEA's 9001/2000 certification audit.

Rural sanitation and hygiene

- Rapidly increase the finance allocated to leveraging household sanitation improvements.
- Conduct an analysis of the main factors underlying the success and failure of past interventions to find more effective ways of stimulating demand and of promoting sanitation to increase the construction rate of facilities and, ultimately, to create and disseminate process guidelines for sanitation and hygiene projects.
- Initiate a hygiene and sanitation promotional campaign at household level, on a long-term national scale.

Urban sanitation and hygiene

- Develop pit emptying services and wastewater and excreta treatment capacities in urban centers.
- Find realistic technical and financial solutions to accompany the development of sewerage systems in Ouagadougou and in Bobo-Dioulasso bearing in mind the (low) demand for such a service, the capacity of domestic and industrial users to pay, and the need to achieve sustainable financial stability in the subsector.
- Mobilize the necessary funding to implement Strategic Sanitation Plans in the secondary centers and unplanned settlements of Ouagadougou and Bobo-Dioulasso.



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Acronyms and Abbreviations

AEP(A)	Water Supply (and Sanitation) (<i>Approvisionnement en eau potable [et assainissement]</i>)	KfW	Kreditanstalt für Wiederaufbau, a German credit agency for reconstruction and development
AFD	French Development Agency (<i>Agence française de développement</i>)	LIC	Low-income country
AMCOW	African Ministers' Council on Water	m ³	cubic meters
AUE	Water Users' Associations (<i>Associations d'usagers de l'eau</i>)	M&E	Monitoring and evaluation
AfDB	African Development Bank	MAHRH	Ministry of Agriculture, Water and Fisheries (<i>Ministère de l'Agriculture, de l'Hydraulique et des Ressources Halieutiques</i>)
BPO	Performance budgeting (<i>Budget-programme par objectif</i>)	MDG	Millennium Development Goal
CAPEX	Capital expenditure	MTEF	Medium-Term Expenditure Framework
CLTS	Community-Led Total Sanitation	NGO	Nongovernmental organization
CSO2	Country Status Overviews (second round)	O&M	Operation and maintenance
DANIDA	Danish International Development Agency	ONEA	National Office for Water and Sanitation (<i>Office National de l'Eau et de l'Assainissement</i>)
DED	German Development Service (<i>Deutscher Entwicklungsdienst</i>)	OPEX	Operations expenditure
DGAEEU	General Directorate for Wastewater Sanitation and Human Excreta (<i>Direction Générale de l'Assainissement des Eaux Usées et Excrétas</i>)	PCD-AEPA	Communal Development Plan for Water Supply and Sanitation (<i>Plan communal de développement pour l'AEPA</i>)
DGRE	General Directorate of Water Resources (<i>Direction Générale des Ressources en Eau</i>)	PN-AEPA	National Program for Drinking Water Supply and Sanitation (<i>Programme national d'approvisionnement en eau potable et d'assainissement</i>)
DP	Development partner	PRSP	Poverty Reduction Strategy Paper (<i>French: CSLP, Cadre stratégique de lutte contre la pauvreté</i>)
DRAHRH	Regional Directorate of Agriculture, Water and Fisheries (<i>Direction Régionale de l'Agriculture, de l'Hydraulique et des Ressources Halieutiques</i>)	PSA	Strategic Sanitation Plan (<i>Plan Stratégique d'Assainissement</i>)
EU	European Union	RSH	Rural sanitation and hygiene subsector
GNI	Gross national income	RWS	Rural water supply subsector
GDP	Gross domestic product	SIDA	Swedish International Development Agency
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit, a German technical cooperation agency	SIG-OMD	Geographic information system tool for WSS (<i>Système d'information géographique sur les OMD</i>)
HH	Household	SWAp	Sector-Wide Approach
INOH	National Inventory of Water Facilities (<i>Inventaire national des ouvrages hydrauliques</i>)	UNICEF	United Nations Children's Fund
INSD	National Institute of Statistics and Demography (<i>Institut National de la Statistique et de la Démographie</i>)	UWS	Urban water supply subsector
JICA	Japanese International Cooperation Agency	USH	Urban sanitation and hygiene subsector
JMP	Joint Monitoring Programme (UNICEF/WHO)	VIP	Ventilated Improved Pit latrine
		WHO	World Health Organization
		WSS	Water supply and sanitation
		WSP	Water and Sanitation Program

Exchange rate: US\$1 = 489,02 CFA Francs.¹

1. Introduction

The African Ministers' Council on Water (AMCOW) commissioned the production of a second round of Country Status Overviews (CSOs) to better understand what underpins progress in water supply and sanitation and what its member governments can do to accelerate that progress across countries in Sub-Saharan Africa (SSA).² AMCOW delegated this task to the World Bank's Water and Sanitation Program and the African Development Bank who are implementing it in close partnership with UNICEF and WHO in over 30 countries across SSA. This CSO2 report has been produced in collaboration with the Government of Burkina Faso and other stakeholders during 2009/10.

The analysis aims to help countries assess their own service delivery pathways for turning finance into water supply and sanitation services in each of four subsectors: rural and urban water supply, and rural and urban sanitation and hygiene. The CSO2 analysis has three main components: a review of past coverage; a costing model to assess the adequacy of future investments; and a scorecard which allows diagnosis of particular bottlenecks along the service delivery pathway. The CSO2's contribution is to answer not only whether past trends and future finance are sufficient to meet sector targets, but what specific issues need to be addressed to ensure finance is effectively turned into accelerated coverage in water supply and sanitation. In this spirit, specific priority actions have been identified through consultation. A synthesis report, available separately, presents best practice and shared learning to help realize these priority actions.

2. Sector Overview: Coverage and Finance Trends

Coverage: Assessing Past Progress

According to the statistics produced for the National Program for Water Supply and Sanitation (PN-AEPA) and population data gathered during the 2004 administrative census,³ Burkina Faso is unlikely to meet the target it set for the drinking water sector: coverage stood at 59 percent in 2008, with the target set at 79 percent for 2015. The Joint Monitoring Programme (JMP) figures,⁴ however, suggest that, with coverage of 76 percent in 2008, Burkina Faso exceeded the Millennium Development Goal (MDG) target of 72 percent. If the current pace of progress is sustained up to 2015, the country will therefore easily exceed this target (Figure 1).⁵ It should be noted, however, that the definitions and calculation methods used by the JMP are different from those used in the PN-AEPA, which explains this difference in estimates (see Section 6).

For sanitation, the government statistics match those of the JMP: with coverage of around 10 percent in 2008, the country is highly unlikely to reach the sector target of 55 percent by 2015.⁶

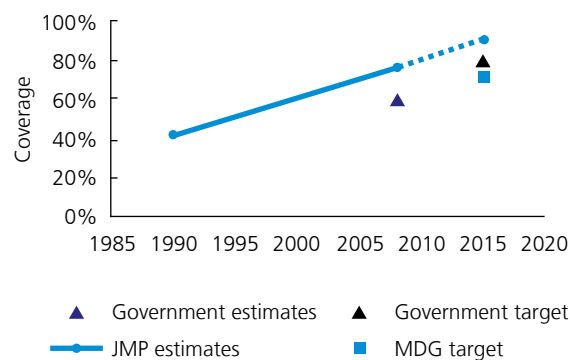
Figure 1 is based on combined rural and urban data. These averages therefore conceal large differences in coverage between the situation in urban and in rural areas. While the scale of these differences varies depending on whether the figures used are those provided by the ministry in charge of water and sanitation or those of the JMP (see Sections 7 to 10), the general assessment is the same: rural areas, where 81 percent of the population resides, are clearly lagging behind urban areas in terms of access to water supply and sanitation (WSS) services.

Investment Requirements: Testing the Sufficiency of Finance

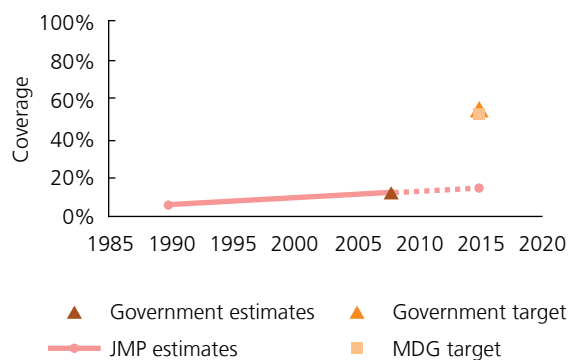
The Burkinabe government estimated the investment requirements of the WSS sector when the PN-AEPA was adopted in 2006. This estimate is based on the strategic direction set in the PN-AEPA, based on 2005 coverage and on the 2015 targets. As far as sanitation is concerned, the scope of the government estimate is broader than that of the MDG. It also includes greywater collection facilities in households, wastewater treatment plants, public and

Figure 1
Progress in water supply and sanitation coverage

Water supply



Sanitation



Sources: DGRE, ONEA, and JMP 2010 report.

institutional sanitation (toilet blocks in schools, healthcare centers, and public places), as well as training and hygiene education.

According to this government estimate, US\$1,085 million would be required to finance all investment planned between 2007 and 2015 for the drinking water subsectors and US\$250 million for the sanitation subsectors.⁷ At the end of 2009, so before the halfway point, around 50 percent of finance had been mobilized for drinking water, with a similar percentage for sanitation. Whilst access to

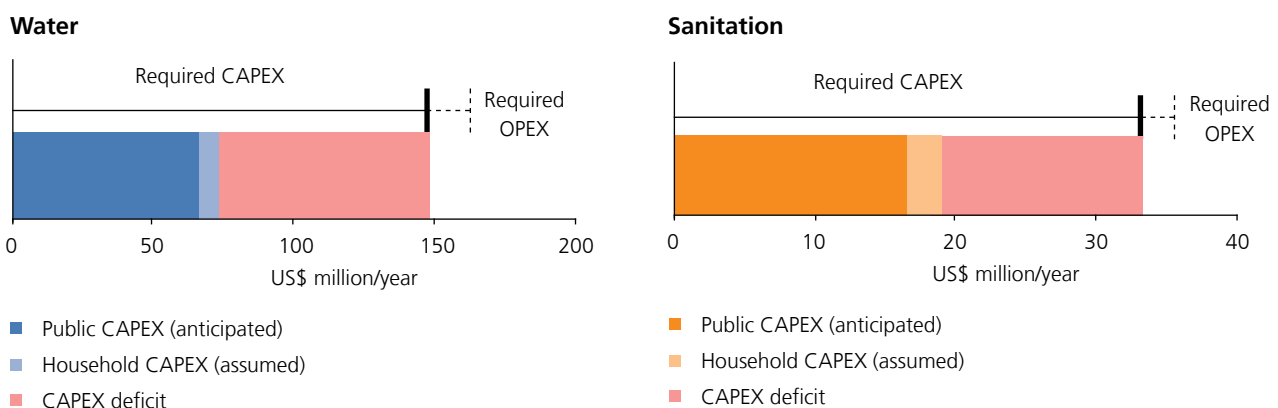
drinking water has increased considerably as a result of this investment, the same cannot be said for sanitation. This can be explained by the fact that most of the investment is not destined for household latrines but rather for public and institutional sanitation (rural areas) or for greywater treatment (urban areas), two types of services that are not included in the coverage calculations.⁸ Factoring in household contributions, the government still needs to mobilize at least US\$83 million per year between 2010 and 2015 for water and 17 million for sanitation from donors, users, and out of its own budget (Table 1).

Table 1
Coverage and investment figures⁹

	Coverage	Target	Population requiring access	CAPEX requirements			Anticipated public CAPEX			Assumed HH CAPEX	Total deficit
				Total	Total	Public	Domestic	External	Total		
	2008	2015	'000/year	2007-15*	2010-15						
	%	%		US\$ million/year							
Rural water supply	56%	76%	620	76	94	84	4	37	41	5	48
Urban water supply	75%	87%	222	45	56	51	4	21	25	2	28
Water supply total	59%	79%	842	121	149	135	8	58	66	7	76
Rural sanitation	10%	54%	956	16	20	19	1	8	8	0	11
Urban sanitation	17%	57%	282	12	13	11	1	7	8	2	3
Sanitation total	11%	55%	1,246	28	33	30	2	15	17	2	14

* Original PN-AEPA (2007) projections were lower. As the annual deficits accumulated over the 2007–09 period, today the annual requirements are higher for the remaining period, 2010–15.
Sources: PN-AEPA.

Figure 2
Required vs. anticipated (public) and assumed (household) expenditure for water



Source: PN-AEPA estimates adjusted for remaining years of the programme, 2010-15.

Taking the MDG target for sanitation in its strictest sense,¹⁰ which means excluding wastewater collection and treatment facilities and public and institutional sanitation, would reduce the overall finance requirement; however, within the PN-AEPA a much larger percentage needs to be specifically allocated to improving household sanitation facilities. In rural areas, for example, it is estimated that only 8 percent of finance is allocated to leveraging household latrine coverage. As a result, if the current allocation of funds continues, a huge additional financial effort will be required to meet the sanitation MDG target.¹¹

For water supply, if the JMP figures, which show a much higher access rate, had been used instead of the PN-AEPA statistics, the finance required to maintain access equal to or higher than the MDG target¹² would appear lower.

In addition to the investment requirements presented above, around US\$18 million per year will be required to finance operation and maintenance (O&M), of which US\$15 million per year is for rural and urban water infrastructure (Table 2). As in many countries, in Burkina Faso there is an implicit assumption that O&M costs (OPEX) will be recovered from users through the tariff, though in practice this is not always achieved. If any of the

Table 2
Annual OPEX requirements

Subsector	OPEX US\$ million/year
Rural water supply	8
Urban water supply	7
Water supply total	15
Rural sanitation	2
Urban sanitation	1
Sanitation total	3

Source: CSO2 costing.

annual OPEX has to be subsidized from the public purse, it reduces the amount available for capital investment.

These considerations are only part of the picture. Bottlenecks can in fact occur throughout the service delivery pathway—all the institutions, processes, and actors that translate sector funding into sustainable services. Where the pathway is well developed, sector funding should turn into services at the estimated unit costs. Where it is not, the above investment requirements may be gross underestimates. The rest of this report evaluates the service delivery pathway in its entirety, locating the bottlenecks and presenting the agreed priority actions to help address them.

3. Reform Context: Introducing the CSO2 Scorecard

The recent and effective restructuring of the WSS sector, with the development of a good quality public service in urban areas dating from the mid-1990s and the implementation of a programmatic approach in 2006, makes Burkina Faso a model country in the Francophone West African subregion. However, the MDGs are still far from being achieved, especially in sanitation where access to improved facilities is still very low.

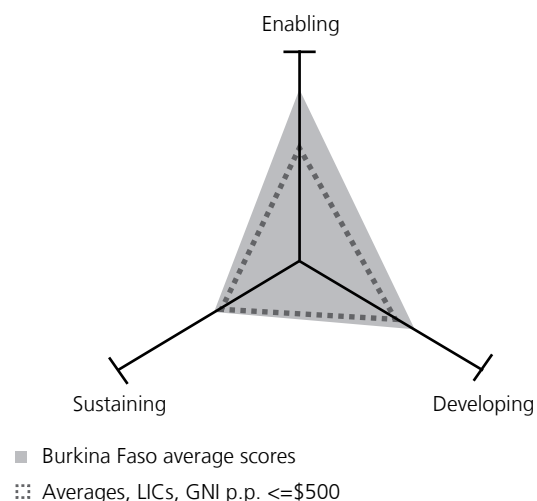
This brief introduction puts the service delivery pathway in context, which can then be explored in detail using the CSO2 scorecard, an assessment tool providing a snapshot of reform progress along the service delivery pathway. This scorecard looks at nine building blocks of the service delivery pathway, which correspond to specific functions classified in three categories: three functions that refer to **enabling** conditions for putting services in place (policy development, planning new undertakings, budgeting); three functions that relate to **developing** the service (expenditure of funds, equity in the use of these funds, service output); and three functions that relate to **sustaining** these services (facility maintenance, extension of infrastructure, use of the service).¹³ Each building block is assessed against specific indicators and scored from 1 (poor) to 3 (excellent) accordingly.

The scorecard results for Burkina Faso show, first, that the sector's **enabling** political and institutional context has been considerably strengthened over the last decade, placing Burkina Faso well above the average of other African low-income countries with a gross national income (GNI) below US\$500 per capita (World Bank Atlas Method, see Figure 3). This has been made possible by the willingness of the government to commit to the MDG targets. The (sub) sector policies have been developed or updated and the PN-AEPA programmatic framework has been set up to include an investment program and precise strategic guidelines. There is a clear division of roles between stakeholders which ensures there is no duplication of

institution roles or dilution of responsibilities. The national authorities exercise strong leadership within the sector, demonstrating both initiative and transparency. As a result, they have earned the trust and support of several development partners (DPs).

Developing drinking water services continues at a good pace, enabling Burkina Faso to cope with high population growth (3.1 percent a year). In urban areas, this positive result can be attributed to the National Office for Water and Sanitation (ONEA) which, in the 1990s, transformed itself into a highly capable state company with the ability to absorb external funding effectively. ONEA maintains a social connections policy alongside an affordable pricing policy, rendering the service accessible to the poor. The integration of both water and sanitation under its sole

Figure 3
Average scorecard results for enabling, developing, and sustaining service delivery, and peer-group comparison



Source: CSO2 scorecard.

mandate brings greater balance and consistency to the subsectors. Although sanitation is progressing more slowly, ONEA has been able to encourage development in the urban sanitation subsector through the Strategic Sanitation Plans (PSA: Plans Stratégiques d'Assainissement) and through use of the sanitation surcharge as an internally generated, stable, and sustainable source of finance. In rural areas, however, the pace of service development is much slower, as far as sanitation is concerned. Consequently, the overall result on the scorecard for building blocks related to developing services is more modest, preventing Burkina Faso from rising very far above the average of other countries.

The scorecard also gives a very positive result for **sustaining** services, mainly due to effective technical and

financial management of the urban water supply, the management reform of water points in rural areas, as well as the various capacity-building programs put in place for those operators and artisans involved in the management of WSS facilities in both rural and urban areas.

Table 3 provides a summary of the main steps taken as part of the WSS sector reform process in Burkina Faso. Sections 4 to 6 then highlight progress and challenges across three thematic areas—the institutional framework; finance; and monitoring and evaluation (M&E)—benchmarking Burkina Faso against its peer countries based on a grouping by GNI. The related indicators are extracted from the scorecard and presented in charts at the beginning of each section. The scorecards for each subsector are presented in their entirety in Sections 7 to 10.

Table 3
Key dates in the reform of the sector in Burkina Faso

Year	Event
1970	Management of water and electricity is separated with the creation of the National Water Company (SNE: <i>Société Nationale des Eaux</i>), a semi-public company present in seven urban centers, while the state directly supervises rural water supply.
1976-1978	First Water Policy and nationalization of the SNE, transformed into the National Office for Water (ONE: <i>Office National de l'Eau</i>), present in 44 urban centers.
1985	Transformation of the ONE into the National Office for Water & Sanitation (ONEA: <i>Office National de l'Eau et de l'Assainissement</i>) and creation of a surcharge for sanitation included in the water bill.
1994	ONEA becomes a state-owned company. The sanitation surcharge is used to finance the Strategic Sanitation Plan of Ouagadougou (PSAO: <i>Plan Stratégique d'Assainissement de Ouagadougou</i>).
1998	The adopted National Water Policy introduces integrated management of water resources in Burkina Faso.
1996-2000	ONEA improves its technical and financial performance.
2001	Adoption of the Water Law.
2002	Creation of the Ministry of Agriculture, Water and Fisheries (MAHRH: <i>Ministère de l'Agriculture, de l'Hydraulique, et des Ressources Halieutiques</i>) that includes a General Directorate in charge of water and sanitation.
2006-2009	Adoption of the National Program for Water Supply and Sanitation (PN-AEPA: <i>Programme National d'Approvisionnement en Eau Potable et d'Assainissement</i>) and development of its application tools.
2008	Institutional separation of water and sanitation management in rural areas with the creation of the General Directorate of Wastewater Sanitation and Human Excreta (DGAEUE: <i>Direction Générale de l'Assainissement des Eaux Usées et Excrétas</i>) alongside the General Directorate of Water Resources (DGRE: <i>Direction Générale des Ressources en Eau</i>).

Source: CSO2 analysis.

4. Institutional Framework

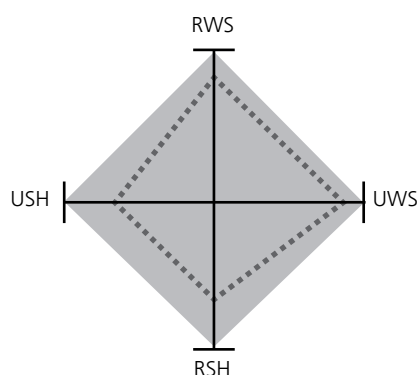
Priority actions for the institutional framework

- Finance the implementation of the Human Resources Development Plan (2009–12) of the DGRE, DGAEUE, and the Regional Directorate for Agriculture, Water and Fisheries (DRAHRH).
- Develop and implement a plan to build on the communes' human, material, and financial capacities to enable them to assume their new responsibilities in water supply and sanitation (dissemination of PN-AEPA tools; training in the use of these tools and public procurement procedures; understanding of the responsibilities of each actor and, above all, of the regional directorates; definition of inter-communal working methods; advocacy and raising finance, and so on).
- Assist the communes to create a list of actors working in their respective districts and invite them to agree to a periodic consultation process to undertake planning, harmonize approaches, and review activities and future undertakings. At the same time, build on and share experiences gained from assisting the communes in their role as contracting authority up to the end of 2010 with the aim of promoting all methods of providing back-up support to communes.

The institutionalization of the PN-AEPA in 2006 enabled the WSS sector in Burkina Faso to grow in strength (Figure 4). This program demonstrates the willingness of the authorities and their DPs to steadily put in place a Sector-Wide Approach (SWAp) to meet the MDGs. The PN-AEPA sets out quantitative objectives in terms of facilities to be built and coverage to be achieved by 2015. It also sets out a series of measures to be adopted to

better coordinate the sector and improve its performance, in particular: the decentralization of water supply and sanitation management to communes, the development of a three-year rolling performance budget (BPO: *budget-programme par objectif*), the implementation of a monitoring and evaluation system, capacity-building of all stakeholders, and the harmonization of technology specifications.

Figure 4
Scorecard indicator scores relating to institutional framework compared to peer group (see endnotes)¹⁴



■ Burkina Faso average scores
 :: Averages, LICs, GNI p.p. <=\$500

Source: CSO2 scorecard.

As part of the same process, a National Sanitation Policy and Strategy document was discussed by all sector stakeholders prior to being adopted in 2007; the National Water Policy was updated in 2009, and an Implementation Strategy for the treatment of wastewater and excreta in rural areas was validated the same year. This sector organization enabled the central state authorities to significantly consolidate their leadership role within the sector.

At the central level, the General Directorate of Water Resources (DGRE) and the General Directorate for Wastewater Sanitation and Human Excreta (DGAEUE, created in 2008), working under the supervision of the Ministry of Agriculture, Water and Fisheries (MAHRH) define those policies relating to drinking water and sanitation, respectively, and drive implementation of the PN-AEPA in rural and urban areas. They identify needs, plan activities, mobilize finance for rural areas, provide guidance and coordinate interventions, develop project

management, implementation and monitoring tools, and oversee their application. The WSS sector is regulated by the MAHRH, as well as by the Ministry of Health and the Ministry of the Environment and Standard of Living.

The National Office for Water and Sanitation (ONEA) is the state company responsible for drinking water and sanitation services and implementation of the PN-AEPA in urban areas. The contract between ONEA and the Burkinabe government attributes to the former a role similar to that of delegated contracting authority, and places it under the technical supervision of the MAHRH. Its scope of intervention extends to the majority of urban centers with over 10,000 inhabitants, although ONEA also manages smaller rural growth centers under lease contracts.

At the local level, the communes (rural and urban) have acted as contracting authorities since 2009, and

are responsible for planning, constructing facilities, and managing the WSS service in their area. They develop their Communal Development Plans for water supply and sanitation (PCD-AEPA) under the supervision of the Regional Directorates for Agriculture, Water and Fisheries (DRAHRH: *Directions Régionales de l'Agriculture, de l'Hydraulique et des Ressources Halieutiques*).

There are several consultation mechanisms in place between sector partners which contribute to general improvement in coordination, but which also take up a considerable amount of time. Three of these are particularly important: the consultation framework bringing together the state and its DPs for the annual joint review of the sector; the donor consultation framework in which all the main DPs meet once a month under the direction of a rotating chairperson; and the consultation framework for NGOs and associations.

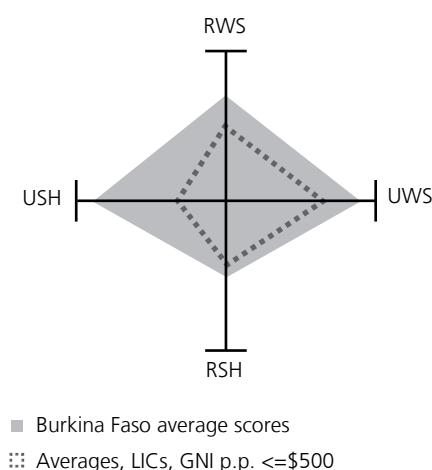
5. Financing and its Implementation

Priority actions for financing and its implementation

- Continue to mobilize internal and external financial resources, particularly for household sanitation in rural areas.
- Improve the M&E process for the use of finance (refining the procedures for establishing finance laws and the performance budget system, the BPO; changing the budget headings to differentiate between rural and urban sanitation; developing a sector MTEF that includes communal planning; improving the Integrated Public Expenditure System by involving all stakeholders (the state and regional departments, DPs, NGOs, communes, and the private sector).
- Compare the percentage of finance utilized to the number of facilities built every year and conduct an audit of expenditure to ensure the correct use of resources and to measure the impact of expenditure in the field.
- Improve and simplify public procurement procedures—probably moving towards devolution or decentralization of procedures, investment credits and program authorizations for WSS (MAHRH, Ministry of Finance, Ministry of Territorial Administration).
- Simplify and streamline DP procedures for procurement and disbursing finance; facilitate and develop sector budget support (DGRE/DGAEUE, DPs, and Ministry of Finance).

As far as financing the WSS sector is concerned, the CSO2 scorecard performance of Burkina Faso is above average for African low-income countries (Figure 5), although a certain number of obstacles remain.

Figure 5
Scorecard indicator scores relating to financing, compared to peer group¹⁵



Source: CSO2 scorecard.

It is particularly **difficult to identify and categorize all the finance** allocated to the water supply and sanitation sector. There is little coherence between the data transmitted by the DPs, the DGRE, ONEA, data included in the finance laws (one in three projects went unlisted in 2008), and the data provided in the BPO. The PN-AEPA financial plans are not automatically updated. As with the finance laws, they do not differentiate between the financial commitments made to each of the four subsectors (drinking water/sanitation, rural/urban)¹⁶; they do not identify finance mobilized directly by the NGOs, private providers or the communes; and they do not measure the direct contribution of households to financing the sector (whether this is through payment of the water bill or their direct contribution to projects and programs).

Although the government states it wants to increase the contribution of domestic finance, this remains uncertain and tends to fluctuate. Indeed, the MAHRH's Medium-Term Expenditure Framework (MTEF) groups together agriculture, water, and fisheries into one single category, with no system in place for dividing the budget up between these different sectors. This means that it is not possible to forecast the resources allocated by the government specifically to water supply and sanitation, or to be sure

that the government will continue to provide the same level of funding. The budget that the government provides each year is therefore more dependent upon its annual priorities than upon the targets and results to which it committed as part of the PN-AEPA.

Development aid: A number of donors set up a ‘basket fund’ (DANIDA, SIDA, and GTZ) in 2007 and have more recently engaged in sector budget support (DANIDA, SIDA, and EU; US\$170 million in 2010). Currently this financing method is only used by a minority of donors and covers only about 20 percent of the total investment. The remainder of the funding (making up nearly 80 percent of investment) comes in the form of donor projects/programs. The main DPs for the sector are DANIDA (Denmark), the World Bank, the AfDB, AFD (France), KfW/DED/GTZ (Germany), UNICEF, the European Union, SIDA (Sweden), JICA (Japan), Chinese cooperation, and UN-Habitat. NGOs and “decentralized cooperation” (such as twinning arrangements)¹⁷ exist mainly in rural areas and represent only a small part of this investment (less than 5 percent).¹⁸

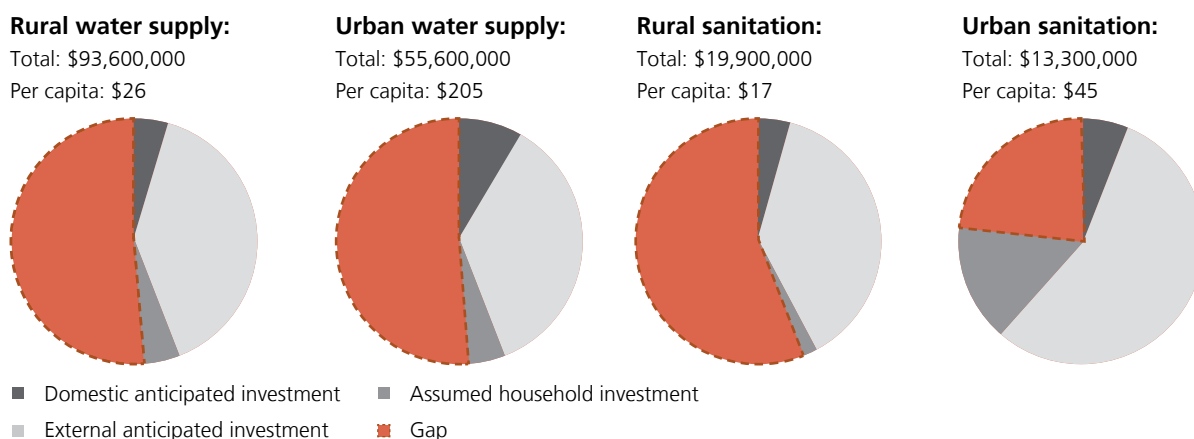
Overall, the public expenditure review of 2008 showed that the **budget allocated to water supply and sanitation** (the government’s own funds and donor commitments other than from NGOs) has increased considerably over the last few years, rising from US\$27.4 million in 2001 to US\$61.6 million in 2007. This rise has translated into a proportional increase in the number of facilities built and coverage raised.¹⁹ The prospects for financing are relatively stable: whereas some donors have reduced their aid as a result of the global financial crisis, others have maintained

or increased their aid levels, having already committed to this far in advance. As a result, the flow of aid has remained constant. However, the total anticipated funding is still not enough to meet the remaining funding requirements of the PN-AEPA investment plan for 2015. Of the four subsectors, urban sanitation is the most fully funded with a deficit of around a quarter of the total, whereas for rural sanitation and urban and rural water supply, the deficit stands at over half of the finance required (Figure 6).

As far as the allocation of funds in urban areas is concerned, it would appear that, up to now, the ONEA has promoted WSS in the capital, Ouagadougou, at the expense of other urban centers. This can be explained by the fact that the challenges in terms of mobilizing resources and developing water supply and sanitation services are greater here. In rural areas, finance is directed to those regions in deficit—which are identified using the SIG-OMD tool (which uses Geographic Information System technology)—or, where there is no data available, to those regions not covered by current projects and programs.

Commitments are compared to actual disbursements in the performance budget report (BPO). The data available shows that an average of 80 percent of domestic capital commitments has been utilized over the last three years. This is substantially higher than expenditure from official donor commitments, which is around 53 percent, with a lower rate for loans than for grants. This low utilization rate can be explained both by the procurement procedures, which are slow and centralized in Ouagadougou, as well as by the cumbersome processes required by a subset of donors.

Figure 6
Overall annual and per capita investment requirements and contribution of anticipated financing by source



Source: PN-AEPA adjusted for the period 2010–15.

6. Sector Monitoring and Evaluation

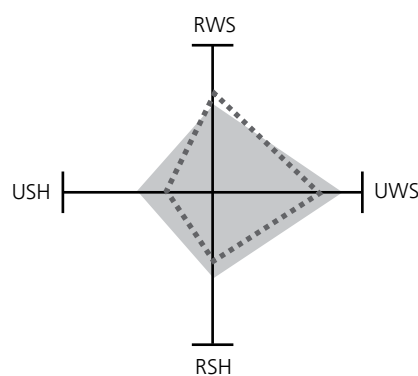
Priority actions for sector monitoring and evaluation

- Ensure consistency in the standards and definitions used to calculate water supply and sanitation coverage by the DGRE/DGAEUE, ONEA, the National Institute of Statistics and Demography (INSD), and other departments that produce statistics (Ministry of Health, of Education, Burkina Geographic Institute {Institut Géographique du Burkina}, Ministry in charge of territorial administration, and so on), under the auspices of the National Statistics Council (Conseil National de la Statistique), and of the General Directorate of the Economy and Planning (prior to 2011).
- Conduct a household survey to establish reliable baseline data for access to improved sanitation before 2011 (DGAEUE/DGRE, ONEA, INSD with support from the National Statistics Council. and also the JMP, if necessary).
- Design and implement a standardized process within the DGRE for collecting, processing, and communicating data related to the planning and monitoring of facilities, based on the Finance Law development timetable (before 2011).
- Train focal points within the communes to collect data on the realization of wastewater and excreta treatment facilities as soon as possible (responsibility of the DGAEUE).

The monitoring of PN-AEPA implementation is conducted in a transparent manner by the national administration in conjunction with all actors within the PN-AEPA National Steering Committee and the Regional Steering Committees. They bring together local authority representatives, the NGOs, private sector representatives,

users, and donors. Although the latter are only invited as observers, they actively participate in critical and strategic discussions on the sector.

Figure 7
Scorecard indicator scores relating to sector M&E, compared to peer group²⁰



■ Burkina Faso average scores

⋮ Averages, LICs, GNI p.p. <=\$500

Source: CSO2 scorecard.

The M&E data (progress made in undertakings and increasing access) and the planning of physical and financial activities for the year ahead are included in the national water supply and sanitation sector report and presented during the PN-AEPA National Steering Committee meetings, as well as during the annual joint review of the sector. **Although the quality of M&E improves year on year, there are still some weaknesses that remain.**

The first issue lies in the use of **different definitions of urban and rural areas**: for the DGRE and ONEA, areas are not categorized using the administrative breakdown employed by the National Institute of Statistics and Demography (INSD) and the JMP, but instead based on the ONEA boundaries—the two are not an exact match.

The second issue, identified using the scorecard, relates to the **method of calculating access**: the INSD and the JMP base their access calculation on household surveys to estimate the proportion of the population using improved facilities (drinking water or sanitation); the ONEA and

DGRE, through their reporting mechanism on physical output, calculate coverage by measuring the proportion of the population with theoretical access to these improved facilities, regardless of whether they actually use them or not.

The third issue is **the criteria used** to define what is meant by 'having access to an improved source of drinking water and to improved sanitation facilities', as there is no consistency between the DGRE/DGAEUE, ONEA, INSD, and the JMP. In particular, for sanitation, the latrines that the DGAEUE considers to be improved do not exactly correspond to the JMP standards (pit latrine with washable slab), which in turn are not included in the INSD household survey questionnaires. As a result, there are significant variations in the access data and there is no up-to-date or reliable coverage data available for sanitation. As far as calculating water supply coverage is concerned, in contrast to the JMP, the DGRE includes the water quality and the functionality of the water point and excludes all rainwater harvesting facilities and protected springs.

The fourth issue is due to the **difficulty of monitoring the work carried out in the field**. As far as rural water supply is concerned, the baseline was established from the results of the national inventory of water supply facilities (INOH) conducted at the end of 2005. As of 2008, the INOH database has been updated annually. However, the NGOs, communes, and enterprises do not always

transmit comprehensive and reliable data on their new constructions and rehabilitations; the functionality of the facilities is not specified and it is not known whether these conform to government or JMP standards. This makes it difficult to target priority areas, estimate investment costs and evaluate the effectiveness of interventions. In addition, several departments within the DGRE are charged with collecting monitoring data. They use different methods and timeframes, making it difficult to compare their figures. For urban water supply, it is also difficult to account for those water points constructed by actors other than the ONEA in unplanned settlements and on the outskirts of secondary centers placed under ONEA responsibility.

For sanitation, facilities constructed by households independent of projects and the PSA are not included and those built by NGOs are either not included systematically or are included, but imprecisely.

To improve monitoring and reporting for the construction of water supply facilities in the field, the government has trained focal points in each region, commune or even town/village. The same needs to be done soon for sanitation. In time, this will mean that the facilities' database can be regularly updated and that coverage estimates can be refined for household sanitation in rural areas. Moreover, the decision was taken during the 2010 annual review to standardize the systems for data collection and processing within the DGRE.

7. Subsector: Rural Water Supply

Priority actions for rural water supply

- Continue development of the PCD-AEPAs, ensuring planning is based on demand, and accelerate their implementation (DGRE with financial support from the DPs).
- Expand management reform of rural water supply systems to all regions (by 2015).
- Rapidly increase the human, financial, and material resources made available to communes and the DRAHRH to enable them to undertake the new responsibilities entrusted to them as part of the decentralization process (MAHRH).
- Build the capacities of all actors, not only the communes and the DRAHRH who do not currently benefit from training, but also the water users' associations and the private sector. Training activities need to be expanded and standardized (MAHRH, at best from 2010).

The scorecard for the rural water supply subsector places Burkina Faso in the average for African low-income countries with average GNI per capita below US\$500 (Figures 10 and 11).²¹

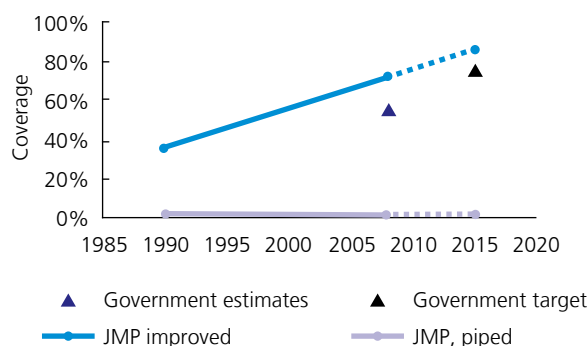
As far as development of services is concerned, the PN-AEPA indicates 55 percent coverage at the end of 2008, which is below the level required to meet the 2015 target set at 76 percent (Figure 8). According to the JMP, however, Burkina Faso will exceed the target that corresponds to the rural component of the MDG for coverage—as the 2008 estimate already stood at 72 percent despite the fact that only half of the finance required by the PN-AEPA for rural water supply had been obtained by the end of 2009. Over

US\$300 million still needs to be mobilized, which equates to more than US\$50 million per year between 2010 and 2015 (Figure 9).

Additional OPEX requirements are estimated at around US\$8 million per year—currently this is either a real or deferred burden on public finance, since recovery of operations and maintenance costs from user fees is rare for rural and small town schemes.

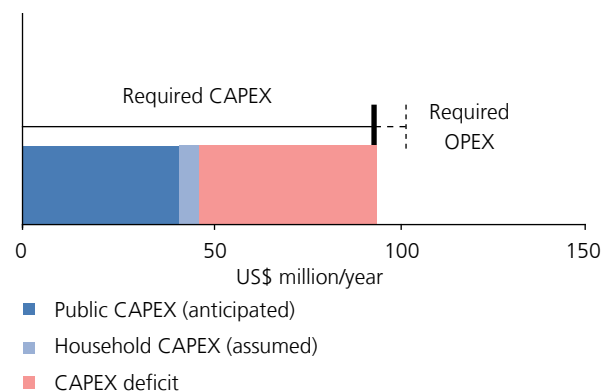
The Communal Development Plans for Water Supply and Sanitation (PCD-AEPA: *Plans Communaux de Développement pour l'AEPA*) are currently being developed to plan investment using a local and

Figure 8
Rural water supply coverage



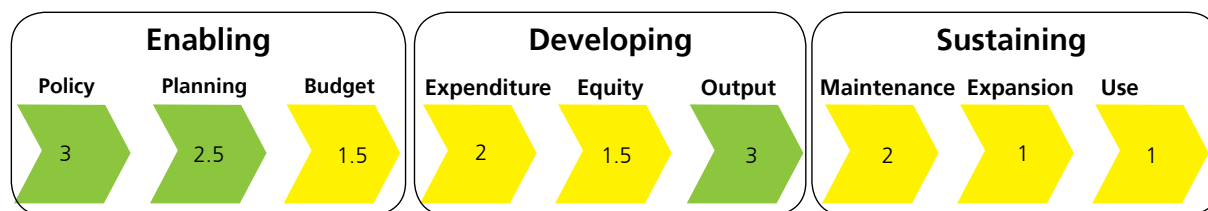
Sources: DGRE and JMP 2010 report.

Figure 9
Rural water supply investment requirements



Source: PN-AEPA adjusted for the period 2010–15.

Figure 10
Rural water supply scorecard

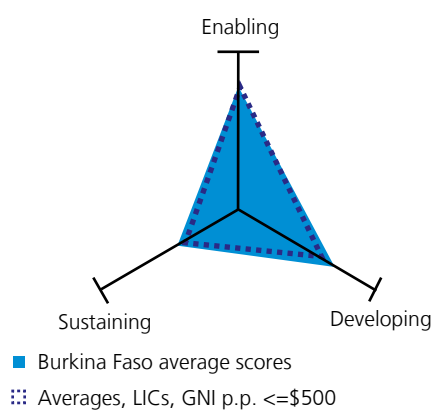


Source: CSO2 scorecard.

participatory approach. Small entrepreneurs and spare parts distributors are generally in place to carry out the WSS projects in the field. However, the subsector will need to rise to the challenge of on-going decentralization. At present, the communes have neither the staff nor the competencies (management techniques and even reading and writing skills), nor the material or financial means to take on their new responsibilities as contracting authority. The problem is the same for the regional Directorates who need to redirect their activities and competencies towards providing back-up support to the communes.

As far as management and sustainability of the infrastructure is concerned, the situation is mixed. Water tariffs are set by the mayors in consultation with the stakeholders (water users' associations—the AUEs—NGOs and/or private operators). They are supposed to be both affordable to consumers and cover OPEX requirements, replacement of small parts, the operator's and/or users' association's remuneration, and the various taxes. Based on these parameters, the water tariff can vary from between US\$0.6 to US\$1 per m³. This is generally not enough to cover all the small piped systems' operating costs, not to mention maintenance costs, which can ultimately endanger the quality and even the sustainability of the service. For handpumps, the issue is more the way in which the takings are managed than the tariff itself (\$5/per capita/year on average). Indeed, it would appear that, overall, management of the infrastructure by the committees in charge is not considered particularly satisfactory. Problems with maintenance are compounded by the number of different brands of handpumps and electricity generators, poor quality after-sales services and a lack of specialists to carry out critical repairs. As a result, a high proportion of water supply facilities are out of service, particularly in the case of small piped systems (standing at 31 percent in 2009; compared to a rate of between 6 percent and 18 percent for modern water

Figure 11
Average RWS scorecard scores for enabling, developing, and sustaining service delivery, and peer-group comparison



Source: CSO2 scorecard.

points—improved wells and boreholes—depending on the calculation method used²²).

A reform of the management system for water supply infrastructure in rural and semi-urban areas is in progress to rectify this situation. It includes the development of delegated management models to make the water service for handpumps, boreholes with tanks and water kiosks, and small piped systems more professional. Around 100 systems benefited from the reform in 2008 and this had a positive impact on the service quality.²³ Nevertheless, the low capacities of private entrepreneurs are proving to be an obstacle to proper application of the reform: these enterprises and artisans are dispersed over a large area; the sector is poorly structured; there are different levels of competency and low management abilities. As a result, some NGO and donor-led projects and programs have initiated capacity-building campaigns for private operators. These need to be accompanied by a licensing system set up by the state to better control private operators' activities and capacity.

8. Subsector: Urban Water Supply

Priority actions for urban water supply

- Increase the quantity of water produced (collected, treated, and distributed) in the 14 secondary centers where there is a shortfall (ONEA with support from the DPs, by 2015).
- Improve the billing process by ensuring payments are collected from central administration and local authorities on time (ONEA, by 2012).
- Continue to implement the recommendations from the 9001/2000 certification audit (ONEA).

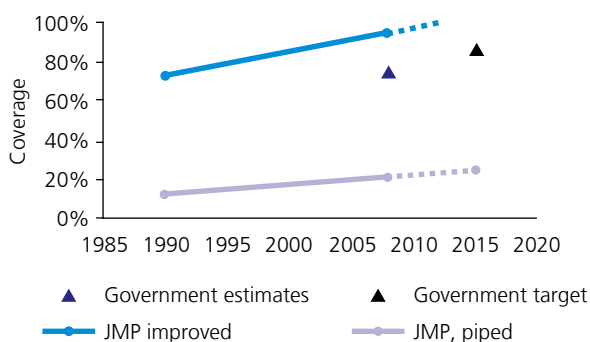
The PN-AEPA and the ONEA 2015 Development Plan should provide 87 percent of the urban population with access to drinking water by 2015 (compared to 73 percent coverage in 1990). This target has already been exceeded according to the JMP figures which estimated that 95 percent of the urban population had access to water in 2008. However, the JMP statistics differ from those of ONEA which established a coverage rate of 75 percent within its area of intervention in 2008 (and 72 percent in 2009 following modification of the assumptions used in the calculation). The latter figures would suggest that additional efforts need to be made to reach the target that corresponds to the urban component of the MDG for water supply coverage (Figure 12).

Nearly 50 percent of the ONEA investment program has already been financed. Over US\$150 million still needs to be mobilized between 2010 and 2015 (US\$28 million per year) to fully fund the PN-AEPA investment program. At

least another US\$7 million per year needs to be added to this in financing, coming from both users and government, to cover OPEX requirements (Figure 13).

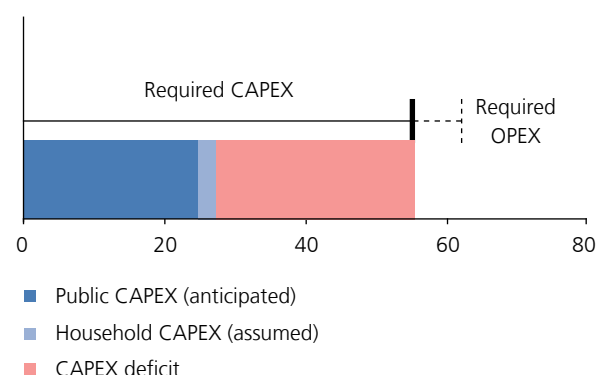
The scorecard shows that the urban water supply subsector in Burkina Faso is relatively effective, with results well above the peer-group average (Figures 14 and 15). These positive results are particularly due to the good management and absorption capacity of ONEA and the willingness with which its development partners finance the large urban water supply infrastructure. Thanks to its healthy financial position, ONEA is able to self-finance between 20 and 30 percent of its rehabilitation and expansion work requirements on the drinking water network (development or renewal of production and connection capacities, acquisition of property and materials), with the remainder being funded by the DPs (state participation is zero).²⁴ Both the contribution of users and the self-financing capacity of ONEA are increasing steadily due

Figure 12
Urban water supply coverage



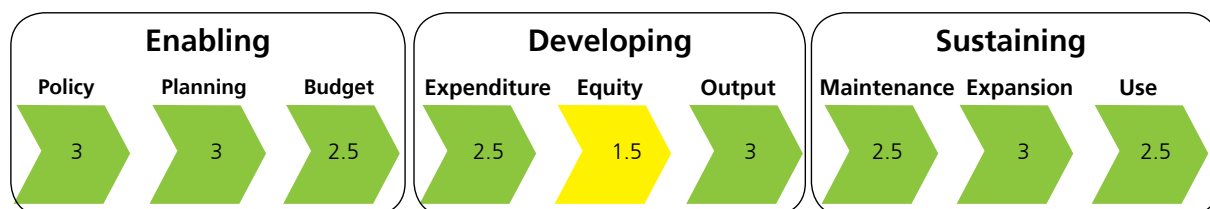
Sources: DGRE, ONEA, and JMP 2010 report.

Figure 13
Urban water supply investment requirements



Source: PN-AEPA adjusted for the period 2010–15.

Figure 14
Urban water supply scorecard

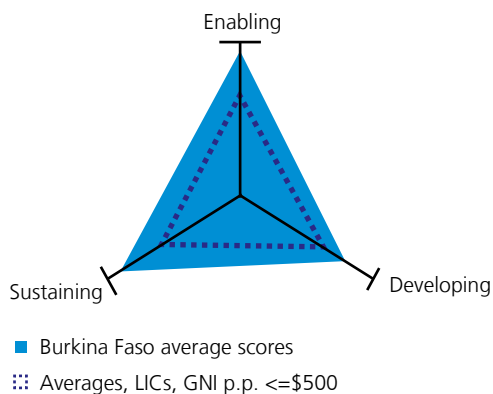


Source: CSO2 scorecard.

to the rise in the number of consumers and the volume of water consumed. It would be difficult to raise the tariff, however, as the capacity of users to pay has been reduced as a result of both the economic crisis and inflation. As far as urban water supply is concerned, not only is the service being expanded rapidly, but standards are also high in terms of water quality, service continuity, and nonrevenue water (17 percent in 2008).²⁵ In 2008, ONEA obtained ISO

9001/2000 certification (Quality management systems) for client management and for its sanitation services, and intends its entire field of activity to be certified in the years to come.

Figure 15
Average UWS scorecard scores for enabling, developing, and sustaining service delivery, and peer-group comparison



Source: CSO2 scorecard.

ONEA deals voluntarily with the issue of pro-poor service delivery: for example, the last tariff review applied in 2008 was specially designed to ensure that the (modest) rise in the tariff was not passed on to the most disadvantaged users. Furthermore, ONEA has launched several successive social connection campaigns which are increasingly subsidized. It is currently implementing an urban network expansion project in five of Ouagadougou's unplanned settlements through the construction of mini-networks whose operation is delegated to small private operators selected through an invitation-to-tender process. The expansion of this approach to all unplanned settlements in the capital is envisaged, based on the success of this pilot project.

Nevertheless, it should be noted that while the scorecard shows that the performance of the subsector is well above the average for Burkina's economic peer-countries, additional water resources still need to be mobilized in secondary centers where there is ever increasing pressure on resources due to population growth.

9. Subsector: Rural Sanitation and Hygiene

Priority actions for rural sanitation and hygiene

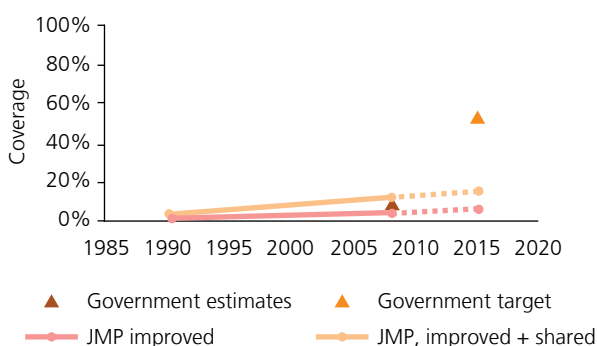
- Rapidly increase the finance allocated to leveraging household sanitation improvements.
- Conduct an analysis of the factors underlying the success and failure of past interventions to identify the most effective means of stimulating households' demand for sanitation and speed up the construction of facilities (DGAEUE, before 2012) and, ultimately, to develop and disseminate process guidelines for sanitation and hygiene projects and/or a social intermediation manual based on Part 2 of the PN-AEPA strategic communication plan (DGRE/DGAEUE).
- Ensure that sanitation is properly taken into account in the PCD-AEPA (DGRE/DGAEUE) and make sure these conform to the Implementation Strategy for the treatment of wastewater and excreta in rural areas.
- Initiate a hygiene and sanitation promotional campaign at household level, on a national scale and for the long-term, as part of the PN-AEPA Strategic Communication Strategy implementation (DGAEUE with support from the DPs).

According to the PN-AEPA, the rural sanitation subsector target is set at 54 percent coverage by 2015, which seems highly ambitious given that the coverage observed in 2005 stood at only 10 percent. The JMP estimated coverage at the end of 2008 to be 6 percent, with the remainder of the population practicing open defecation or using latrines that the JMP consider to be unimproved. Figure 16 shows that access to sanitation in rural areas has hardly risen at all over the last 20 years. This can be explained, first, by low household demand for improved sanitation in rural areas and, second, by the fact that almost all available finance goes towards institutional and public

sanitation (schools, healthcare centers, public places) and not household sanitation, which is the only type taken into account in the MDG target and, thus, included in the coverage calculation.

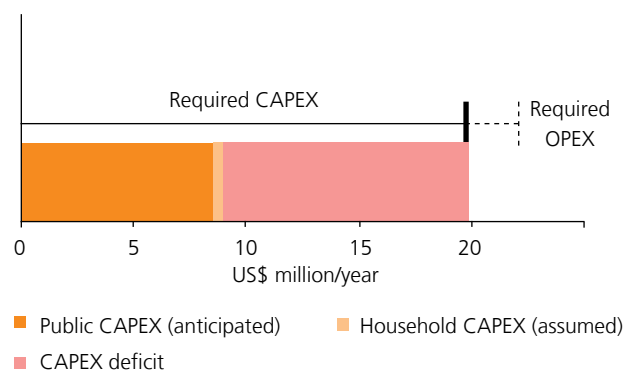
There are also other weaknesses that characterize the rural sanitation subsector. These include the difficulty of dealing with rapid population growth in rural areas; the lack of reliable coverage data; the relative ineffectiveness of the information, education and communication (IEC) campaigns that have been conducted; the lack of evaluation and shared learning from interventions; the

Figure 16
Rural sanitation coverage



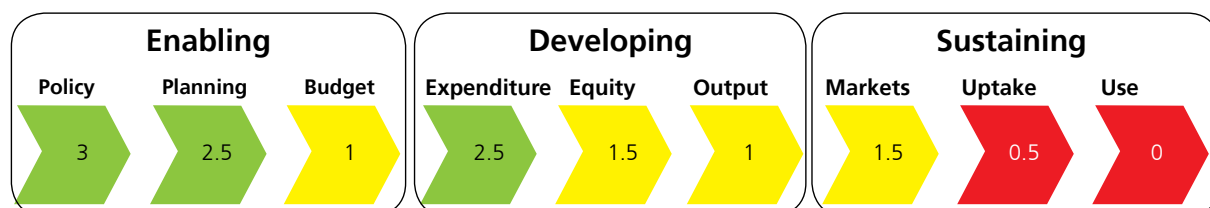
Sources: DGRE, ONEA, and JMP 2010 report.

Figure 17
Rural sanitation investment requirements



Source: PN-AEPA adjusted for the period 2010-15.

Figure 18
Rural sanitation and hygiene scorecard



Source: CSO2 scorecard.

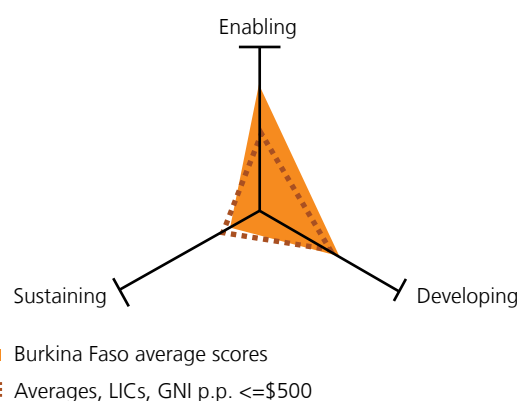
poor supervisory capacities of regional departments; and the cumbersome procedures used for public procurement and the disbursement of funds.

The finance committed to the rural sanitation part of the PN-AEPA (2010–15) covers 40 percent of what is required (Figure 17).

Whilst this rate may appear relatively high, it doesn't necessarily mean that household access to sanitation will increase as a result. Indeed, the finance acquired thus far is not destined for household sanitation. In Figure 17, the lack of funds allocated to household sanitation is masked by the large amounts allocated to institutional and public sanitation. It has been estimated that, in fact, only 8 percent of finance committed to rural sanitation goes to household sanitation, with 92 percent going to institutional and public sanitation.²⁶ This means that around another US\$70 million needs to be mobilized between 2010 and 2015 to help households equip themselves with improved facilities—both through sanitation promotion campaigns and direct subsidies to households, if appropriate. The households, themselves, will be asked to contribute to the investment, in addition to them taking on upkeep and maintenance costs, which are estimated to be US\$2 million per year.

Although making it clear that the subsector targets will not be met, the data on sanitation coverage actually lacks reliability and accuracy. This weakness discourages donors from making financial commitments. Moreover, from an investment planning perspective, the lack of precise data also means that any new funding is generally directed towards those areas not already covered by projects and programs, but which are not necessarily the most poorly equipped in sanitation facilities. As a result, regional differences remain.

Figure 19
Average RSH scorecard scores for enabling, developing, and sustaining service delivery, and peer-group comparison



Source: CSO2 scorecard.

The interventions seek to promote sanitation to households through awareness-raising campaigns and the training of masons in the construction of improved facilities (based on the JMP standard). However, awareness-raising and hygiene education campaigns are often too limited in both space and time to have a significant impact.²⁷ They are relayed in the field by extension workers recruited as part of projects and programs, as there are very few, or sometimes no, public officials working on hygiene and sanitation promotion in the regional state departments, nor do they have the means of communication or transport required to enable them to carry out this function.

In order to rapidly increase coverage and to respond to the households' lack of means, the PN-AEPA also envisaged a household subsidy of 90 percent of the total cost of the facility. This arrangement, which was not respected by all projects, was made more flexible at the start of 2010 as part of the Implementation Strategy for rural sanitation.

The main issue was that neither the state nor the local authorities were in a position to finance such a subsidy, and that a number of the DPs were reticent to do so. As a result, the Implementation Strategy aims to create consistency in the approaches used and, at the same time, opens up new strategies that place more emphasis on awareness-raising than on household subsidies—mainly the Community-Led Total Sanitation (CLTS) approach, whose objective is to eradicate open air defecation with no household subsidy. However, the identification and implementation of effective approaches and tools to promote sanitation in rural areas is still a major challenge for the subsector.

In this context, the creation of the DGAEUE is a sign of willingness at the highest state level to revitalize the subsector. Its separation from water supply should make it more institutionally visible and more attractive to development partners. However, to make this separation effective, a greater allocation of human, material, and financial resources is still required. Thus, although the institutional context and strategic orientations are in the process of being consolidated, the scorecard shows that there are still several hurdles to be overcome before rural sanitation can significantly progress, both quantitatively and qualitatively, towards reaching the subsector target (Figures 18 and 19).

10. Subsector: Urban Sanitation and Hygiene

Priority actions for urban sanitation and hygiene

- Develop pit emptying services and wastewater and excreta treatment capacities in urban centers (ONEA with support from DPs, by 2015).
- Develop a realistic model for the development of sewerage systems in Ouagadougou and in Bobo-Dioulasso that recognizes the (low) demand for such a service, the (low) capacity of domestic and industrial users to pay, and the need to achieve sustainable financial stability in the subsector (ONEA, by 2012).
- Mobilize the necessary funding to implement the Strategic Sanitation Plans in the secondary centers and unplanned settlements of Ouagadougou and Bobo-Dioulasso (ONEA with support from the DPs).

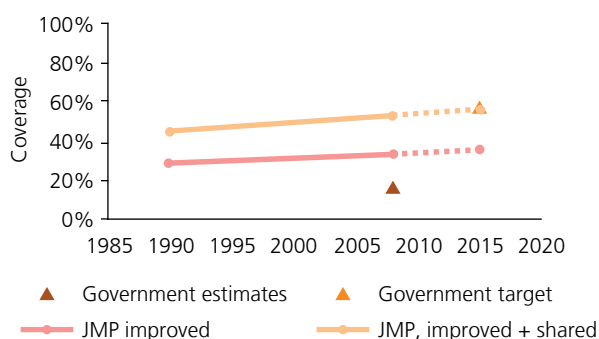
According to ONEA, sanitation coverage in urban areas was 17 percent in 2008, a lot lower than the target set at 57 percent for 2015. As for the JMP, it estimates coverage of 33 percent (compared to 28 percent in 1990), which also doesn't give much hope of reaching the urban share of the MDG target for sanitation, despite huge efforts made by ONEA (Figure 20).

The increase seen since 1990 is mainly due to the Strategic Sanitation Plans in place in Ouagadougou and Bobo-Dioulasso which have enabled ONEA to build or rehabilitate over 135,000 on-site sanitation facilities that meet JMP

standards (the technologies promoted by ONEA being VIP latrines and simple or double pour-flush toilets, EcoSan latrines, and the rehabilitation of traditional latrines using a concrete slab).²⁸

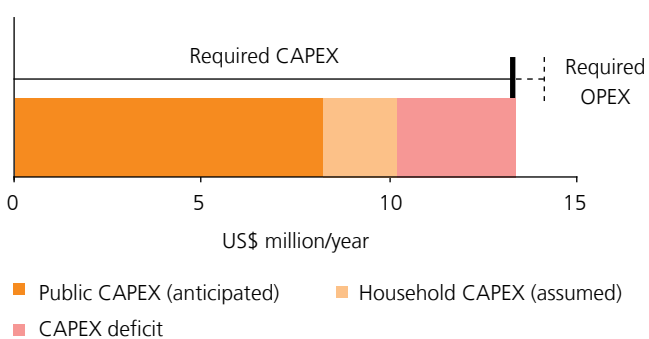
At the end of 2009, around 62 percent of the funding required for urban sanitation had been acquired (Figure 21). Almost US\$20 million of the total (US\$3 million per year) still needs to be mobilized by ONEA to finance awareness-raising activities, household subsidies, and collective infrastructure (sewerage networks, toilet blocks, treatment plants). A large part of this will come from the

Figure 20
Urban sanitation coverage



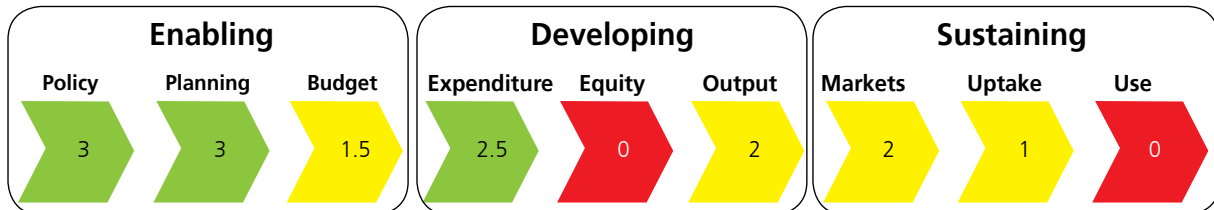
Sources: DGRE, ONEA, and JMP 2010 report.

Figure 21
Urban sanitation investment requirements



Source: PN-AEPA adjusted for the period 2010–15.

Figure 22
Urban sanitation and hygiene scorecard



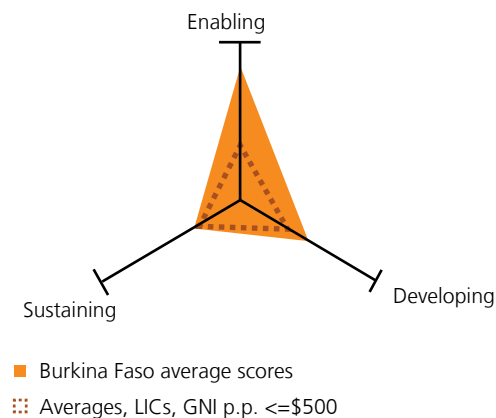
Source: CSO2 scorecard.

households themselves as they contribute an expected US\$2 million a year in investment, as well as taking on the maintenance costs of household facilities (estimated at US\$1 million per year).

Following the success of the Ouagadougou and Bobo-Dioulasso Strategic Sanitation Plans (PSAs), ONEA has developed, or is in the process of developing, a further 15 PSAs out of the 29 that it needs to put in place before 2015 in the secondary urban centers. Six of these are in the implementation phase. Furthermore, ONEA is currently considering expanding the PSA approach to the capital's unplanned settlements. These initiatives should lead to an increase in urban sanitation coverage and to significant improvements in the sanitation and environmental situation in peri-urban areas and small towns. However, the lack of pit emptying services in secondary centers and small towns, as well as the virtual absence of sludge treatment plants, hinder expansion of the PSA. In addition, the sanitation charge included in the water bill does not cover the funding necessary for the new PSA: higher contributions from donors have become indispensable. Only half of the required finance has so far been raised.

Tools have been developed for hygiene and sanitation promotional campaigns which have been used on a wide scale in those towns benefiting from a PSA (educational materials, radio and television adverts, visits to 'show' plots, performance indicators for engineering consultancy firms charged with awareness-raising and acting as technical supervisor, contractual incentives to achieve results, And so on). ONEA has also organized the identification, training, certification, and provision of equipment to craftsmen

Figure 23
Average USH scorecard scores for enabling, developing, and sustaining service delivery, and peer-group comparison



Sources: CSO2 scorecard.

(builders of prefabricated materials, masons) in towns. As a result, demand and service supply are constantly on the increase. Lastly, the PSA approach includes a household subsidy in kind for the construction of a sanitation facility. The level of the subsidy depends on the type of technology and where the beneficiary is located. For example, the subsidy represents 10 percent of the cost of rehabilitating a traditional latrine and 47 percent of the cost of building a double pit pour-flush latrine in the town centers of Ouagadougou and Bobo-Dioulasso, which provides a good leverage effect. This subsidy is higher in the planned outlying settlements (up to 70 percent) and even higher in secondary centers to compensate for the lower capacity of households to pay.²⁹

Over the last few years, in parallel to the promotion of on-site sanitation, ONEA has also been developing its piped sewerage system in Ouagadougou and Bobo-Dioulasso, with the active support of certain DPs. At the moment, the development of the sewerage system is encountering several problems in terms of financial and technical viability. There is low willingness on the part of the population and administrations to connect to the network as there is a lack of awareness about the benefits of a sewerage system. As a result, the proportion of industrial effluent is very high compared to the volume of domestic effluent initially forecast; this causes the deterioration of the sewer pipes

and reduces the efficiency of the constructed wetland treatment plant. This technical complication is compounded by insufficient pretreatment of wastewater by industries. Finally, it is likely that the extension of the sewerage system will considerably add to the ONEA's operating costs.

Thus, the scorecard results show that, despite the fact that the urban sanitation subsector is above the average of Sub-Saharan low income countries, progress still needs to be made to develop a good quality and sustainable service, particularly in the small urban centers and for disadvantaged households (Figures 22 and 23).

Notes and References

- ¹ Average exchange rate projected for the period 2009–11, United Nations Operational Rates of Exchange.
- ² The first round of CSOs was carried out in 2006 covering 16 countries and is summarized in the report, ‘Getting Africa On-Track to Meet the MDGs on Water and Sanitation’.
- ³ Sources: General Directorate of Water Resources (DGRE). 2010. Rapport de la Commission Sectorielle Thématique du PAP-CSLP; National Office for Water and Sanitation (ONEA). 2008. Rapport annuel 2008 d’avancement du PN-AEPA en milieu urbain; DGRE. 2006. Document de Programme du PN-AEPA. The same sources are used for Sections 7 to 10.
- The figures are due to be updated at the end of 2010 or during 2011 to include the results of the latest population census published by the National Institute of Statistics and Demography (INSD) in the first half of 2010. These figures were still unavailable at the time of drafting this report.
- ⁴ UNICEF/WHO Joint Monitoring Program. 2010. Progress on Sanitation and Drinking Water: 2010 Update. The same source is used for Sections 7 to 10. JMP estimates are based on a linear regression of nationally representative household surveys.
- ⁵ To sustain the current coverage rates through to 2015, investment should enable the service to be expanded in proportion to population growth and to meet the maintenance and rehabilitation requirements of those facilities already existing.
- ⁶ See: ONEA. 2009. Rapport annuel 2008 d’avancement du PN-AEPA en milieu urbain; DGRE. 2006. Document de Programme du PN-AEPA; UNICEF/WHO Joint Monitoring Program. 2010. Progress on Sanitation and Drinking Water: 2010 Update.
- ⁷ See: DGRE. 2006. Document de Programme du PN-AEPA (2006). The same source is used for Sections 7 to 10.
- ⁸ See: DGRE and ONEA. 2010. Plans de financement du PN-AEPA pour les milieux rural et urbain (updated for the 2010 annual sector review). The same sources are used for Sections 7 to 10.
- ⁹ The totals have been rounded up, which explains the difference between the total amounts for 2007–15 mentioned in the paragraph (US\$1,085 million required for drinking water and US\$250 million required for sanitation) and the annual amounts mentioned in the table (US\$121 million/year for drinking water and US\$28 million/year for sanitation). The same is true for investment requirements (the difference between required investment and anticipated investment): US\$83 million/year between 2010 and 2015 for drinking water (76 million + 7 million assumed household contribution) and 17 million for sanitation (14 million + 2 million assumed household contribution). These figures are due to be updated at the end of 2010 or during 2011 to include the results of the latest population census published by the INSD in the first half of 2010. These figures were still unavailable at the time of drafting this report.
- ¹⁰ “Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation between 1990 and 2015”.
- ¹¹ See : DGRE. 2010. Rapport sectoriel / bilan annuel au 31 décembre 2009 et programmation 2010.
- Within this report, the term “urban” relates to ONEA’s scope of intervention (more limited than that accepted by the INSD) and “rural” corresponds to the territory under the responsibility of the DGRE and DGAEUE—except where this relates to JMP data, which is based on the administrative definition.
- ¹² See note 3.
- ¹³ For sanitation, the ‘maintenance’ building block is replaced by ‘markets’, and the ‘expansion’ building block by ‘uptake’, to reflect the notion that government is more involved in facilitation and support, than direct implementation. The CSO2 scorecard methodology is detailed in the regional synthesis report.
- ¹⁴ The relevant indicators are as follows. All subsectors: targets in the national development plan or the PRSP; subsector policies agreed and approved. RWS/UWS: institutional roles defined. RSH/USH: institutional lead appointed.

- ¹⁵ The relevant indicators are as follows. All subsectors: programmatic Sector-Wide Approach; investment program based on MDG needs assessment; sufficient finance to meet the MDG; percent of official donor commitments utilized; percent of domestic commitments utilized.
- ¹⁶ In the absence of official documents providing finance statistics, the figures in Table 1 were calculated from other sources (analyses, reports, and so on) and from interviews with sector managers to establish as realistic an estimate as possible.
- ¹⁷ A relatively common phenomenon in Francophone West Africa: exchange of technical or financial support between institutions of the global North and South, other than central governments.
- ¹⁸ Sources: DGRE and ONEA. 2010. Plans de financement du PN-AEPA pour les milieux rural et urbain (updated for the 2010 annual sector review); World Bank. 2008. Revue des dépenses publiques dans l'AEPA en milieu rural sur la période 2001-2006; DGRE. 2010. Budget-programme par objectif 2010-2012 pour l'AEPA en milieu rural; interviews with the DGRE, the ONEA, and main donors.
- ¹⁹ See: World Bank. 2008. Revue des dépenses publiques dans l'AEPA en milieu rural sur la période 2001-2006; DGRE. 2010. Budget-programme par objectif (BPO) 2010-2012 pour l'AEPA en milieu rural, 2010; DGRE. 2010. Rapport d'exécution financière du BPO 2009-2011; Water and Sanitation Program (WSP). 2008. Evaluation de l'efficacité de l'aide dans le secteur AEPA au Burkina Faso; interviews with the DGRE, the ONEA, and main donors.
- ²⁰ The relevant indicators are as follows. All subsectors: annual review setting new undertakings; subsector spend identifiable in budget (UWS: including recurrent subsidies); budget comprehensively covers domestic/donor finance; standards and definitions used for household surveys consistent with JMP. RWS/RSH: domestic/donor expenditure reported. UWS: audited accounts and balance sheets from utilities. RWS/RSH: periodic analysis of equity criteria by CSOs and government. UWS: pro-poor plans developed and implemented by utilities. RWS/UWS: nationally consolidated reporting of output. RSH/USH: monitoring of quantity and quality of uptake relative to promotion and subsidy efforts.
- ²¹ The scorecard uses a simple color code to indicate: building blocks that are largely in place, acting as a driver on service delivery (score >2, green); building blocks that are a drag on service delivery and require attention (score 1–2, yellow); and building blocks that are inadequate, constituting a barrier to service delivery and a priority for reform (score <1, red).
- ²² For this paragraph, the sources used are: World Bank. 2008. Revue des dépenses publiques dans l'AEPA en milieu rural sur la période 2001-2006, March, p. 11–13; DGRE. 2010. Rapport sectoriel/bilan annuel au 31 décembre 2009 et programmation 2010, p. 11–12; interviews with the DGRE, and the main donors in the sector (including the NGOs and the CC-EPA). The lowest nonfunctionality rate is estimated using a method of calculation whereby a water point needs to have been reported as being out of service for over a year before it can be removed from the inventory of functioning water points.
- ²³ See: DGRE. 2010. Rapport de la Commission Sectorielle Thématique du PAP-CSLP.
- ²⁴ See: ONEA. Budget prévisionnel d'exploitation et d'investissement pour les années 2006 à 2009; ONEA. Etats financiers pour les années 2006 à 2009.
- ²⁵ See: ONEA. 2009. Rapport annuel d'activités 2008, April 2009, p. 6.
- ²⁶ 2009 figure. During this year, 1,827.18 billion FCFA were invested into rural sanitation, of which only 8.16 percent (149.17 billion FCFA) was allocated to household sanitation. Source: DGRE. 2010. Rapport sectoriel/bilan annuel au 31 December 2009 et programmation 2010, p. 23–25.
- ²⁷ It is to be noted that a national lobbying campaign for hygiene and sanitation was officially launched in July 2010 under the patronage of the president of the Republic.
- ²⁸ See: ONEA. 2009. Rapport annuel d'activités 2008, p. 33–37.
- ²⁹ See: ONEA. 2009. Rapport de faisabilité de l'extension du PSAO aux quartiers périphériques non-lotis de Ouagadougou.

Notes

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EcoSan
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For enquiries, contact:
Water and Sanitation Program–Africa Region
The World Bank, Upper Hill Road
P.O. Box 30577, 00100, Nairobi, Kenya
Tel: +(254) 20 322 6300
E-mail: wspaf@worldbank.org
Web site: www.wsp.org